

# Corbenic Camphill Community Care Home Service

Drumour Lodge  
Trochry  
Dunkeld  
PH8 ODY

Telephone: 01350 723 206

**Type of inspection:**  
Unannounced

**Completed on:**  
27 April 2026

**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 21 and 22 April 2026. 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 nine people using the service
- spoke with 21 staff and management
- observed practice and daily life
- reviewed documents
- we also reviewed feedback questionnaires from relatives

**Key messages**

- Strong, positive relationships supported people's wellbeing and sense of belonging.
- Care plan reviews required further development to ensure consistency and effectiveness.
- Management oversight had significantly improved, strengthening leadership and service delivery.
- Quality assurance processes had been strengthened, improving oversight of staff skills and overall service performance.
- Care and support plans had significantly improved, with positive behaviour support clearly embedded throughout.

**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?	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?

4 - Good

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

People were supported by staff they knew well, and who knew them well. People appeared comfortable and relaxed in each other's company. People told us the staff were 'caring individuals' and that they were 'really happy' living at Corbenic. Positive relationships build trust and rapport, which supports people to get the most out of life.

The service had embraced meaningful connection. People were supported to build and maintain relationships across the community, and technology was used effectively to help people stay in touch with those important to them. This approach had strengthened people's sense of belonging and reduced their risk of social isolation.

Important events were celebrated at individual, small group and whole community levels. The addition of the new community barn further supported community events and brought people together for celebrations. This helped people stay engaged, orientated to the seasons, and connected to shared traditions. People told us they enjoyed these celebrations and enjoyed spending time as a group with their friends.

Community involvement was being promoted by the service, and we heard plans of how to encourage this further, which would result in increased opportunities for people who live at Corbenic. Staff encouraged people to take part in local activities, which improved confidence and widened opportunities. This had a positive impact on people's wellbeing and helped them feel more included in the wider community. Feedback shared with us detailed that an individual 'has a very well-balanced life doing things he loves.' We heard that workshops were delivered consistently, giving people a clear sense of structure, purpose and routine in their day. It was encouraging to see that the skills people developed through these workshops are now being formally recognised through ASDAN accreditation, a programme that provides nationally recognised awards for developing practical, personal and employability skills. People spoke positively about this and were looking forward to a planned ceremony to celebrate their achievements.

Some outings which had recently taken place and some off-site opportunities for people. We discussed with the leadership team, that it may be of benefit to some people, to explore wider community-based activities and new hobbies and interests.

Recently, a Communication Champions Group had been developed and implemented within the service. The group focused on communication methods and tools, ensuring these were tailored to each person. Some of the group aims were to improve staff understanding and to enable people to express themselves more clearly.

There was clear evidence of strong working relationships with external health professionals. Care plans and daily notes completed by staff demonstrated that advice was being recorded and then followed. As a result, people's health conditions were being monitored which should enable any changes to be identified quickly and reported to the appropriate professional.

Care plans and risk assessments were well formatted and contained comprehensive information. These showed a strong focus on individualisation, with clear information to guide staff. There has been a recent focus on developing specific care plans such as women's health. We encouraged the service to consider expanding this work further, for example, to include sexual health, which would ensure people's holistic needs were fully explored and documented. Future care plans were not in place. It's important that information about people's future wishes is recorded, to support smooth transitions as people's needs change. We discussed this with the leadership team during the inspection who had plans to develop these.

Reviews of people's care plans were not being completed consistently, in accordance with legislation. There was therefore a risk that any changes in care and support, may not be reflected in the care plans for all staff to be aware of. Whilst we acknowledge pressures external services experience, it is important that the service continue to carry out in-house reviews to ensure they continue to support people correctly.

## How good is our leadership?

## 5 - Very Good

We have evaluated this key question as very good. We identified multiple important strengths which had a positive impact on people's experiences at Corbenic. Any areas for improvement identified are unlikely to have a significant impact on people's experiences.

Since the last inspection, there has been a significant improvement in management oversight, which contributed to more effective running of the service. Oversight tools and documents clearly showed that management were identifying trends, analysing information and taking appropriate action in response to their findings. Leaders were taking responsibility for areas aligned with their skills and strengths, such as ASDAN and communication development. This contributed to improved outcomes and a more confident leadership team.

A structured development plan was in place, this contained concise information and clearly detailed evidence sources and outlining ongoing improvement priorities. The service had made use of the Care Inspectorate self-evaluation tool, which had helped the leadership team identify strengths and areas for improvement in the development plan. People who use the service and those important to them had been asked for their evaluations of the service, in the correct format for them. Their responses had contributed to the self-evaluation tool. This demonstrated a commitment to listening to people and improving based on their views, and ensured stakeholders were involved in service improvements.

Incidents and accidents were logged and then reviewed by the leadership team, using a person centred and reflective approach. This supported a transparent learning culture. Staff were encouraged to reflect on practice, for example during one to one supervision meetings, which strengthened their skills and confidence. Staff we spoke to told us they felt supported at work. Staff medication competencies were completed initially during induction, and staff involved in medication errors were supported to repeat training or competency assessments. This demonstrated a learning-focused approach to improving practice. We observed the leadership team to be present throughout the service, which increased their oversight of staff practice.

Training records were easy to access and provided effective oversight of individual staff skills and knowledge. These also demonstrated that staff had received the right training for their roles. We heard how staff were further supported by the use of one to one supervision meetings on a regular basis. The supervision matrix confirmed that staff received quarterly supervision, planned throughout the year.



## 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

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).

**This area for improvement was made on 4 August 2025.**

#### Action taken since then

The service had reviewed their recruitment processes, ensuring they were now in line with safer recruitment practices. Recruitment files contained the appropriate pre-employment checks. The overall induction process had also been reviewed, with new training requirements for staff in place prior to commencing employment. People who use the service could therefore be confident that the staff supporting them, had been recruited safely.

**This area for improvement has been met.**

#### Previous area for improvement 2

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).

**This area for improvement was made on 4 August 2025.**

#### Action taken since then

Since the last inspection, quality assurance processes had been reviewed and further developed. There had been some changes in the leadership team, which had contributed positively to these developments. New

processes have been developed and implemented and all staff we spoke to were familiar with these. New systems were in place to oversee staff and volunteers knowledge, skills and competencies which has resulted in improved staff knowledge. Oversight processes now enable the leadership team to have effective overall awareness of the service.

**This area for improvement has been met.**

## Previous area for improvement 3

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

Significant work had been carried out since the last inspection, to improve people's care and support plans. The service informed us of promotion of Positive Behaviour Support (PBS) within the service. We found that this approach was reflected throughout people's support plans and risk assessments, including how to anticipate and support people experiencing stress and distress. More information is available to staff and volunteers about how to effectively support people.

Progress has been made in this area so **this area for improvement has been met.**

Please see Key Question 1: How well do we support people's well-being?' for more information.

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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