

## Cornerstone Fife Housing Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
20 January 2026

**Service provided by:**  
Cornerstone Community Care

**Service provider number:**  
SP2003000013

**Service no:**  
CS2009230239

## About the service

Cornerstone Fife is registered to provide a service to adults with a learning disability, a physical disability or with mental health problems in their own homes and in the community.

At the time of inspection, the service was supporting seven people in West Fife. The support provided was over a 24-hour period and people were living across three separate tenancies.

## About the inspection

This was a follow-up inspection which took place between 13 and 19 January 2026. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with two of the people's representatives;
- spoke with seven staff and management;
- observed practice and daily life; and
- reviewed documents.

## Key messages

- One requirement regarding the management of incidents and accidents was met.
- Requirements re restraint and restrictive practice and supporting positive risk taking were partially met. Work to make further improvements is ongoing.
- We extended the date by which requirements must be met.
- Areas for improvement were being addressed and will be assessed at the next inspection.
- People's health, safety, wellbeing and outcomes were improving.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 8 December 2025, the provider must protect the health, wellbeing, and rights of people using the service. In order to achieve this, the provider must ensure people are not subject to restraint or restrictive practices unless:

- a) people's health and safety cannot be protected by any other means and restraint or restrictive practice is used as a last resort;
- b) consent to use restraint or restrictive practices is given by welfare guardians or attorneys with appropriate legal powers;
- c) a multi-disciplinary team approach determines when restraint and restrictive practice should be used;
- d) restraint reduction plans are in place;
- e) the need for and use of restraint and restrictive practice is reviewed on a regular basis; and
- f) Mental Welfare Commission good practice guidance "Rights, Risks and Limits to Freedom" is available to staff and fully complied with.

This is in order to comply with Regulations 3 and 4(1)(a)(c) of The Social Care and Social Work (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3).

This requirement has been extended to 4 May 2026.

**This requirement was made on 12 September 2025.**

## Action taken on previous requirement

Reviews of current practice and restrictions had taken place with relevant health and social work professionals. This included discussions regarding the additional powers that were required in welfare guardianship orders so guardians could give consent for the use of restraint and restrictive practice. Additional powers were added to the welfare guardianship of one person using the service which enabled the guardian to make these decisions and give consent. The service should contact social work for further support and guidance regarding individuals.

A manager's development day provided information and support for line managers. This included access to resources to increase staff's knowledge and understanding of restraint and restrictive practice.

Staff were asked to complete online training in good practice re restraint and restrictive practice. Some staff had not completed the training. Staff had not had the opportunity to meet with their line managers to review their learning, or ability to put their learning into practice. Staff were not always able to recognise restrictions people were subject to.

An organisational policy was in place which provided clear guidance for staff regarding the use of and reducing restraint and restrictive practice. However, the policy was not being put into practice.

Further support was required to ensure restraint and restrictive practice was used only as a last resort when all other approaches had been attempted. This was to uphold people's dignity, respect and human rights.

The provider's in-house positive behaviour team would usually support staff's knowledge, understanding and practice. However, new specialist staff were currently being recruited. Therefore, the availability of support was reduced.

This requirement was partially met but further improvement was needed. We were confident that the provider was committed to reducing restrictions to improve people's outcomes and choices. We agreed to extend the time by which this requirement must be met to 4 May 2026.

## Not met

### Requirement 2

By 8 December 2025, the provider must protect the health, wellbeing, and rights of people using the service. In order to achieve this, the provider must ensure:

- a) staff, including members of the leadership team, complete training in identifying and mitigating risks;
- b) training must include supporting people to take positive, life enhancing risks; and
- c) relevant person-centred supporting positive risk-taking plans should be developed and reviewed on a regular basis. This should involve members of the multi-disciplinary team as appropriate.

This is in order to comply with Regulations 3 and 4(1)(a)(c) of The Social Care and Social Work (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.' (HSCS 2.24).

This requirement has been extended to 4 May 2026.

**This requirement was made on 12 September 2025.**

#### Action taken on previous requirement

The provider's supporting positive risk taking policy provided clear and comprehensive guidance. However, the policy was not being implemented.

All staff were sent a link to the Mental Welfare Commission's good practice guidance "Rights, Risks, and Limits to Freedom". Some staff had read the guidance but as with other training resources provided, there had been little support from line managers to check staff's understanding and ability to transfer their learning into practice. Support must be provided to ensure staff's confidence and competence and improve people's outcomes.

Staff had undertaken online training which was provided by the Scottish Social Services Council regarding making better decisions with medication support. This was well received. Staff spoke confidently about their learning and additional measures put in place to improve people's safety and outcomes.

Staff were less confident about supporting people to take life-enhancing, positive risks. Risks tended to focus on health and safety but people should be supported to be emotionally and psychologically safe by having as full a life as possible. Staff could not identify any changes or improvements in practice since completing the training.

Nevertheless, we noted improvements in staff's recognition of risks to people. Staff will require further support to enable people to take positive risks in their lives. Opportunities to undertake team learning and support would be of benefit to staff.

The provider's in-house positive behaviour team would usually supported staff's knowledge, understanding and practice. However, new specialist staff were currently being recruited. Therefore, the availability of support was reduced.

This requirement was partially met but further improvement was needed. We were confident that the provider was committed to reducing restrictions to improve people's outcomes and choices. We agreed to extend the time by which this requirement must be met until 4 May 2026.

#### Not met

### Requirement 3

By 8 December 2025, the provider must protect the health, wellbeing, and safety of people using the service. In order to achieve this, the provider must ensure incidents and accidents are dealt with appropriately. The provider must, as a minimum:

- a) review and analyse incidents and accidents in the service on a regular basis;
- b) results of previous reviews and analysis must be compared, identify any trends or patterns of incidents and accidents;
- c) take appropriate action to reduce the risk of similar incidents or accidents reoccurring; and
- d) ensure staff have the knowledge and skills to appropriately record and report incidents.

This is in order to comply with Regulations 3 and 4(1)(a)(c), of The Social Care and Social Work (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

**This requirement was made on 12 September 2025.**

## **Action taken on previous requirement**

We noted improvements in the management of incidents and accidents. This improved people's safety, health and wellbeing.

Accidents and incidents was an agenda item at a manager's development day in December 2025 and specific training has been requested for the staff team.

The service lead is the branch representative at the provider's quarterly health and safety meetings. The meetings are organisation wide and offer opportunities for discussion and learning. Trends and patterns of incidents and accidents are identified across the organisation. The service lead should provide evidence of how this information is used to improve practice and people's outcomes.

Additional checks and processes were implemented to ensure lead practitioners had a weekly overview of the management of incidents and accidents. This included checking that all required actions had been taken.

Incident and accident reports were completed by frontline staff and forwarded to their line manager for approval. We were satisfied that appropriate actions were being taken but records were not always marked as complete. This should be addressed as a priority. Incident and accident reports must include the measures that have or will be taken to reduce the likelihood of similar incidents/accidents recurring.

Staff had an understanding of reporting and recording incident and accident reports but records could be improved with the provision of staff training and support.

**Met - within timescales**

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

In order to ensure the health, safety and welfare of people using the service, the provider should ensure staff have the knowledge, skills and understanding to identify adult protection concerns and take appropriate action to safeguard people at risk. This should include submitting notifiable events to the Care Inspectorate.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

**This area for improvement was made on 12 September 2025.**

#### Action taken since then

Staff had recently undertaken training or refresher training in adult support and protection.

We noted that notifications of adult protection concerns were now submitted to the Care Inspectorate as appropriate. This demonstrated an increased recognition of adult protection risks and knowledge and understanding of reporting concerns to ensure people's health, safety and wellbeing.

Whilst we were satisfied that this area for improvement was met, we asked line managers to regularly discuss and review staff's knowledge and understanding. This is to ensure any gaps are identified and addressed.

This area for improvement was met.

#### Previous area for improvement 2

In order to protect people's health, safety and wellbeing, the provider should ensure staff have access to learning and development resources to enable them to meet the full range of people's care and support needs. This should include systems, processes and support to transfer learning into practice.

This is to ensure practice is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

**This area for improvement was made on 12 September 2025.**

#### Action taken since then

This area for improvement was not met. Please see requirements one and two for further details. This area for improvement will remain in place and be reassessed at the next inspection.

## Previous area for improvement 3

In order to protect people's health, wellbeing, choices and rights, the provider should ensure behaviour support plans and stress and distress risk management plans are developed and reviewed on a regular basis to ensure people's current needs are reflected and supported. This is also to ensure the health, safety and wellbeing of people using the service, staff and people using the service.

This is to reflect the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices.' (HSCS 1.15).

**This area for improvement was made on 12 September 2025.**

### Action taken since then

Positive behaviour support plans (PBS) had not been reviewed since the last inspection. This was important to ensure the health, safety and wellbeing of people using the service and staff, especially where people using the service and staff could be at risk of harm. PBS plans (PBS) should provide guidance for staff to identify when people are becoming stressed or distressed at the earliest opportunity and take appropriate action to address the concerns. Plans should be reviewed regularly to ensure triggers and appropriate responses continue to be relevant or amended as appropriate.

PBS plans should be a team approach to capture the experiences of all staff. This will ensure all stress and distress triggers are identified and appropriate support measures discussed and put into practice. Referrals to relevant health professionals should be submitted as appropriate.

This area for improvement was not met and will remain in place and be reassessed at the next inspection.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



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