

Barrogil House Care Home Care Home Service

Cluny
Kirkcaldy
KY2 6QS

Telephone: 01592 720386

Type of inspection:
Unannounced

Completed on:
7 January 2025

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000095

About the service

Barrogil Care Home is a well established, purpose built care home for older people set in Cluny, Fife. Accommodation is provided in a single storey building overlooking the countryside. An enclosed garden is accessible from the building and further outside space is available to the front of the building. Ample car parking is provided with easy access to the home.

Barrogil Care Home was re-registered with the Care Inspectorate on 6 April 2023 to provide 24 hour care and support for up to 40 older people. There were 38 people living in the service at the time of the inspection.

The service is provided by Holmes Care Group Scotland Ltd. Their purpose is to enrich the lives of residents and their families.

About the inspection

This was an unannounced follow up inspection which took place on 7 January 2025. 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 three people using the service and one of their family
- spoke with three staff and management
- observed practice and daily life
- reviewed documents.

Key messages

The service had taken a variety of steps to improve medication management.
Some significant medication management issues remained, these were not all within the service's control.
Care planning had improved but continued to require some development.
Post falls checks were completed thoroughly and in accordance with the service policy.
Improvement planning was in place and action plans were evident and being effected.

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

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| How well do we support people's wellbeing? | 3 - Adequate |
| How well is our care and support planned? | 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

The service had made a number of improvements with their medication management. Staff qualified to dispense medication had undertaken additional and refresher training. This included both the completion of a provider designed medication instruction booklet and an online training module. The manager had undertaken three competency observations of each practitioner. This provided reassurance that all relevant staff had the correct skills and knowledge with which to perform their role.

Protocols for 'as required' medications were in place. The manager had oversight of these and was providing input to ensure a consistent standard. A small amount of further work was required to ensure that where the dose prescribed was variable, there were clear instructions for staff to follow.

Medication was safely stored in secure pods, cupboards, or key coded units in a variety of areas throughout the home. This gave staff easy access to medications at their point of use, but kept people safe.

The service manager undertook a regular audit of medications and had a clear oversight of the issues which the service faced in medication management. Unfortunately there were a number of issues remaining which meant that we could not be fully reassured that all medication was being managed accurately and effectively. The provider is aware of these issues and is working towards a resolution.

Requirement 1 (below) applies and replaces the relevant section of the previous requirement 1 which remains unmet. See 'What the service has done to meet previous requirements we made at, or since, the last inspection'.

Requirements

1. By 17 March 2025 the provider must protect the health and welfare of those who use the service. In particular, you must ensure people experience safe and competent support with medication. Systems to manage medication should be effective and accurate, overseen by quality assurance processes which identify and address errors and omissions.

This is in order to comply with Regulations 3, 4, (1)(a), 4 (1)(b), 4(2)(b)(welfare of users) and 9, (2)(b) (fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

How well is our care and support planned?

3 - Adequate

Care plans contained a good level of detail in most cases and reflected people's needs. Plans to guide staff in the management of people's stress and distress were clear, personalised and indicated that medication should only be used as a last resort. This gave reassurance that care was being provided in a consistent manner and in accordance to the specific needs of the individual.

Risk assessments were in place and included falls, skin care and nutrition. These were completed regularly.

A monthly review summary was also performed which gave a regular insight into people's changing health needs. Changing needs were also discussed at the daily handover meeting and care plans adjusted accordingly.

Further work was required to ensure that all care plans achieved the same level of detail and clarity. Area for improvement 1 (below) applies and replaces the relevant section of requirement 2. See 'What the service has done to meet previous requirements we made at, or since, the last inspection'.

Areas for improvement

1. To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have person-centred care plans in place. Plans should contain adequate detail with which to fully guide care and support. Where people have health needs which affect various aspects of their care, this should be clear throughout their care plan.

This is to ensure that care and support is consistent with the 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).

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

Requirements

Requirement 1

By 3 January 2025, the provider must protect the health and welfare of those who use the service. In particular, you must ensure people experience safe, competent and effective support with medication. In order to achieve this, you must at a minimum:

- a) ensure that all medication is administered in accordance with the instructions of the person authorised to prescribe or discontinue a medicine
- b) ensure suitably detailed protocols are in place to inform the consistent and appropriate administration of medication that is prescribed on an 'as required basis' and that its effect is recorded
- c) ensure safe storage of medication in locked and secured units
- d) ensure that all staff administering medication are suitably trained and competent
- e) ensure that there is sufficient and effective oversight of medication management.

This is in order to comply with Regulations 3, 4, (1)(a), 4 (1)(b), 4(2)(b)(welfare of users) and 9, (2)(b) (fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

This requirement was made on 8 November 2024.

Action taken on previous requirement

This requirement has been partially met, sections b),c),d) and e) have been met, however section a) remains outstanding and will be replaced by requirement 1, under the section 'How well do we support people's wellbeing?'.

Met - within timescales

Requirement 2

By 3 January 2025, the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:

- a) care and support plans include any relevant risk to people that could affect their health and wellbeing
- b) risks and associated support measures are clearly stated and with sufficient detail within people's care and support plans and assessed at agreed intervals
- c) care and support plans include information on all important care needs and health conditions
- d) that all care documentation is kept up to date and used to evaluate and amend people's care as needed and
- e) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

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 in order to ensure that 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); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 8 August 2024.

Action taken on previous requirement

Progress has been made towards this requirement. An area for improvement now applies and replaces the relevant sections of this requirement. See 'How well is our care and support planned?' for details.

Met - within timescales

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 that audit processes are effective in identifying areas for improvement. Where areas for improvement are identified there should be a clear plan of action to address these and evidence that tasks have been completed. This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state 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 8 August 2024.

Action taken since then

The service had a range of improvement actions plans covering a variety of elements of the service provision. The manager was supported in identifying improvements and planning actions by the provider's quality assurance team. A deputy manager had recently been employed and had begun to support the manager in effecting elements of the improvement plan. We were confident that processes were in place to identify improvements and that the service were taking appropriate action to address them.

This area for improvement is met.

Previous area for improvement 2

The provider should ensure that falls risks are accurately assessed, reviewed, and updated as required. Following falls, incident forms, including post falls analysis, and post falls health checks should be completed.

This is in order to comply with: Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me'.

This area for improvement was made on 8 August 2024.

Action taken since then

The service now had a clear process for post falls checks. Supporting paperwork was being completed thoroughly and for the required post fall period. This period could be extended if clinical judgement indicated that this was necessary.

Audit and overview processes were in place and were effective to review paperwork and identify any errors or omissions. Actions were being taken when required.

This area for improvement is met.

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

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| 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 well is our care and support planned? | 3 - Adequate |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 3 - Adequate |

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