

## Corbenic Camphill Community Care Home Service

Drumour Lodge  
Trochry  
Dunkeld  
PH8 ODY

Telephone: 01350 723 206

**Type of inspection:**  
Unannounced

**Completed on:**  
28 April 2021

**Service provided by:**  
Corbenic Camphill Community

**Service provider number:**  
SP2003002110

**Service no:**  
CS2003009749

## About the service

Corbenic Camphill Community is a care home registered to provide a service for up to 43 adults with learning disabilities. The service has been registered since 2002.

Residents live in seven houses cared for by house co-ordinators, senior support workers and co-workers who are international volunteers. One of the houses includes four separate studio flats for residents who are developing more independence.

The community also has a large number of workshops attended daily by residents.

## What people told us

On this occasion we did not seek the views of those supported by the service. We did, remotely, observe a small number of interactions between staff and residents and we saw that these were warm and friendly.

The requirements issued to the service were around management oversight.

## 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 care and support during the COVID-19 pandemic?	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 care and support during the COVID-19 pandemic?

**3 - Adequate**

We regraded the service upwards from weak to adequate. The provider evidenced improved practice in the management of risk and associated assessments, the training and application of physical intervention techniques and records, training provision and quality assurance systems. This promoted improved outcomes for people's health and well being.

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

### Requirements

#### Requirement 1

The service must, by 19 March 2021, develop and implement safe and effective supporting positive risk enablement plans to ensure residents' choices and experiences are not restricted and they can experience full lives.

This requirement was made on 10 February 2021.

#### Action taken on previous requirement

We read risk assessments in relation to self-medication, COVID and generic risk assessments entitled 'My individual risk assessment'. Each resident also had a 'missing person' risk assessments and guardians had been involved in the completion. These were all dated within March 2021. There was a very clear process to follow should a resident go missing.

We saw that parents/guardians had been consulted on risk assessments, through the review process, to ensure that the residents' wishes were represented and that experiences were not restricted.

**Met - within timescales**

#### Requirement 2

The service must, by 19 March 2021, ensure that any physical intervention techniques are:

- used only as a last resort where all other interventions have been attempted first;
- used only where the multi disciplinary team have considered and agreed the techniques to be used;
- used only when staff have undertaken appropriate training; and
- used and recorded in accordance with the Mental Welfare Commission's guidance "Rights, Risks and Limits to Freedom".

This requirement was made on 10 February 2021.

#### Action taken on previous requirement

The service had commissioned training for senior staff so that they could provide the necessary input for staff, and volunteers, in regards to physical intervention techniques. This means that future physical intervention training and refreshers will all be done in-house.

The techniques that are prescribed have a focus on the least restrictive interventions and focus on distraction and de-escalation as the primary intervention techniques.

Incident records have a clear section on interventions and minimising the impact of these. Also, opportunities for staff and residents to reflect on the incident through de-briefing sessions is provided.

A folder, recording all incidents in a chronological order, was examined and showed good oversight by management and the level of reporting and stakeholder consultation required.

## Met - within timescales

### Requirement 3

The provider must, by 19 March 2021, provide training for staff to ensure they have the skills, knowledge and values required to effectively perform their role. The provider must develop systems to monitor staff's understanding and ability to put learning into practice.

**This requirement was made on 10 February 2021.**

#### Action taken on previous requirement

The service had put in place a robust system that effectively recorded staff training and training requirements within a spreadsheet. We examined this system and identified that all staff, and volunteers, had completed training in many mandatory topics including moving and handling, health and safety, and the prevention and management of an outbreak of COVID-19. Future inspections will confirm that this training is routinely refreshed.

There was evidence to support that training for staff was ongoing and competency checks occurred regularly. The management team were now more proactive in visiting the residential units to observe competency and had a greater presence within the home. We found that staff were able to demonstrate good knowledge of the prevention and management of an outbreak of COVID-19 within their role.

## Met - within timescales

### Requirement 4

The provider must, by 19 March 2021, develop and implement effective and robust quality assurance systems. To ensure this, the provider must put in place a system to:

- ensure the service is managed appropriately, ensuring areas of responsibility and accountability are clear to all staff and the quality of care and staff performance is monitored effectively;
- identify how any issues of concern identified are appropriately recorded and followed-up with outcomes and improvements clearly identified. This must include complaints, incidents and accidents, audits and staff competencies including supervision and appraisals;
- review and improve the level and frequency of monitoring service provision and ensure that accurate records are kept. This must include checks on the general environment and the standards of care and support provided; and
- ensure staff are trained in quality assurance and recording systems and can demonstrate their understanding and their role.

**This requirement was made on 10 February 2021.**

#### Action taken on previous requirement

A well-organised Quality Assurance Folder had been put in place by the management team so they could monitor service quality. This was divided into the residential units on site and included the monthly recording of inductions, staff supervisions, support for volunteers, house meetings, maintenance,

complaints, cleanliness, first aid stock, security, record keeping, support plans, reviews, incidents and medication. There was a specific spreadsheet for the recording of observations of staff competency around medication. This ensured that all staff with a responsibility to administer medication received this level of support and people who lived at the service were safe.

There were other records in relation to competency checks and observations regarding the environment and infection prevention and control. These included effective hand hygiene and the correct use of personal protective equipment.

Future inspections will confirm that these quality assurance measures have become embedded into practice.

**Met - within timescales**

## Complaints

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

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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