

Barlochan House Care Home Care Home Service

Palnackie
Castle Douglas
DG7 1PF

Telephone: 01556 600 287

Type of inspection:
Unannounced

Completed on:
11 April 2025

Service provided by:
Barlochan House Ltd

Service provider number:
SP2005007671

Service no:
CS2005102686

About the service

Barlochan House Care Home is registered to provide a care service to a maximum of 50 older people. Two people may be under retirement age and experiencing physical or sensory impairment.

The provider is Barlochan House Limited.

Situated on the outskirts of the village of Palnackie in Dumfries and Galloway, the home comprises of an older house which is linked to a purpose-built extension building. Most of the accommodation is on ground floor level. There are four first floor bedrooms in the old house and these are served by a passenger lift.

The home is divided into three areas, with a team of staff designated to work in each area. These are Barlochan (in the old house), Clifford (in the new building) and, also in the new building, Solway - an area for people who are living with dementia.

All bedrooms have en suite facilities, comprising of a toilet and wash-hand basin and some also have showers. The home is well provided with shared bathrooms suitable for assisted use.

The home offers a choice of sitting rooms and dining areas. There is access to outside seating areas in the grounds which surround the home. Parking is available at the home.

At the time of the inspection, there were 48 people living in the home.

About the inspection

This was an unannounced inspection which commenced on 8 April and continued on 9 April 2025 between 09:15 and 18:00 hours. Inspection feedback was provided on 11 April 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 registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 19 people who live at the home
- spoke with six relatives
- spoke with 19 staff and management and received 16 replies to our survey
- observed practice and daily life
- reviewed documentation
- obtained feedback from four visiting professionals.

Key messages

- Very good care and support was provided.
- Positive feedback was received about the staff team and service delivered.
- The provider and manager engaged with the inspection process and took immediate action to address suggested improvements.
- Governance of the home had been strengthened and improved systems and processes were being implemented.
- One previous area for improvement following a complaint had now been met.
- We made two areas for improvement relating to cleanliness and infection prevention and control.

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 setting?	4 - 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 evaluated this key question as very good. We found major strengths in aspects of the care provided and how these supported positive outcomes for people.

To understand how well the service were performing, we spent time talking with people who lived in the home and their family. People spoke positively about the service and the staff team who provided this. People told us:

"I am impressed by the level of care provided."

"Staff are friendly and knowledgeable."

"There are lots of activities taking place and a nice atmosphere about the home."

Overall, we found people to be very satisfied with the care and support provided.

We observed relaxed and comfortable interactions between people supported and staff members; staff deliver support with warmth and kindness. All staff completed training and used their knowledge and skills to support people safely.

Policies and procedures were in place to guide staff. We referred the provider to current guidance to ensure all policies and procedures were following best practice.

All people had personal plans in place and these were recorded electronically using nourish digital care management software. It was positive to hear that people supported and families could access digital personal plans and view daily records. This was one effective way for family members to keep up to date on their loved one's care and support.

Personal plans contained health assessments, risk assessments and care plans. These provided staff with the details on how best to support people in a safe and consistent way. Information was reviewed monthly to ensure it continued to be relevant.

People told us care reviews took place and, where appropriate, involved family members. Also, as part of the 'Resident of the Day' process, there were opportunities for people to discuss their care and support and any changes required. This ensured people were involved in developing and reviewing their care and support.

Procedures were in place to support safe management of medication and staff completed medication training. We discussed with the manager where improvement could be made in relation to the use of the Medication Administration Records (MAR) chart. This related to stock control, recording 'as required' medication and documentation of topical medication. The registered manager commenced actioning these improvements at the time of inspection. The provider's medication audit should be reviewed to enable it to self-identify any further improvements required so these can be acted upon in a timely manner.

Where people did not have the capacity to make decisions or consent, appropriate legal frameworks were in place to protect their health and wellbeing.

Staff understood their role and responsibilities in relation to protecting people. Staff completed training to identify and report concerns. This reduced the risk of people experiencing harm. Appropriate referrals were made in relation to Adult Support and Protection. The provider should develop a process to track referrals made through to completion and outcomes being received.

People had access to relevant health and social care professionals. The staff team liaised with community services, including GP, district nurses, social work and dietetics service. Staff were able to pass on any concerns so these could be acted upon. Visiting professionals spoke positively about the service provided, appropriate escalation of concerns and guidance provided being followed. This supported people to maintain good health and wellbeing.

The meals served within the home were of a very good quality, they were well presented and looked appetising. Meal choices were available for people and different diets were catered for.

Information was shared with catering staff in relation to people who had swallowing difficulties and required a modified textured diet. To promote independence, adaptive cutlery and plate guards were observed to be used.

Refreshments and snacks were available for people throughout the day. People could choose where they ate their meals. Dining areas were available within each of the units and these offered people a social aspect to their mealtime.

How good is our setting?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Accommodation is provided within three smaller units within the home. Each unit had their own sitting rooms, dining room and shared bathrooms. The corridors within each unit had wayfinding signage which helped orientate people and make the home more dementia friendly.

There were communal spaces that people could use that were comfortable and homely. We found the quality of furniture, fittings and décor to be of a good standard. Areas within the home were spacious and large windows in most sitting rooms offered natural light.

All bedrooms were single occupancy, but some had flexibility to be used by couples who wished to share. Sizes of bedrooms varied but most were able to accommodate additional equipment, such as mechanical hoists, should these be required. Space within some en suite rooms was limited. Future upgrading of these had been added to the service development plan.

Bedrooms were personalised and people had their own personal effects to decorate their rooms. Overall, bedrooms were clean and tidy, and a comfortable temperature was maintained. Each bedroom had a call system people could use to request help when needed. These calls were answered promptly, keeping noise from the call system minimal.

The home is situated in the countryside with good outdoor space for people to access. The garden areas

were well maintained and had seating areas. We observed people being accompanied by staff to spend time in the grounds of the home, enjoying the fresh air and nice weather.

The provider had invested in the home and we observed the upgraded communal bathrooms in all units and new flooring in Clifford Unit. Further developments were recorded within the service development plan. Maintaining the environment, furnishings and fittings supported positive outcomes for people.

Staff worked hard to keep areas clean and cleaning schedules were in place to reflect the frequency of areas cleaned. However, on closer inspection, some improvements were needed in relation to cleanliness in some areas of the home. This also included some furniture. This was raised with the registered manager who took immediate action to address this (see area for improvement 1).

The provider had arrangements in place for external contractors to attend the home to service areas such as equipment, water systems and appliances in line with recommended guidance. Systems were in place for the ongoing monitoring and maintenance of the building and environment. A maintenance person was employed to carry out repairs identified. This maintained a safe environment and equipment, and reduced risks to people living in the home.

Staff had all completed infection prevention and control (IPC) training, and previous competency checks had been completed. There were some quality assurance processes in this area; however, we identified some improvements that were required (see area for improvement 1). Hand washing facilities within the home should be reviewed. We found a number of sink areas were not stocked with liquid soap and paper towels to promote good hand hygiene (see area for improvement 2).

The provider had a satisfaction survey in place which included a specific section on the home's environment. We viewed the outcome of the last survey, and the actions identified and how these were being addressed. This gave people the opportunity to voice their opinion and influence improvements required.

Areas for improvement

1. People supported should experience a clean and tidy environment, including equipment and furnishings. The provider should review the home's cleaning schedules and staff roles and responsibilities. This includes cleaning of specific items, such as pressure cushions and mattresses.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HCSC 5.22).

2. The provider should ensure people experiencing care have confidence they are protected from harm by way of safe infection prevention and control practices. Staff should understand best infection prevention and control practices and implement these in the work they do, including promoting good hand hygiene.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

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 people are supported with responsive and safe bowel management, the staff team should prioritise the completion of a continence care risk assessment for each person, and update this on a regular basis. The management team should ensure all staff are aware of their responsibility to complete records fully and accurately.

This is 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).

This area for improvement was made on 10 April 2024 following an upheld complaint.

This area for improvement was made on 10 April 2024.

Action taken since then

Continence care risk assessments were completed, and people had a continence care plan in place. Care plans were reviewed by a staff member on a monthly basis to ensure information remained relevant.

The information within continence care plans could be more person centred, and we discussed this with the registered manager at the time of inspection. People’s continence care was recorded within their daily records on the nourish care electronic care management system. Any concerns identified in relation to continence care were referred to the appropriate external health professional.

This area for improvement had been met.

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
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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