

Corbenic Camphill Community Care Home Service

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Type of inspection:
Unannounced

Completed on:
14 March 2023

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 44 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.

About the inspection

This was an unannounced inspection which took place from 28 February to 3 March and also on the 13 March 2023. The inspection was carried out by one inspector 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 two people using the service and six relatives of others supported by the service. We spoke with 4 staff and 9 members of management. We also observed three specific interactions and practice between staff and those they were supporting and several group interactions within different residences.

We reviewed many physical and electronic documents including, but not limited to:

- Care and Support Plans.
- Health records.
- Review documents.
- Legal papers in respect of capacity and guardianship.
- Risk assessments.
- Quality Audits (for separate residences).
- Medication and Financial Audits.
- Environmental, Building and Maintenance Audits.
- Training Plans and Records.
- Supervision Records.
- Team Meeting Minutes.
- Service Development Plans.
- Newsletters and Consultations.

We also spoke with two visiting professionals, who were involved with the service, from the local authority and social work and health partnership.

Key messages

- Staff were very good at developing meaningful relationships with people.
- Staff looked for opportunities to promote the independence of those they supported.
- Management and staff were passionate about improving the quality of care.
- The digital method of recording and storing of information continued to be developed.
- Although there was a good audit process the consistency of these could be better.
- There was a good development plan for the service and this had been developed in conjunction with stakeholders.
- There was a good environmental audit to maintain the fabric of the estate.
- The appraisal process for staff and its link with supervision needed to be developed.

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 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?

5 - Very Good

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

We visited several of the residential units within the registered community to speak to people supported by the service and observed staff conducting their duties. Through these visits we saw that relationships were warm, encouraging and positive. For example, we heard staff talk about plans for mealtimes and activities that people undertook within the workshop environments. We also spoke to those receiving support, their relatives or legal representative and all described a respectful, warm and supportive environment.

People's independence was promoted in a supportive and encouraging way. We heard, and saw, that people were given the responsibility of regular tasks of their choosing which gave them meaning and purpose in such activity. By encouraging and supporting independence in domestic and community-based tasks, people's wellbeing and sense of worth was enhanced. Relatives we spoke to had found this to be a very positive approach which had given the person a sense of pride, ownership and achievement.

There was clear choice about the outcomes the person wished to pursue and their preference to how this was done. This was clearly documented within the person's comprehensive individual support plan.

People told us that, despite difficulties in recruitment, staff that supported their relatives had been generally consistent. All we spoke to were very happy with the staff, their professionalism and courtesy, yet fun approach. Their knowledge and awareness of those they supported was particularly commented upon.

Support plans were extremely comprehensive in their detail, but we suggested that the person may get 'lost' in such detail. A new member of staff may take months to get to know the person and suggested a concise summary, or 1-page profile, may assist with the personal awareness of the individual.

We read of several examples of people being supported through specific or unusual diagnosis. The service obtained expert advice and training to ensure that people were appropriately supported in such circumstances. Other more general health and well-being content is recorded within specific sections of the support plan including Mental Health and Behaviour, Personal Care, Physical Health, Medication and Citizenship/community decisions.

This service promoted a feeling of worth and contribution by instilling a work ethic within designated responsibilities, such as delivering mail around the houses, collecting eggs or assisting with work around the estate. This was also promoted through scheduled attendance at chosen 'workshops' such as craft or gardening. This may appear as insignificant occupation but the service looked for opportunities to promote independence, problem-solving and choice, thus maintaining or improving well-being and esteem.

By staff being present on a permanent, live-in basis they can listen to health concerns and if they cannot do something about it themselves they make sure the information reaches someone who can. This was backed up by the records of allied health professional support within case files. These included optometrists, psychologists and behaviour support professionals.

People were assisted to keep safe as there were suitable arrangements and processes to minimise the risk

of infection across the site. The service had opted to cease the practice of wearing facemasks in accordance with recent changes to COVID guidance. However, there remained many opportunities to access hand sanitisers and supplies of personal protective equipment (PPE) were available if people chose to wear them.

All staff we spoke to were aware that they could choose to wear PPE within residences. This was supported by a relative's comment, '...health protection advice was being adhered to'. Staff had suitable knowledge, guidance and had undertaken training on infection prevention and control (IPC). Management had systems in place, such as environmental audits to check that staff practice was safe. People could have confidence in staff practice.

We also saw that the service had recently adopted a robust and comprehensive cleaning schedule and although the national pandemic had eased, they were in the process of recruiting two part-time domestic staff to ensure that standards of cleanliness and hygiene were improved. This would have the added effect of freeing up other staff to focus on care and support. There was an extensive environmental improvement plan which included the refurbishment of bathrooms and 'wet rooms'. This will have the affect of making them easier to keep clean and therefore minimise the risk of infection.

How good is our leadership?

5 - Very Good

We evaluated this key question as very good as there were major strengths supporting positive outcomes for people.

The service was within the latter stages of transitioning the care plans and other records to computer based systems. This has been tried and tested and was close to being formally established at the time of our inspection. However, it was understood that there were still tweaks to be made and was still to be firmly embedded into practice.

Staff continually evaluated people's experiences to ensure that, as far as possible, people who were being supported by the service were provided with the right care and support at the right time, in the right place, to meet their outcomes. The way that Corbenic is organised makes this fairly straight-forward through a systematic approach to meetings and communication, from house meetings to House Co-ordinator meetings and Senior Leadership meetings and whole community meetings. This promotes shared information between house and activity workshops and therefore provides consistent care and support but also extensive consultation on service developments, communal activities and festivals. We heard that the re-introduction of team and community meetings, at all levels, was at an early stage of re-introduction but was welcomed by all concerned.

We saw that there were mechanisms in place to obtain the views of relatives on how the service was performing and if there were areas that could be improved. This was done through the formal review process and a specific questionnaire.

The service had also created a service development plan through an extensive consultation including a 'family day' where plans were discussed and reviewed. Parents told us that, as well as the family day discussions, they also received quarterly newsletters to keep them up to date. They told us that this kept them informed and involved around the care of their family member.

Staff, supported people and their relatives were confident in giving feedback and raising any concerns because they knew leaders would act quickly and use the information to help improve the service. All these

stakeholders told us that they found management, at all levels, to be approachable and accessible.

Although the service had received six internal complaints, we were confident that these were investigated and responded to appropriately. When things go wrong with a person's care or support or their human rights are not respected, it is important that leaders offer a genuine apology and take action to learn from mistakes. Learning from complaints is central to quality assurance processes and fully inform the dynamic approach to quality improvement in all areas.

Leaders demonstrated a clear understanding about what was working well and what improvements were needed. This was notable through staff and management awareness of recruitment difficulties. However, it was very clear from the comments from relatives that the quality of service delivery had not been adversely affected by this national issue. The human resources provision within the service was very aware of recruitment issues and had made changes to procedure which minimised delay in recruitment while still following safe recruitment guidance. This service ensured that the outcomes and wishes of people who are using the service were the primary drivers for change.

We saw that staff supervision was well managed across most of the residences within this service, in line with their supervision policy. The service was aware that they were not providing effective appraisals, or performance reviews, for staff and we discussed the need for a cyclical process of staff support around supervisions, appraisals, and identifying training gaps. The service was in the process of establishing guidance and procedure in relation to this staff support.

The management have many quality audits in place which show where work is required and when things are going well. However, we did notice within house audits that there was an inconsistent level of feedback written into the documents. Some had detailed paragraphs of feedback, while others simply had a tick. None of those we looked at had detail in the last column to record remedial action required or if/when this had been actioned. We suggested to management that perhaps undertaking peer audits may naturally ensure that audits are written to a more consistent level of detail.

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very 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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