

Camphill Blair Drummond Care Home Service

Blair Drummond House
Cuthil Brae
Stirling
FK9 4UT

Telephone: 01786 841 573

Type of inspection:
Unannounced

Completed on:
11 December 2024

Service provided by:
Camphill (Blair Drummond) Trust
Limited

Service provider number:
SP2003002681

Service no:
CS2003011474

About the service

Camphill Blair Drummond is a care home service situated in Stirlingshire. It is registered to provide a service to a maximum of 48 adults with a learning disability. This may include eight young adults aged 17-18. At the time of this inspection 48 people were living in the home. The service has been registered with the Care Inspectorate since April 2002.

The provider of the service is Camphill (Blair Drummond) Trust Limited.

Camphill Blair Drummond sits in extensive garden grounds. People live in seven houses which are located throughout the grounds. The houses are very well maintained. Camphill also offers a day service located on-site. People living in the care home service benefitted from having full access to all the opportunities offered by the day service.

We inspected the day service at the same time as our inspection of the care home. Please refer to our separate report on the day service for details of our findings.

About the inspection

This was an unannounced inspection which took place with visits to Camphill Blair Drummond between 3 and 5 December 2024. We also worked remotely on 6 and 9 December, reviewing a variety of documents the provider had shared. We gave formal feedback to the provider on 11 December 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included registration information, previous inspection reports, and information submitted to us by the service.

In making our evaluations of the care home service we:

- Visited all seven residential houses
- Met informally with people at home or while they were attending their day service
- Spoke with managers and staff from a variety of roles in the care home service
- Observed practice and daily life, both within people's houses, and while people took part in activities
- Checked medication management systems
- Reviewed care plans, training levels, and a variety of other records
- Looked at quality assurance systems
- Received feedback from people living at Camphill; relatives/carers; staff, and external professionals who worked with the service.

Key messages

- Camphill Blair Drummond continued to have important strengths including the unique environment, its community ethos, and the wide variety of day service opportunities it offered to people who live in the care home.
- We generally observed kind, compassionate and respectful interactions between staff, volunteers, and people living at Camphill.
- Key aspects of medication management, care planning, training, and quality assurance needed to improve.
- The provider should develop a stronger focus on future care planning for people as they age and/or their needs change.
- The provider should develop a staffing tool to ensure it can demonstrate it has appropriate staffing levels in place and take remedial action when it identifies staffing levels need to change.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We made an overall evaluation of adequate for this key question. This meant there were some strengths but these just outweighed weaknesses. The likelihood of achieving positive experiences and outcomes for people was reduced significantly because key areas of performance around health and wellbeing needed to improve.

People's health and wellbeing was well supported in several important areas. Staff generally engaged very well with people. Interactions were warm and respectful. People benefited from having dedicated staff working in the care home service. This was enhanced by the large numbers of international volunteers, which is part of the wider Camphill ethos. This brought different cultures together and clearly enriched people's experiences.

People had been supported to achieve a number of important health outcomes. Staff shared examples of how people's health and wellbeing had improved since moving to Camphill Blair Drummond. This included people's emotional wellbeing improving, which enabled them to access more opportunities in the wider community.

People we spoke with were very happy with their support. They knew who to speak to if they had any concerns with an aspect of their care and support. We were reassured that people felt confident in raising any concerns. Comments from people living at Camphill included:

"All the staff are very nice and friendly."

"I have always felt safe living here."

We received feedback from relatives and carers of people who lived at Camphill. The majority of comments were positive, although people did feel there were areas where improvements could be made. Some positive comments included:

"Camphill Blair Drummond is a wonderful community set in a beautiful part of the country."

"The staff are highly professional and caring."

"There is such a welcoming feel."

"I feel leadership is fair and strong."

The main areas where some relatives and carers felt improvements could be made were around staffing levels, leadership, and communication. Comments included:

"We feel that the level of staffing could be enhanced."

"The staff are diligent, but we feel the house is understaffed sometimes."

"House leadership seems to change relatively often."

"I feel that communication from the senior management of the community is less impressive."

People benefited from having access to multi-disciplinary health support. Staff liaised with health professionals on a regular basis and were proactive in seeking additional support when needed. We received a wide variety of feedback from external professionals linked with the service. They shared their evaluations of service strengths along with areas of development. Our inspection findings generally aligned with these.

People were supported to attend health appointments, and the service had well established links with their local GP practice. People also attended regular appointments with the dentist and optician. Record keeping around these appointments was generally good although it did not always match information in care plans.

We discussed health screenings appropriate to people's age and sex. As the population at Camphill Blair Drummond ages, more people will become eligible for these screenings. It is important that the service has an overview of the screenings people should be accessing, along with any barriers people may face in accessing them. This will allow staff to support people to overcome the barriers or identify alternative measures they could take. Leaders in the service were receptive to this feedback and started looking at ways in which they could capture this information. We will check progress in this area at our next inspection.

The quality of medication administration records needed to improve. We identified gaps in medication recording in most of the residential houses we visited. Ineffective quality assurance meant the gaps had not been identified. There was insufficient guidance around the use of "as required" medication. This included medication to manage pain, or medication to be used when people show signs of stress and distress. Guidance is required to ensure there are no barriers to people having access to the right medication at the right time, and to prevent medication being used inappropriately.

We also identified key NHS guidance that was significantly out of date. Leaders and staff had not placed enough importance on ensuring this was kept up to date. Taken together, these issues undermined the good work that was taking place in other areas, and placed people living in the service at risk of harm. We therefore made a requirement around medication management.

See Requirement 1.

Health information in care plans needed to improve. We sampled care plans in all the residential houses. They did not contain accurate up to date information about people's health conditions. This information is vital to guide staff on people's current support needs and wishes. Information was frequently either missing or had not been updated within agreed timescales. Guidance on how to support people during periods of stress and distress was inconsistent and did not always contain the right information to guide staff. Taken together, these issues placed people at risk of harm, so we made a requirement about health information in care plans.

See Requirement 2.

A number of people have lived in Camphill Blair Drummond for many years. As people age their support needs will change. Leaders and staff should develop their understanding of future care planning. This means anticipating what people's future needs might be, and ensuring staff are equipped with the right skills and training to meet those needs. It may also include ensuring the environment is fit to meet people's changing needs, and ensuring the right staffing levels are anticipated. We made an area for improvement about this.

See Area for Improvement 1.

Requirements

1. The provider must ensure that health recordings are accurate and medication administration procedures are safe and adhere to current best practice guidance.

By 31 March 2025 the provider must ensure that people are supported to have medications administered safely. The provider must also ensure that general health records and charts are accurate and kept up to date. In order to achieve this, the provider must, as a minimum:

- a) Ensure medication is administered in line with current best practice guidance. This includes ensuring medication is administered according to prescribed instructions and is signed for immediately after administration by trained and competent staff.
- b) Ensure "as required" medications (including but not limited to medication to alleviate pain and medication to assist with stress and distress) have appropriate guidance on when they should be administered. The outcome of the medication being administered must also be documented.
- c) Ensure key health documentation is up to date. This includes but is not limited to epilepsy protocols.
- d) Ensure any health charts external professionals have requested are completed within agreed timescales and to agreed standards.
- e) Implement an on-going cycle of quality assurance to ensure issues with medication administration or health records are identified and addressed.

This is in order to comply with regulation 4 (1) (a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. The provider must ensure that people have a care plan that guides staff on their current health and care needs.

By 31 March 2025 the provider must ensure that people have an up-to-date care plan that captures their current health and wellbeing needs in order to guide staff on their support needs. This must include, but is not limited to, guidance around positive behaviour support. In order to achieve this, the provider must, as a minimum:

- a) Carry out an audit of all care plans. Identify issues and implement an action plan with agreed timescales to address issues.
- b) Ensure care plans contain accurate and up to date information around people's health conditions and the support they need from staff around the health condition.
- c) Ensure care plans contain accurate and up to date information on how to offer positive behaviour support for people who may display behaviours related to stress and distress. This must include proactive and reactive guidance. It must also include clear guidance around the use of medication as part of a wider positive behaviour support strategy.
- d) Implement quality assurance processes to ensure care plans are checked and updated within agreed timescales to ensure they reflect any changes to people's health and support needs.

This is in order to comply with regulation 4 (1) (a) (welfare of users) and 5 (2) (b) (personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards, 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).

Areas for improvement

1. In order to support people's health and wellbeing now and in the future, the provider should develop a strategy around future (anticipatory) care planning. This should include improving staff knowledge and understanding around the principles of future care planning.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

How good is our leadership?

3 - Adequate

We made an overall evaluation of adequate for this key question. This meant there were some strengths but these just outweighed weaknesses.

Leaders in the service were invested in driving improvement. At the time of this inspection there had been changes in management roles and the management structure of the service. Quality assurance activities were taking place. However, our findings demonstrated that quality assurance needed to improve as it had not identified and rectified issues around medication, care planning, and training.

There was not a clearly defined system of auditing and quality assurance activities, with agreed roles, responsibilities or timescales for seeing actions through to completion. The provider needed to develop a system to ensure quality assurance activities identified issues quickly and was used as a tool to drive improvements in the service. Ineffective quality assurance had led to issues not being identified which in turn placed people at risk of harm. We therefore made a requirement around quality assurance.

See requirement 1.

Requirements

1. The provider must ensure quality assurance and auditing is used effectively to drive improvements.

By 31 March 2025 the provider must ensure people experience support in a service where quality assurance is used to monitor performance and drive improvement. To do this, the provider must, at a minimum:

- a) Carry out an audit of current quality assurance processes within Camphill Blair Drummond.
- b) Evaluate these processes and address any gaps where they fall short of established Camphill Blair Drummond internal standards.
- c) Establish clear roles and responsibilities for carrying out quality assurance activities in Camphill Blair Drummond.
- d) Establish clear procedures for addressing any actions generated from quality assurance activities, with timescales for following through to completion.
- e) Ensure there is an overall service improvement plan that is informed by the quality assurance activities taking place.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

3 - Adequate

We made an overall evaluation of adequate for this key question. This meant there were some strengths but these just outweighed weaknesses.

Staff worked well together. We received generally positive feedback from people and their representatives about the quality of staff. All staff, including those who did not have a direct care role, were invested in the service and recognised their own role in meeting people's needs and wishes.

Staff and volunteers were safely recruited into the service. They received an in-depth induction period that covered all the necessary elements to ensure their safety and that of the people they would be supporting. This contributed to good outcomes for people living in the home.

Training for existing staff needed to improve. Records we checked identified that a significant proportion of existing staff had either not completed or were overdue refresher training in key areas. The system to oversee training did not allow for oversight of training needs in each individual part of the service. This meant leaders could not be confident that they had a safe skills mix amongst staff on duty. We evaluated that not enough importance was placed on the need for staff to keep their training up to date. This placed people at risk of harm, so we made a requirement about training.

See Requirement 1.

During our inspection we observed enough staff on duty to meet people's needs and wishes. However, feedback from key people including family members indicated they were not always confident that staffing levels were right. New legislation in Scotland requires services to fully consider how many staff they need to provide high-quality care. The Care Inspectorate has published guidance for services on how to develop a staffing tool to determine appropriate staffing levels. We therefore made an area for improvement that Camphill Blair Drummond develops a staffing tool in order to ensure it has the right staffing levels in each area of the service.

See Area for Improvement 1.

Requirements

1. The provider must ensure that all staff have received training appropriate to their role and responsibilities.

By 31 March 2025 the provider must ensure that people experience support from staff who are trained and competent in carrying out all aspects of their role. In order to achieve this, the provider must, as a minimum:

- a) Carry out a full analysis of current training needs in every area of the service including the seven residential houses.
- b) Implement a programme, with agreed timescales, for all staff to complete core training relevant to their role.
- c) Implement quality assurance systems to ensure training levels are maintained, including the completion of refresher training within required timescales.

This is in order to comply with section 8 (1) (a) (training of staff) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards, 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)

Areas for improvement

1. To ensure staffing levels are appropriate to meet people's needs and wishes, the provider should develop a staffing tool that allows leaders to continually assess whether staffing levels are right at that time. The tool should be informed by current Care Inspectorate guidance on The Staffing Method Framework.

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

'My needs are met by the right number of people' (HSCS 3.15).

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

To ensure improvement is led well, the provider should strengthen auditing and quality assurance activities within the care home service. This should include implementing an on-going cycle of assurance activities with designated roles and responsibilities. There should also be an overall service improvement plan that is updated on an on-going basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 7 December 2023.

Action taken since then

The provider had not made satisfactory progress with this area for improvement. This area for improvement has been closed and is superseded by the requirement made in this report. Please refer to the section titled "How Good is our Leadership" for details of the requirement.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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