

Cornerstone Maud Housing Support Service

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Type of inspection:
Unannounced

Completed on:
3 July 2025

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2021000190

About the service

Cornerstone Maud is a housing support and care at home service for adults with disabilities, provided by Cornerstone Community Care. The service is located in the centre of the village of Maud.

The service has capacity to provide care and support to six adults. The service consists of six individual flats, with a shared communal hall and lounge area. The service also benefits from a shared garden area.

At the time of inspection, six adults with learning disabilities and autism were being supported.

About the inspection

This was an unannounced follow up inspection which took place on 03 July 2025. The inspection was carried out by one inspector from the Care Inspectorate.

The inspection focused on the requirements made at, or since, the previous inspection on 14 April 2025 and evaluated how the service had addressed these to improve outcomes for people.

During this follow-up inspection, we increased the evaluation for quality indicator 3.3 to 'Adequate' because the service had made meaningful progress to improve outcomes for people.

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 one of their family
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Medication management had improved, resulting in clear plans on when to give people "as required" medication.
- People reported improved satisfaction with staffing arrangements, meaning they had the support they needed at the right time.
- Communication within the staff team had improved, resulting in more consistent care and support.
- Quality and assurance audits and tools continued to be developed, resulting in improvements.

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 good is our staff team?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality Indicator 3.3 Staffing arrangements are right and staff work well together

People reported improved experiences, and satisfaction, with staff and staffing arrangements. Staff and leaders had worked hard to improve communication in the service, to benefit people. People experienced more consistent staffing arrangements. (See "What the service has done to meet any requirements made at or since the last inspection" Requirements 2 and 3)

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

Requirements

Requirement 1

By 16 June 2025, the provider must ensure people benefit from safe medication management procedures. To do this, the provider must, at a minimum:

- a) ensure all people have clear 'as required' medication care plans;
- b) ensure 'as required' medication, and the outcome of taking this, is recorded;
- c) ensure that medication administration records are updated accurately following a change in instruction; and
- d) ensure all staff are aware of the importance of 'as required' medication.

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 states: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This requirement was made on 9 May 2025.

Action taken on previous requirement

Medication was given correctly. Staff followed clear "as required" medication care plans, and consistently recorded the outcome of people taking these medications. This meant the effectiveness of the medication could be monitored. Medication administration records were up to date, and leaders were working with the pharmacy to update one recently changed medication. Staff communicated changes in medication effectively. People were supported to remain well, with medications given at the right time.

Met - within timescales

Requirement 2

By 16 June 2025, the provider must ensure that sufficient staff are available to meet all people's needs. To do this, the provider must, at a minimum:

- a) demonstrate how the outcome of people's assessments is used to inform staffing numbers and arrangements;
- b) regularly assess and review people's care and support needs and wishes, and plan staffing accordingly.
- c) review how people are allocated staff, to ensure consistency of support throughout the day; and
- d) ensure there is a suitable contingency plan in place for periods of low staffing.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'My needs are met by the right number of people' (HSCS 3.15).

This requirement was made on 9 May 2025.

Action taken on previous requirement

People reported improved satisfaction with staff and staffing arrangements. One person reported improved relationships with staff and said "there are more staff, so staff are less stressed". Another person told us they have "plenty" staff to support their personal care. People's experiences had improved following a review of staff allocation.

Leaders had worked hard to develop a tool to plan staffing. Staffing levels reflected people's identified needs, wishes and outcomes. The provider was actively engaging with funding agencies to review people's care packages. This should ensure people have sufficient staff to meet their current and changing needs.

Whilst the service was short staffed, the provider was actively recruiting for new staff. Periods of low staffing could now be covered using agency staff. This resulted in consistently improved staffing levels. Staff told us this benefitted people, and one family told us staffing for activities had improved. People benefitted from improved staffing numbers.

Met - within timescales

Requirement 3

By 16 June 2025, the provider must ensure people benefit from effective communication within the service. To do this, the provider must, at a minimum:

- a) ensure sufficient systems and procedures are in place to support the effective handover of information;
- b) ensure staff and leaders collaborate and communicate effectively;
- c) ensure staff understand the importance of effective recording. This should include, but is not limited to, health and wellbeing recordings; and
- d) ensure that, when people's needs change, care plans are updated and shared with all staff and any other relevant people.

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 states: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This requirement was made on 9 May 2025.

Action taken on previous requirement

Communication had improved. Handovers took place twice daily, and staff reported this had improved communication with their colleagues. Important information, such as changes in health, was recorded in daily notes and discussed at handovers. This meant all staff were aware of people's current needs.

Leaders had sought the views of staff, on how communication can be improved further. Staff completed surveys and leaders were reviewing the feedback so that this can inform service improvements. Leaders should continue to positively engage with staff, so that the whole team can work to improve people's experiences.

Most people benefitted from responsive care plans, following changes in health. For example, one person's plan was updated following a stay at hospital. This meant staff could support the person to remain well. However, one person's care plan did not detail a recent change in their health. We discussed this with leaders who assured us they would update the care plan and communicate any changes with the staff team. Leaders and staff should ensure that care plans are updated promptly when people's needs change. We will review this at future inspections.

Met - within timescales

Requirement 4

By 04 October 2024, the provider must ensure that people are safeguarded by robust quality assurance processes and audits, that inform improvement.

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

- a) review current checks and audits to ensure these meet the needs of the service; and
- b) ensure checks and audits are carried out regularly and that any deficits are investigated and acted upon quickly.

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 states: '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 30 July 2024.

Action taken on previous requirement

Leaders had continued to review audit tools and checks. Spot checks were regular and detailed where improvements were needed. Leaders took action to ensure improvements were made. For example:

- Health and safety audits identified deficits in safety checks. Leaders prompted staff when health and safety checks had not been completed.
- Care plan audits resulted in action plans to ensure care plans were reviewed. This led to improved care plans that reflected changes in people's health.
- Medication audits highlighted medication errors, which were then investigated and reported appropriately. We have suggested that this audit be reviewed to include checks on "as required" medication care plans.

Leaders had worked hard to review quality assurance tools. This had begun to result in improvements in the quality of care and support. Leaders should continue to review quality assurance tools and processes, to ensure they meet the needs of the service.

Met - outwith timescales

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 good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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