

2 Park Vale Care Home Service

Longside
Peterhead
AB42 4XW

Telephone: 01779 821 845

Type of inspection:
Unannounced

Completed on:
13 March 2026

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2003000273

About the service

2 Park Vale is a care home supporting adults with learning disabilities situated in a quiet residential area in the village of Longside, near the larger town of Peterhead. The service provides support to a maximum of five adults.

The purpose-built modern bungalow comprises of five large bedrooms with a communal bathroom and shower room. There is a spacious dining room and living room with a front and rear garden.

The service provider is Cornerstone.

About the inspection

This was an unannounced inspection which took place on 4 and 8 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 three people using the service and two of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People appeared to have received the care and support to help them look their best.
- People were involved in the planning of meals.
- Activity planners were in place. However, people's experiences and opportunities were impacted by the experience and familiarity of the staff on shift.
- Some aspects of the care plans were detailed and person-centred. However, there needed to be a consistent approach to updating plans when the needs of people change.
- Medication management was safe.
- The home was clean and odour free. There was safe storage of chemicals.
- People's bedrooms had been personalised to a good standard. However, more could be done to make the lounge more homely.
- Staff should be mindful of not using people's space and facilities as workspaces.

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 setting?	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

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People appeared well cared for. They appeared to have received the right levels of care and support to help them look their best. This was respectful care.

The service was in the process of recruiting more staff to help create a stable staff team. Whilst this process was ongoing, there was the use of agency staff to backfill shifts. Managers attempted to book the same agency staff to try and establish consistency. However, on day one of our inspection, an unfamiliar agency staff member was on shift. This impacted on the quality of one person's opportunities and experiences. On day two of our inspection, there were familiar staff and there was noted improvements to this person's outcomes. Managers should ensure that the allocation of staff includes the assessment of the staff member's experience and knowledge of people. This will help ensure that people experience consistency in their care and support.

People had clear activity timetables and programmes in place. These were focused on their likes and preferences. On day two of our inspection, people had many opportunities for occupation and meaningful engagement. This resulted in positive experiences and outcomes.

Experienced staff demonstrated an enablement approach to the care and support people received. One person was encouraged and then supported to make their own drinks and lunch. Time was taken to enable people to make their own choices. Staff recognised the importance of people retaining skills and in making their own choices.

Mealtimes were relaxed and informal. The meal plan was compiled following input from people. This meant the meals were informed by people's preferences. Staff had created good pictorial resources for meal choices. These helped people to make their own decisions.

Care plans were comprehensive and split between four folders. The service was in the process of transferring plans onto an electronic system. This will make it easier to access information because all plans will be moved into one place.

Some care plans were informative and detailed. For example, people's housework assessment. This clearly identified how people could contribute to the upkeep of their home. An assessment of people's abilities ensured that there was a clear picture of what they could do for themselves. This helped staff to support an enablement approach to the care and support.

When a person's health had deteriorated there was no care plan in place to ensure that they received effective care and support that was reflective of their changed needs. Managers acted promptly during our inspection to ensure there was a detailed plan in place. The staff team should ensure that care plans are updated to reflect the changing needs of people. This is to ensure that people receive the care and support that they need.

There were good links with the multi-disciplinary team. Staff acted promptly when they identified that people's health and wellbeing needed input from specialists. This helped ensure that people's health and wellbeing needs were cared for appropriately.

Care reviews occurred frequently. The approach to the review process ensured there was inclusion of the person and their relative. This ensured that a review of the care and support delivered was assessed and any deficits addressed. Part of the review process gave people the opportunity to establish their goals. However, these were not used to inform the care plan or for a timeframe for achieving these goals to be made. This increased the risks of people's goals not being met.

Medication management was safe. People's medications were counted daily and this helped identify any errors or missed medications. One person required rescue medications. These are medications required when there are acute changes to their health. These needed to be stored more appropriately and there have a clear, readable protocol in place. Managers acted promptly to this during our inspection and ensured there was a clear protocol in place. This would help support staff to administer these medications safely and appropriately.

There was no service improvement plan (SIP) available. The SIP is an important document because it ensures that areas of improvement and development can be recorded. This will ensure that actions could be identified and a timeframe to make the necessary changes and improvements (see area for improvement 1).

Areas for improvement

1.
Managers should ensure that there is an effective service improvement plan in place and that it is informed by changes and improvements needed to improve outcomes and home life.

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).

How good is our setting?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home was clean and odour free. Staff had ensured that all cleaning chemicals were secure. This meant that people would not be harmed by coming into contact with them.

People had access to shared bathing and showering facilities. These were large, well equipped rooms that were free from clutter. This would enable people to easily access the facilities and for staff to have the space to assist.

The kitchen was a large, well equipped room. Surfaces were free from clutter and this made it easier for the surfaces to be consistently clean. The fridge on day one of the inspection was found to be contaminated with crumbs and needed a clean. Managers acted promptly and on day two of our inspection, the fridge was clean and organised. Managers should ensure that when a job list is in place for staff to complete household cleaning, that any gaps in compliance are followed up. This will help ensure that people live in a home that is consistently cleaned.

Kitchen cupboards were disorganised. This would impact on people's ability to access the items that they needed, for example, snacks and cups. Managers acted promptly and ensured that the cupboards were reorganised. In addition, they put pictures on the cupboard doors to help identify the contents. This improvement will help people find the items they wanted.

Staff should revisit the information available to people and look at ways of improving the format to ensure that people can make informed choices. For example, there was a list of local places to visit. This information would be more accessible if there was use of pictures and simple descriptors.

The kitchen table was routinely used by staff to complete documentation. This meant that this table was not available to people. Although people had a large dining table in another room, the use of the kitchen table by staff prevented people having the choice of where to eat. There was sufficient office space for staff to use and the use of people's space and facilities should be discouraged.

The lounge was a large, bright room. There was sufficient seating to ensure that everyone could enjoy time in the lounge. More could be done to create a more homely and cosy feel to the lounge. This would create a more welcoming and comfortable room for people to spend time.

People's bedrooms had been personalised to a good standard. Families and staff had supported people to decorate their bedrooms and add items that created homely and familiar spaces. This would be comforting for people and give the opportunities to pass their time accessing items that were of interest to them.

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

To ensure people have an undisturbed night's sleep, the provider should review their night time practices to ensure these are person-centred.

This should include but not limited to ensure a review of people's continence aids to make sure they have the right one to meet their needs.

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 meets my needs and is right for me' (HSCS 1.19); and 'My needs, as agreed in my personal plan, are fully met and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 24 March 2025.

Action taken since then

People who required assistance with their continence needs had been assessed by the specialist continence services. This had ensured that they were prescribed incontinence garments that met their needs. Staff were aware of ongoing support needed for one person and were working closely with agencies. The actions taken by staff had improved the quality of people's sleep.

This area for improvement has been met.

Previous area for improvement 2

In order to ensure support is meeting agreed outcomes and changes made when required, managers should ensure that six-monthly reviews are held and include the views of people and/or their representatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 24 March 2025.

Action taken since then

Managers had a timetable in place that helped them to arrange reviews. This had resulted in reviews occurring frequently. People and their relatives were involved in the review process and this gave them the opportunity to provide feedback on the effectiveness of the care and support provided. This also enabled them to identify areas that they felt needed changed.

This area for improvement has been met.

Previous area for improvement 3

To support people to be fully involved with designing of the menu and to keep people informed each day, the provider should review how menu information, options, and choices are presented and collected. This should include the menu board with the use of pictures to help people living with cognitive and other sensory impairments be fully involved with menu planning.

Reference to the five good communication standards developed by the Royal College of Speech and Language Therapists (RCSLT) would be useful in providing ideas for design changes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

This area for improvement was made on 24 March 2025.

Action taken since then

Managers had good pictures of meals and foods that would help people to make informed choices. Following discussion with people and an assessment of what would work for them, staff decided not to use a menu board. They found it was more effective to have these pictures laid out on a table. This worked for people and they were able to make their own choices.

This area for improvement has been met.

Previous area for improvement 4

To ensure people have their social needs met, the provider should review the service's staffing arrangements. This is to ensure people receive the care and support they need and wish.

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 meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 24 March 2025.

Action taken since then

People's experiences and opportunities were dependant upon the skills and experience of the staff on duty. When new or unfamiliar staff were on shift, people led less productive lives. However, with experienced staff on shift, people's days were full and there were many positive outcomes. The service is in the process of recruiting a permanent staff team and this should lead to consistency.

We will follow up at our next inspection the progress and improvements made following the recruitment of a permanent staff team.

This area for improvement has not been met.

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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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