

Corbenic Camphill Community Care Home Service

Drumour Lodge
Trochry
Dunkeld
PH8 ODY

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Type of inspection:
Unannounced

Completed on:
4 August 2025

Service provided by:
Corbenic Camphill Community Limited

Service provider number:
SP2003002110

Service no:
CS2003009749

About the service

Corbenic Camphill Community is a registered care home for adults with learning disabilities, located in a rural area on the outskirts of Dunkeld. Although the service is located rurally, Dunkeld is a few miles away and offers transport links, shops and community services.

Accommodation is offered across seven houses, each varying in size and layout. All bedrooms benefited from ensuite toilet facilities and there were communal bathrooms available to people. Each house had its own kitchen and dining area, as well as lounge areas. Externally, there were a variety of workshops for people to participate in and large community buildings such as barns which are used to host events. The service benefits from exceptionally large gardens.

About the inspection

This was an unannounced inspection which took place on 28, 29 and 30 July 2025. The inspection was carried out by two 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 seven people using the service, and five of their families;
- spoke with seven staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

- People were happy living at Corbenic Camphill Community.
- Meaningful connection was important and encouraged by the service.
- There was a variety of onsite activities for people to take part in, promoting meaningful occupation.
- Quality assurance processes could be used more effectively.
- Oversight of training could be improved.
- Recruitment processes required review and updating.
- The environment was homely and inviting.
- Care plans were comprehensive and updated regularly.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very 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

We have evaluated this key question as good. There were a number of important strengths identified, which when taken together, outweighed any weaknesses.

We saw that relationships were important at Corbenic and where possible, technology was embraced to support with meaningful connection. People were supported and encouraged to build meaningful relationships with those they spent time with, and families informed us they could visit at any time meaning that this reduced the risk of isolation, which is particularly important based on the setting of Corbenic.

We observed people participating in workshops throughout the course of the inspection. There appeared to be a consistent routine, which was of benefit to some people. We saw that people were encouraged to move regularly and remain as active as they could be, making use of the vast amount of outdoor space available. Monday meetings took place where people shared ideas about the week ahead and had input to menu planning. People told us "I'd give it 100/10".

There were examples of strong working relationships with the wider Multi-Disciplinary Team. We saw evidence of referrals being made and advice being sought, then recorded. This advice was generally recorded in care plans, and we saw records which demonstrated this had been shared with relatives. This meant that people were getting the right support from the right professionals, to promote their health and wellbeing.

There was a system in place to ensure regular access to drinks, meals and snacks. We saw that people had access to fruits and vegetables grown onsite, creating connection to the community people work and live in. However, the service should consider adapting meal plans further to accommodate those with and without dietary requirements.

There were comprehensive systems in place to support people with their medication. The service told us that they will continue to develop protocols and risk assessments for 'as required' medication to ensure that people have access to these medications at the point of need, and staff are trained appropriately in the knowledge of when and how to support people with medication. We did identify some concerns, however, the service took swift actions to address these.

Support plans were very comprehensive in their detail, containing a front page with important information. The service told us that they recognised the need to move further towards a culture which supports people's stress and distress in a more person centred and positive way. The service used a model of Positive Behaviour Support (PBS) and will require all staff and volunteers to be trained in this to enable them to support a positive change in approach and culture.

How good is our leadership?

4 - Good

We have evaluated this key question as good. There were a number of important strengths identified, which when taken together, outweighed any weaknesses.

The service had a comprehensive suite of oversight tools and processes available. When used effectively, these tools should promote effective oversight of the whole service. At the time of inspection, some of

these tools were being used to enhance the leadership teams oversight of the service, for example, medication audits being used to identify areas for improvement, and action plans being implemented as a result. However, based on the concerns we have reflected in Key Question 3 'How good is our staff team?', we were not assured that these tools were being used to their full potential. We discussed this with the leadership team at the time of inspection, who have a comprehensive plan of how to improve this aspect of the service. **(Please see area for improvement 1).**

It was positive to see area specific improvement plans in place, which fed into an overall large service wide improvement plan. People we spoke to told us that they were often asked for feedback in various formats, such as reviews and surveys. Some of this feedback was reflected in the improvement plans. This ensures that people who live at Corbenic, and those important to them, can be involved in service improvements.

There were a variety of policies in place to support people who lived at Corbenic and the staff employed by the service. A complaints policy was accessible and people we spoke to told us that they 'always get a response' when they provide feedback such as a complaint. Complaints we sampled had been reviewed and outcomes were available, which included areas which required further development. By promoting visibility and transparency within the service about complaints, this promoted an open culture.

Staff we spoke to all told us that communication amongst the team was good. They spoke of feeling supported at work and informed us that they receive regular supervision. This should ensure that overall, the leadership team have an awareness of the staff team members' individual strengths and weaknesses and can respond to these efficiently, to ensure they provide people with the correct care and support.

Areas for improvement

1. To promote overall oversight of the service, the provider should ensure there are robust quality assurance processes in place and that these are used effectively.

This should include, but is not limited to, a full review of staff and volunteer knowledge, skills and competencies in 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); 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

We have evaluated this key question as good. We identified a number of key strengths, which when taken together clearly outweighed any areas for improvement.

Overall, there was a large staff team who were employed by the service. Foundation year students (volunteers) also resided and worked with people in Corbenic. People we spoke to told us that they really enjoy their jobs and one person said, 'I wish I could stay here longer'.

There were enough staff and volunteers available to support people with their tasks of daily living and daily routines within the service. It was unclear through the inspection process if there were enough staff to support people with alternative offsite activities, should they wish to do these. We asked the service to review their activity planners to ensure that there were sufficient staff to support people with meaningful activities and promote choice about how people spend their time.

During the inspection, we identified concerns with recruitment. There had been recent changes in Disclosure Scotland legislation, which the service had not consistently complied with. This was discussed during the inspection and had been rectified, as a result, there was no increased risk to people who used the service at the time of this inspection. The service assured us that this would not reoccur and have since sent additional evidence which should ensure that prior to employment, all required pre-employment checks are completed.

(Please see area for improvement 1).

Staff and volunteers told us that they received regular supervision, which included discussions about their skills, knowledge and development needs. The leadership team had tools in place which should promote oversight of staff training and development. There were a variety of training resources available to the team and it was positive to see that role specific training analysis needs had recently been reviewed. At the point of review, we identified a number of gaps in staff and volunteer training records. We discussed this with the leadership team, who ensured this was rectified during the inspection. It's essential that people who use the service are supported by staff who have the right skills and knowledge. The service should consider how they will effectively oversee staff and volunteer training, to ensure that people can be confident in those people that support them.

Areas for improvement

1. In order to ensure people are safe and protected the service should consider implementing further audits or checks on their recruitment processes, to ensure they are in line with safer recruitment practices.

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

'I am confident that people who support and care for me have been appropriately and safely recruited'.
(HSCS 4.24).

How good is our setting?

5 - Very Good

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.

People benefited from a warm, comfortable, welcoming environment. People's living environment was enhanced by vast amounts of natural light, good ventilation and sufficient space to meet their needs and wishes. In each house, there were a number of communal spaces for people to spend time in, if they desired. People could choose to spend time in larger, busier communal areas, or alternatively smaller, quieter areas provided more privacy and were potentially a more relaxing option.

The environment was comfortable, clean, well maintained and designed to enable and promote people's

independence. The service offered a vast amount of outdoor space which benefited people's wellbeing and independence. People could move freely around the site, although for anyone unfamiliar with the service, navigation could pose challenges. There is some signage available to orientate people, however, this could be increased. People were encouraged to bring their own items to personalise their bedrooms. People told us that they were part of the decision-making process when their bedrooms were decorated. Communal areas were tastefully decorated and cleaned regularly.

There were clear planned arrangements for regular monitoring and maintenance of the premises and equipment to ensure people are safe. At the time of inspection, there had been some delays with accessing external professionals to carry out required safety checks, however, these were completed before the inspection concluded. We were therefore satisfied that these checks had been completed.

How well is our care and support planned?

4 - Good

We have evaluated this key question as good. We identified a number of strengths, which when taken together, clearly outweighed any areas for improvement.

Care plans and risk assessments were accessible and well formatted. These documents were comprehensively completed and provided insight to the reader about the person and what was important to them. People and/or those important to them told us they had been involved in the development and implementation of care plans and their wishes were clearly reflected throughout. Reviews were taking place in accordance with legislative requirements, more often where required and we saw evidence of people's involvement in their reviews. By involving people in the development and review of their care plans, this promotes people's feeling of directing their own care and support.

Appropriate copies of legal documents were available and easy to access. All staff we spoke to could clearly direct us to these documents. We identified some discrepancies in care plans with reference to guardianship documents. These were rectified by the service for those we sampled. As a result of our findings, the leadership team assured us they would review this element of all care plans to ensure everyone's was accurate and reflective of their guardianship orders.

At the time of inspection, the service had started to consider future care planning and the process of this for the people they support. It would be beneficial for the service to give this area further consideration to gather the relevant information and implement these documents.

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 should ensure they anticipate the impact of transition and change in people's daily living routines. This should include improving the understanding, monitoring, and follow up of stress and distressed behaviours.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSC 4.11).

This area for improvement was made on 10 July 2024.

Action taken since then

During the inspection, we saw some positive work had been undertaken by the service in relation to supporting transitions and changes, staff recording and working with external professionals to support people. However, we identified some gaps in the use of quality assurance process and in staff training records.

We also identified some concerns regarding the use of language by staff, particularly in incident forms. As a result, we are not confident this has been fully met and will therefore be restated.

Previous area for improvement 2

The provider should engage in proactive communication with people, and their representatives, following any significant incidents occurring. Records of communication should be kept, which would support an open and honest learning culture where people feel included, respected, and listened to.

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account'. (HSCS 2.12)

This area for improvement was made on 10 July 2024.

Action taken since then

During the inspection, we saw multiple examples of people and/or their representatives being involved in decision making. We also saw evidence logs of communication with families, which included updates where

adverse events has occurred. People told us that they were kept up to date by the service. Complaints we sampled were detailed and there were comprehensive actions and learning to take forward for the team.

This area for improvement has been met.

Previous area for improvement 3

The provider should ensure professional guidance is incorporated into people's personal plans and staff practice, and support strategies should be planned and regularly evaluated for effectiveness.

This is to ensure care and support is consistent with 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 10 July 2024.

Action taken since then

Care plans we sampled were comprehensive and updated regularly. Person centred support strategies were recorded and implemented for each person. We also saw evidence of links with external professionals and advice provided reflected in care plans.

During the inspection, we suggested some areas for review which the service were responsive to and completed before the inspection concluded.

Overall, this area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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