Cornerstone North Aberdeenshire Housing Support
Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

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CS2004072999

About the service

Cornerstone North Aberdeenshire provides a housing support and care at home service to adults living in North Aberdeenshire, in Peterhead, Strichen and Banff. The support is available for adults with a range of needs, including learning and physical disabilities. At the time of the inspection, 15 people were being supported by the service.

About the inspection

This was a short announced inspection which took place on 10, 11 and 12 March 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 six people using the service and received survey responses from five
- Spoke with two of their family, and received survey responses from six
- Spoke with eight staff and management and received survey responses from ten
- Observed practice and daily life
- Reviewed documents
- Received survey responses from three visiting professionals.

Key messages

- People's flats were individual to their taste, and were clean and comfortable.
- Staff enjoyed their work and said teamwork was good.
- People's health was well supported.
- Leaders in the service were not able to plan and improve as much as they would like because they were busy with day to day activities.
- There were difficulties with staff shortages which meant staff were working extra hours and sometimes agency workers were used.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing? 4 - Good

People's health and wellbeing was supported to a good standard. There were strengths in the support that led to good outcomes for people, and the areas that could be improved were not having a significant detrimental effect.

People, and relatives we spoke with, said they were living good lives and the carers worked hard. A small number of relatives and visiting professionals mentioned that being short staffed sometimes led to changes or disruption that was not good for people. The managers agreed with this and said they were trying to minimise the disruption.

People had good relationships with their permanent staff. Their conversations were warm and everyone was relaxed, happy, and comfortable. Each home was well maintained and reflected people's tastes and needs. The communal areas within a complex of flats required improvement to make them more welcoming and multi functional. Discussions are planned with people about what they would like to use the spaces for, and this will then be discussed with the local Health and Social Care Partnership.

People's health needs were well managed. Specific needs such as diabetes, diet, choking risks received close attention and relevant guidelines were being followed from specialist help such as speech and language therapy and diabetic nurses. Staff looked for ways to improve people's lives, for example by engaging with psychology services to look for better ways to understand people's communication needs. Regular health checks were maintained, for example with dentists, GPs, opticians, and other health professionals. The close attention to health needs meant people were living the most healthy lives that they could maintain.

Most people used regular medication, and some also had emergency medication. This was all handled in a professional manner. Medication was administered on time, and recorded appropriately, with people being enabled to do as much as possible for themselves. The storage was generally neat and well organised, with some small areas that could be improved, for example a disposal container was not being stored in the same area as the needles were being used which resulted in either it, or the needles, being transported unnecessarily. Another area that needed to improve was the storage of medication that needed to be refrigerated. This was not being done in separate fridges, as per the organisation's policy. The manager understood and said the staff would be asked to look at their medication storage and ensure it was as good as possible.

Anyone who needed support with understanding and keeping their cash safe could be assured that this happened. The cash handling systems were followed correctly, and these involved keeping receipts, recording all transaction and checking the cash balances at least once a day. We talked with the manager about some outdated practice that was not the most helpful for people following bank branch closures. These will be considered and improved to be more practical.

All people were supported to enjoy meals that suited their tastes. People planned their menu in advance and it was easy for them to see it so they could anticipate meals each day, and ask for changes if they wanted something different. The food was generally home cooked and nutritious, with people being involved in preparation and serving as much as they were able to. This supported choice and independence as well as meaningful involvement and activity each day. The carers had good knowledge of individual's dietary needs, and they were following the speech and language therapy guidelines, as well as that of other involved professional, for example dietitians.

As well as taking part in household tasks, and pursuing hobbies in their home, people were encouraged to go out into their community. Some people enjoyed walking and visiting a cafe, others used specific facilities like a gym or a swimming pool, and many were members of groups or clubs. The effect of the staff support and encouragement in this area was that people had busy and fulfilled lives.

How good is our leadership? 3 - Adequate

The standard of quality assurance and improvement activity was adequate. There were several strengths that contributed to good outcomes and there were also some key areas in relation to accuracy, consistency, and safe practice that needed to improve.

The leadership team tried to empower others to become involved in quality assurance systems by asking support staff to complete records of all work undertaken, and by using staff checklists to ensure key areas had been completed. This should promote responsibility and accountability but was not always achieved.

Incidents do sometimes happen and these were being recorded on the correct system and were generally being followed through appropriately, including a discussion with people and their relatives. However, the accuracy and quality of the recording must improve. An example of recording which was not up to standard was where an incident form in relation to an epileptic seizure had noted the type of seizure incorrectly. This implied that emergency medication should not be given. The rescue medication had been administered correctly in line with the individual's epilepsy plan and the type of seizure which had happened. However the incorrect recording of the type of seizure could lead to wrong administration in another instance, or false details if a retrospective check was required.

Another example of poor recording was that some descriptive language in a report was misleading. A statement written by the worker read as though the member of staff had presented in a certain way. What was meant to be conveyed was how the service user had presented. This highlighted the need for clear, accurate, precise language so that anyone could easily understand what exactly had happened to, and with, each person. As well as the carers being more accurate in recording, the managers must be more attentive in their oversight when reviewing documents. This will lead to an accurate understanding and ensure appropriate improvements can put in place to keep everyone safe and well (see requirement 1) .

All services must notify the Care Inspectorate when a range of situations occur. This was almost always done, but occasionally was missed. Any gap in statutory reporting could compromise regulation of the service and reduce the accountability of the provider. The manager was in agreement with this and will ensure all reporting, to all bodies, is accurate and on time.

In the event of emergency the staff told us what they would do, but some emergency records and contingency planning documents were out of date or inaccurate. For example, the emergency contingency plan for one individual included actions that staff confirmed they would not take, and listed a manager who was no longer in post. A Residential Establishment Emergency Response and Business Continuity Plan, had been incorrectly applied to Craigewen Court because it is not a residential establishment. Several inaccuracies were present in this, and a number of other documents, including the relatives' meeting point, location of the emergency bag, and references to resources such as extra blankets or gas heaters which were not available as stated. Such inaccuracies risked confusing staff in the event of an emergency, and reducing the effectiveness of response arrangements. These documents need to be effectively quality assured on a regular basis to ensure everyone's safety. The manager agreed they would review all emergency and contingency documents (see requirement 1).

Quality assurance processes were effective in several areas. For example a health and safety audit had identified overused extension cables, and appropriate action had been taken with additional sockets installed. Risk assessments for manual handling, infection prevention and control, lone working, and other areas were of a good standard. Fire safety documentation was robust and comprehensive. Staff maintained weekly checks on all pertinent areas, for example extinguishers, alarms, fire doors, and emergency lighting. There were many checklists to cover all areas on a daily, weekly or monthly basis. These appeared to be accurate in that they were all ticked appropriately. On checking the first aid boxes, an error was noticed. The checklist had been ticked for all boxes being checked and correct. However, one which was checked during inspection had out of date items. This indicated the possibility of routine checks not being reliable and staff not being held accountable by managers for this. In order for quality assurance to be robust, the manager needs to assure the accuracy of the checks done by staff, as well as the completion of the tick box chart (see requirement 1).

The manager should be able to demonstrate a clear understanding about what needs to improve and what should remain. This would be achieved through ongoing and accurate self evaluation, which was not evident in all areas and aspects of the service. There was not an ongoing improvement plan detailing the future direction of the service. An improvement plan should be developed and maintained, to ensure people's support reaches and is maintained at a safe and high quality standard (see requirement 1).

Requirements

1. By 19 June 2026, the provider must ensure people's safety and wellbeing, by maintaining accurate records for guidance and improvement across all areas of the service.

To do this, the provider must, at a minimum:

a) Ensure recording is accurate in all documents
b) Ensure effective oversight by the manager
d) Review and update the emergency and continuity plans
e) Maintain self evaluation in all areas, and a corresponding improvement plan.

This is to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (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:
'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14); and
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team? 4 - Good

The numbers of staff available and the way they were deployed was at a good level. There were strengths in the staff team and there were also areas where improvement would benefit people.

The recruitment process was safe and effective, with all required pre-employment checks completed. This provided assurance that staff were suitable for their roles. Staff who had been employed in the last year said

that they had not received a strong induction. This meant they were not well prepared for working alone and this was an area that the manager was working on to improve.

Teamwork was identified as particularly strong in the geographically individual tenancies. The staff teams worked autonomously and demonstrated very good communication and a shared approach to supporting people. This positive culture was not as apparent in the cluster of flats where team cohesion was less evident and staff said they felt pressure from being understaffed.

Staffing levels presented a significant challenge and recruitment was ongoing. We were told by people, their relatives and staff that the reliance on agency staff affected the way support was offered to people. Generally people preferred, and would benefit from, a consistent team who knew them well. The consistency was essential for building trust and supporting individual outcomes for people.

Staff training had a high completion rate, particularly for the core courses such as First Aid, Adult Support and Protection, Introduction to Autism, and Fire Safety. Induction was not at a high rate of completion and this must be improved. Some more specialist courses were only offered to staff who needed them to support particular people, for example Moving and Assisting and Epilepsy. The service would benefit from a more consistent and planned approach to training, to make sure that no one was working in an area where they were not skilled and knowledgeable, and also to enable workers to work with different people should this be beneficial.

The leadership team was understaffed and this reduced their capacity to carry out all required duties effectively. It increased the risk of important tasks being missed, as leaders only had capacity to focus on the day to day priorities. The quality assurance aspect was discussed in section 2 (How good is our leadership) of this report. Another aspect which was not at an acceptable level was support and development for staff. There were several concerns for this area:

- Induction processes were inconsistent and did not provide new staff with enough initial support.
- Staff were unsure about the frequency and quality of their individual supervision meetings.
- The managers internal spreadsheet showed significant gaps in; colleague support and development, annual appraisals, and observations of staff practice.

These issues, and the fact that staff told us they were not receiving formal support, indicated a lack of the structure needed to maintain good practice and continued professional development. Many staff told us they knew the manager would respond if they called, and also they felt they would manage a situation themselves if required. A more formal and structured support would be beneficial. The manger should ensure individual staff meetings take place to give the workers an opportunity to focus on themselves and their practice, and give the manager an opportunity to understand any issues that are developing. Time set aside for a specific meeting would ensure workers felt valued and their opinions and feelings were important. This was written into the organisation's policies but was not being consistently applied. This could mean that the manager was unaware of growing discontent and therefore unable to address it effectively (see area for improvement 1).

Areas for improvement

1. To ensure people are supported by a skilled and knowledgeable staff team the provider should maintain a formal and structured support system for employees.

This should include, but is not limited to:
a) All staff receiving a full induction before they begin work with people

b) All staff understanding and receiving regular individual supervision meetings
c) All staff understanding and receiving annual appraisals
d) All staff understanding and receiving observations of, and feedback on their practice.

This is to ensure that care and support 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).

How well is our care and support planned? 4 - Good

The care and support was written into individual support plans which were at a good standard. Everyone had their own plan and this was accessible to all staff to guide their support.

The plans were clear and could be easily followed. There were many areas in the plans and these were signposted throughout, so if a point was mentioned, there was also a sentence to let the worker know where to find more information. For example, one of the plans said "I am more non verbal, I have a communication care plan that you can access in the purple section of This is Me folder." People could be sure that their staff were able to access information to offer the most appropriate and safe support.

People had plans which were individual to them. Where people needed very specific support, for example if they were prone to epileptic seizures, there was an additional care plan, for example the epilepsy care plan. These covered various areas and contained guidance from relevant multi disciplinary colleagues such as the GP, or the diabetic nurse, or the occupational therapist.
As well as covering serious medical matters, the plans gave guidance on everyday situations where people were uncomfortable and how to ease this. For example, one plan told staff that, if they were in a cafe it was important to find a less busy table, and another guided that the person liked to sit facing the wall. The staff being reminded of these aspects helped people to have more enjoyable everyday experiences.

As well as the care plans, the carers maintained daily notes. These were quite task focused. Although tasks must be monitored and known about, it would be beneficial to also know more about people's emotional state, whether they were happy, how staff knew if they were enjoying themselves (or otherwise).

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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