

Cornerstone Buckie Housing Support Service

7 Commerce Street
Elgin
IV30 1BS

Telephone: 01343 544586

Type of inspection:
Unannounced

Completed on:
6 February 2026

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2024000238

About the service

Cornerstone Buckie provides housing support and care at home for 10 adults with a learning disability. The adults live in their own tenancies across the town of Buckie. There is a separate and specific office base in the town of Elgin, for the management team.

About the inspection

This was an unannounced inspection which took place on 2, 3, 4, and 5 February 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 three people using the service and two of their family
- Spoke with seven staff and management and received questionnaire responses from 12 others
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- People are happy in their homes and with their staff.
- Relatives are confident that people are well looked after.
- Staff enjoy their job and their relationships with people.
- The management team are involved with people and staff as well as their overview of the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

People's health and wellbeing was supported at a very good level. There were strengths in the service that supported positive outcomes for people. The few areas that would benefit from improvement did not have a negative impact on people's outcomes.

People's houses were clean and organised with a calm and warm atmosphere. The people using the service liked their staff and they liked their house. Two family members told me they were happy with the service, and their relative enjoyed their lives. They also said staff were prompt with communication if it was needed. This helped relatives to be relaxed in the knowledge that their family member was happy. The support was given in a compassionate manner for all people's general needs and also for emotional support such as grief and how people were coming to terms with their loss. It was a comfort for people to be supported in all areas of their life.

All people had a readily accessible support plan, and these were comprehensive. The staff had signed to say they read and understood all parts of the plan, and the manager was checking these were kept up to date. The safety aspects of people's care, as reflected in their support plan, were very good. There were personal emergency evacuation plans for everyone, and people knew what to do if a fire alarm sounded. An emergency folder was readily accessible and staff were able to locate it immediately.

There were good descriptions of people's routines, how they liked to do things, and also how reactions would make them feel. Recording people's emotional responses meant all staff would know when an activity was okay for the person, and whether they should be supported to continue it.

Activities were plentiful throughout the week and the daily notes showed people were attending and enjoying them. The wide range of activities people were doing were individual to each person. Communication boards were used to support people with planning and remembering their daily routine. These were up to date and easy for everyone to see. These communication tools were regularly reviewed. This led to one person discontinuing their use and managing well and being happy with this. There were areas where people were developing in their independence. This was rightly encouraged and supported by staff, and the support plans needed to be updated as this developed. The small amendments that were required were not making a negative impact on people's care, and staff knew what should be happening to support people. It is best practice to keep all sections of the plan updated at the same time, and the manager assured us this would happen.

Meals were planned in advance with people, and recorded or shown in the kitchens so people knew what they would be eating and had the pleasure of anticipating the meal. Dietary guidelines were in the plans, and were being followed. Where necessary, people had an intake chart and bowel movement chart. These were up to date, and indicated successful support with people's diets.

Health care for people was very good and there was regular contact with GPs and nurses. Specialist guidance was written through people's plans and also being used with people. For example, guidance from the dietitian and the speech and language therapist. The use of daily notes to let each member of staff know what was happening was very helpful and these were written in a positive manner, for example describing what someone had done, and then also praising them for trying hard.

The administration, recording and storage of medication was very good. Medication was in individual locked cabinets, it was neat and was labelled clearly. Some creams were kept in a plastic bag to minimise the damage to the label, which was a good idea. When labels were worn and hard to read the bottles were taken to the pharmacy for either relabelling or disposal. Eye drops were noted with an 'opened on' date which ensured the medicine would not be used past a date when it was effective. Medication which was given 'as required' had separate sheets to record what had been given and the outcome for people. These were a very good method of tracking this clearly when the medication administration and recording sheets had limited space. The medication system had weekly and monthly audits to make sure that no errors had occurred and not been noticed, and these audits indicated very good practice.

People were supported with their finances and cash. This was monitored via an online form, and this was working well. There were numbered receipts and invoices, and the cash amount was correct as per the tally on the sheet. The cash was counted daily, there were monthly bank reconciliations and annual financial audits to ensure everything was correct. People could be assured their money was being well looked after on their behalf.

How good is our staff team?

5 - Very Good

The numbers of staffing and how they were used was very good, with areas of strength and very few improvements required.

The recruitment system was very good and being followed, ensuring checks were done for safe recruitment, for example a right to work in the UK check and two references received before starting work.

People were supported by full staff teams in almost all of the houses, which led to settled and comfortable relationships. One house was short of staff and they used relief members of staff and also some agency. The permanent staff did extra shifts and this was good for the people in the house but was taking it's toll on the staff, some of whom said they were exhausted. This was an area for improvement which was having minimal adverse impact on people, but may do so in the future. It was good to see the manager was aware of this.

People were supported by staff who were well trained. Almost everyone was completely up to date, and they received emails to remind them when a refresher training was due. The managers tracked on their spreadsheet reports to make sure each part of the service was up to date with skills and knowledge. Staff told us they feel knowledgeable and skilled for working with people.

Staff were supported by regular team meetings which had a good agenda. There was time for passing on business information about the service. There was also a focus on a high standard of practice, by discussing the Scottish Social Services Council codes of practice and the Care Inspectorate quality indicators. Leaders spent time in the meeting describing an incident and then discussing how staff would deal with it. This was a good way to promote staff discussion about their practice. These meetings were open forums where discussion and development could take place. Staff were also supported through regular 1:1 sessions and an annual appraisal. Additionally there were observations of staff working, to ensure their competence and enable development if required. These supports were tracked by the manager to ensure they took place as planned. People could be sure they were supported by skilled and knowledgeable staff. The staff said they felt well supported by their lead practitioners.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.