

# Cornerstone Castlecraigs Court - Bessie Dunlop Court Housing Support Service

Glasgow Street  
Ardrossan  
KA22 8EP

Telephone: 01294 603 156

**Type of inspection:**  
Unannounced

**Completed on:**  
14 July 2025

**Service provided by:**  
Cornerstone Community Care

**Service provider number:**  
SP2003000013

**Service no:**  
CS2013320780

## About the service

Cornerstone Castlecraigs provides a housing support and care at home service to adults with learning disability, mental health issues and/or complex needs.

The service is based across two sites in North Ayrshire, Ardrossan (Castlecraigs Court) and Dalry (Bessie Dunlop Court) and provides 28 individual houses. Support is available from the onsite staff team 24 hours a day.

At the time of inspection 28 people were supported. The registered manager was supported by two lead practitioners and a team of support practitioners.

## About the inspection

This was an unannounced inspection which took place on 9, 10 and 11 July 2025. The inspection was carried out by one inspectors 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 five of their family
- received 33 completed questionnaires
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

## Key messages

- Staff demonstrated a strong understanding of their role in promoting health and wellbeing, ensuring timely access to healthcare and person-centred decision-making.
- Medication management was safe, well-governed, and underpinned by robust protocols and regular observations of practice.
- People were actively involved in decisions about their care, with staff using tools and technology effectively to support communication, independence, and health outcomes.
- Staffing arrangements were responsive and person-centred, with deployment based on compatibility, continuity, and individual preferences.
- Staff worked flexibly and collaboratively, supported by effective leadership and a stable core team that contributed to consistent, high-quality care.
- Feedback from supported people, families, and staff reflected a culture of compassion, respect, and shared commitment to achieving the best possible outcomes.

## 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

### Quality Indicator 1.3: People's health and wellbeing benefits from their care and support

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service demonstrated a strong commitment to supporting people's health and wellbeing through a range of well-embedded practices and systems. Staff consistently showed a clear understanding of their role in facilitating access to healthcare and addressing health inequalities. This was evident in the way staff made proactive decisions around healthcare needs, including medication management. This enabled early intervention and helped to mitigate potential risks to people's health.

Staff were alert to changes in people's health and responded promptly. Managers provided examples of staff identifying health concerns early, which led to timely referrals and interventions. This proactive approach was reinforced by very positive feedback from families and external professionals, who expressed confidence in the service's ability to support healthcare needs effectively.

Clinical governance arrangements were robust and well-structured. Managers reviewed all incident reports and facilitated follow-up actions, ensuring that learning was captured and acted upon. Health and safety reviews were conducted regularly, and regular leadership meetings at both service and senior management levels provided effective oversight. These systems contributed to a culture of continuous improvement and accountability.

Medication management was safe, person-centred, and aligned with best practice. Medication Administration Records (MAR) were consistently well completed, and protocols for 'as required' medication were clear and appropriately followed. Regular observations of medication administration supported staff competence and promoted safe practice.

People were actively involved in decisions about their physical and emotional wellbeing. Supported individuals were enabled to contribute meaningfully to decisions about their mental health, reflecting a rights-based and person-led approach. The service also demonstrated good practice in the use of the DISDAT tool to support the assessment of pain in individuals with communication difficulties, which supported more effective care and treatment.

Technology was used effectively to promote health and independence. For example, the use of a diabetes sensor enabled one supported person to better manage and monitor their condition. This approach supported autonomy and improved health outcomes.

The service facilitated good access to community healthcare and preventative services. Feedback from families and professionals highlighted the service's proactive engagement and effective communication, which ensured that people received the right care at the right time.

Health education was embedded in the service's way of working. Staff were supported to understand complex health conditions, which promoted a more informed and empathetic approach to care.

People's nutritional needs were generally well supported. Most individuals were independent in meal preparation, and some engaged in batch cooking and baking, illustrating how the service promoted

autonomy and wellbeing through food. Staff were responsive to changes in eating and drinking habits, and referrals to dietitians were made where appropriate.

During the inspection, we discussed with the manager some areas where the service could further enhance outcomes. These included the potential benefits of introducing a structured nutritional risk assessment tool and more consistent weight monitoring practices. The manager agreed to consider to add this to the service's development plan.

Although care plans were up to date, person-centred, and included helpful personal outcomes in the form of regularly updated goals, it was discussed with the service manager during the inspection that the evaluative aspect of the care planning process required further development. Enhancing this element would support improvements across all areas of care, including those relating to physical and mental health. Additionally, it would strengthen the six-monthly review process and contribute to more meaningful self-evaluation of staffing practices.

## How good is our staff team?

**5 - Very Good**

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

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staffing arrangements at the service were underpinned by continuous assessment and regular engagement with commissioning partners. Although commissioned hours were determined externally, the service maintained regular dialogue with local authority commissioning teams to review and adapt support arrangements. Where reductions in hours occurred, managers and staff worked collaboratively to ensure that people's outcomes were not compromised. This demonstrated a strong commitment to maintaining the quality of care despite external constraints.

Staff deployment was person-centred and considered compatibility, continuity, and individual preferences. A structured matching process was used for both new staff and supported people, taking into account skills, personalities, and preferences. This approach supported the development of trusting relationships and contributed to consistency in care.

Staff were observed to provide compassionate care and meaningful interactions. Feedback from supported people and families was overwhelmingly positive, with many highlighting the dedication and warmth of staff. Families described staff as going "over and beyond" to support people.

The service demonstrated flexibility in responding to changing needs. Managers used a rolling rota system that provided predictability while allowing for adjustments based on individual needs, events, or appointments. Staff confirmed that they were willing to support each other and adapt when necessary, contributing to a resilient and responsive team culture.

Supported people had a say in who supported them. The service responded flexibly to individual preferences, adjusting rotas where needed to ensure that people felt comfortable and respected in their support arrangements.

Staff turnover was low, and the service used this stability to support internal development. A recent internal promotion to a team leader role was positively received by families, who felt this contributed to continuity and quality. Exit interviews were conducted to support learning and improvement.

Team communication was generally effective and supported good outcomes. While some staff noted that communication could be improved, the majority reported strong teamwork and a supportive culture. Staff questionnaires and staff interviews reflected a motivated and committed workforce, with many staff expressing pride in their roles and in the outcomes achieved for supported people. Feedback from supported people and families reinforced these findings. Supported people reported feeling respected, listened to, and well cared for.

Staff described a strong team ethos and a shared commitment to achieving positive outcomes. However, some staff highlighted the need for improved communication. Some staff also noted that limited support hours occasionally made it difficult to deliver the level of support they aspired to, which reflected their high standards and commitment to person-centred care. These points were discussed with the manager during the inspection, and it was suggested that they be reflected in the service's development plan.

All staff demonstrated a clear understanding of their responsibilities in delivering high-quality care. Leadership was evident at all levels, with staff actively contributing to care planning and reviews as keyworkers.

There was clear evidence of effective forward planning and staff deployment, which contributed to positive outcomes for people. However, during the inspection, we discussed with the manager the potential to strengthen the self-evaluation process for staffing. We explored practical examples of how this could be achieved and suggested that this be considered for inclusion in the service development plan.

## 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

The provider must improve the quality of recording within care plans to ensure that people receive the right support at the right time. To do this, the provider must, at a minimum ensure:

- a) each person supported has a detailed personal plan which reflects a person-centred and outcome focused approach
- b) they contain accurate and up-to-date information which directs staff on how to meet people's care and support needs
- c) they contain accurate and up to date risk assessments, which direct staff on current/ potential risks and risk management strategies to minimise risks identified
- d) any restraint or restrictive practices have clear authority, with review dates detailed
- e) they are regularly reviewed and updated with involvement from relatives and advocates
- f) detailed care reviews are undertaken regularly which reflects people's care needs and preferences.

This is to ensure care and support is consistent with 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 5 July 2023.**

#### Action taken since then

The service implemented a structured improvement plan that specifically addressed the quality of care planning. A tracker system was introduced to monitor the completeness and accuracy of care plans, which also served as a feedback mechanism for staff. Although a keyworker system was in place, the service fostered a shared responsibility approach, ensuring all staff contributed to maintaining high standards. The tracker not only highlighted gaps in documentation but also revealed staff learning needs, prompting the provider to consider targeted care planning training. This initiative enhanced staff competence and confidence, as evidenced by improved quality assurance outcomes. Regular self-evaluation and our assessments confirmed that care plans were now more person-centred, up to date, and reflective of individuals' needs and preferences. To maintain this progress, the service should continue using the tracker tool and embed reflective practice into supervision sessions. We also found that the evaluation process for care plans and personal goals should be strengthened.

**This area for improvement was met.**

#### Previous area for improvement 2

To keep people safe and promote their health and wellbeing communication and recording in relation to health and wellbeing needs should be consistent across the service.

This should include but not be restricted to monitoring charts being fully completed, professional visits and communications logged detailing outcomes and actions.

Communication in relation to people's health and wellbeing should be effective both internally and externally.

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

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (4.18)  
and

"I experience high quality care and support because people have the necessary information and resources." (4.27).

**This area for improvement was made on 5 July 2023.**

#### Action taken since then

The service took decisive action to streamline communication and documentation related to health and wellbeing. By consolidating healthcare and medication information into a single, dedicated location, separate from the electronic care plans, the service created a more accessible and coherent system. This change improved the accuracy and completeness of records, making it easier for staff to locate and act on critical information. The new system also supported more effective internal and external communication, contributing to safer and more responsive care. To sustain this improvement, the service should regularly audit the new system's effectiveness and gather feedback from staff and external professionals.

**This area for improvement was met.**

## Previous area for improvement 3

The provider must ensure systems are in place to ensure people get medication safely and effectively. To do this the provider must, at a minimum, ensure:

- a) medication records for each person are accurate, up to date and clearly reflect the medication prescribed and the support required (including creams)
- b) staff responsible for supporting people with medication clearly understand the process of and importance of recording and administering medication
- c) medication audits are regular and effective; identifying gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.

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 5 July 2023.**

## Action taken since then

The service responded to concerns about medication safety by significantly increasing the frequency and robustness of audits. Although no specific causes for repeated errors were found, this allowed for quicker identification and resolution of issues, and led to a reduction in the number of medication errors. The service ensured staff had up-to-date medication training and identified further training needs. These actions demonstrated a commitment to continuous improvement and staff development. The provider also began reviewing its medication policy, which may lead to further enhancements in training and practice. To build on this progress, the service should continue monitoring audit outcomes and ensure that any policy changes are clearly communicated and embedded through ongoing training.

**This area for improvement was met.**

## Previous area for improvement 4

To further the improvement journey, the service should continue to develop and embed their quality assurance system. This should include but not be restricted to:

- a) Internal quality assurance systems effectively identify any issues which have a potential negative impact on the health and welfare of people supported and ensure these are timeously addressed.
- b) Quality audits and action plans, including care planning and medication, must be accurate, up to date and ensure they lead to the necessary action to achieve improvements without delay.
- c) Systems for the monitoring of practice such as supervision, appraisal and practice development are implemented in accordance with organisational policies.
- d) Service management have a clear overview of staff training including identified gaps.

This is to ensure 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 area for improvement was made on 5 July 2023.**

#### Action taken since then

The service made notable strides in strengthening its quality assurance framework. An action plan was implemented, and improvements in care planning, medication management, and communication were integrated into the broader quality assurance strategy.

A supervision schedule and training overview were kept up-to-date, ensuring that staff development was monitored and aligned with service needs. Observations of practice — covering medication administration, interpersonal interactions, hand hygiene, and PPE use, provided valuable insights into day-to-day care quality. These measures enabled the service to identify and address issues promptly, fostering a culture of continuous improvement.

**This area for improvement was met.**

## 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).

## 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

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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