

Barrogil House Care Home Care Home Service

Cluny
Kirkcaldy
KY2 6QS

Telephone: 01592 720386

Type of inspection:
Unannounced

Completed on:
7 April 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 inspection which took place on 1, 2 and 3 April 2025. The inspection was carried out by two inspectors 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 13 people using the service and eight of their family/ representatives
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

Care and support was provided by a staff team who knew people well.
 Medication management continued to require attention.
 The management team were considered to be visible and supportive.
 Staff were well trained and worked well together.
 The environment was homely and clean.
 Care planning required some attention in order to provide a consistent standard.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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

We evaluated this key question as 'adequate', where there are some strengths which just outweigh weaknesses. Improvements are required to maximise wellbeing and ensure people have consistently positive experiences.

People living in the service gave positive feedback about the staff members who cared for them. This was given both directly to staff, with one person saying, 'you're such a nice person' and about staff, 'he's a good boy.' People clearly knew staff well. This included agency staff who came regularly to the home. In most cases they were known by name and were greeted with smiles and recognition. This gave confidence that even though there were times of high agency use, this did not create any anxiety to people in the service.

People's health should benefit from their care and support. We saw that there was regular input from external professionals when it was required. Support was sought from specialists and their advice guided future care. Relatives commented that they felt medical attention was sought without delay, one family said the service was 'spot on' in this regard. When people experienced wounds or issues with their skin this was well managed. There was good oversight of the care being provided and it was evident that wounds were healing well.

Nutritional needs were well known by staff and people received a range of food choices throughout the day. One relative commented that they had been pleased with their loved one's weight gain since arriving at the home. Feedback about the food was mixed. One relative felt the food had deteriorated recently, while other people were happy. People living in the service were also very mixed in their views. Further attention could be paid to the mealtime experience to ensure that a visual choice is offered when people may have communication difficulties. This would encourage independence and support good care.

There was good oversight of people's weights, and it was evident that most people were maintaining or gaining weight. This gave confidence that any issues had been identified promptly, and action taken.

If people had a fall, we saw consistent and appropriate use of post falls observations. Records and documents were clear and there was good oversight of these from the management team. Relatives felt that communication was good and, if there had been an incident, they were informed promptly.

Medication management required further attention. The electronic recording system did not appear to always be correct. A previous requirement, which had been extended, remained unmet. This caused concern as we still could not be assured that all medication was being accurately managed. Please see 'What the service has done to meet any requirements made at or since the last inspection'.

How good is our leadership?

4 - Good

We evaluated this key question as 'good', where there are a number of strengths which clearly outweigh weaknesses. Improvements are required to ensure consistent positive outcomes for people.

Quality assurance and improvement should be led well, with leaders being responsive to feedback and using learning to improve. The majority of relatives who we spoke to were confident that any issues they raised would be addressed promptly and effectively. One relative described the manager as 'very, very, very, attentive,' another said, 'she knows everything that's going on.'

This gave people confidence that their loved one's care was the priority.

Management and leadership within the home was seen by staff to be supportive and encouraging. The manager and her team were visible and adopted a hands on approach. Recent support had been given to the night staff, with the manager making a variety of overnight visits to the home. This approach has encouraged continuity of care throughout the day and night.

A variety of audits were in use by the home. These provided a good oversight of aspects of care and support and were used in planning and development by the management team. Not all of these audits were fully effective however and would benefit from review. The quarterly environmental audit had not captured some aspects of cleanliness in the dinette areas, despite being recently completed.

There had been some recent slippage of staff supervision and appraisal. This meant that there might be missed opportunities to identify staff training needs or to address concerns. Work had begun to get this process back on track and ensure that supervisions were completed in a timely manner. We were reassured that this was a temporary situation.

How good is our staff team?

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which outweigh areas for improvement. Improvements are required to maximise wellbeing and ensure that people have consistently positive outcomes.

Staffing levels should be right and staff work well together. We found that the staff team felt they worked well together and could rely on each other. Clinical support was always available from the nurse on duty. Consideration was given to the skill mix of staff and efforts were made to ensure that any agency staff were supported by regular staff members. Relatives gave very positive feedback about staff. One said, 'They have really good staff, they are always good with dad', another said, 'Continuity of staff is good, nothing is a bother.' Relatives felt that their loved one's needs were known, and this gave them confidence in the staff team. People living in the service commented positively about those who looked after them. One said staff were 'very nice, helpful.'

All though, in general, care staff were always visible, at times the communal areas of the home were unattended. This left people unsupervised and increased the risk of incidents and accidents. The manager was aware of the issue and was taking steps to ensure full staffing levels were achieved at all times. Further consideration of the staffing levels in response to people's increased dependency may be necessary. It was clear that some individuals required a high level of staff input in order to remain safe. At times people's needs were changing quickly and the staffing level needed to reflect this. It is also important to consider staff deployment throughout the day to reduce risk and provide the maximum input for people's wellbeing. This aspect of staffing required further consideration and was discussed with the manager at the time of the inspection. An area for improvement is made. See area for improvement one.

Areas for improvement

1.

The provider should ensure that due consideration is given to the number, skill mix and deployment of staff throughout the day to ensure that people's needs are met and risks are reduced.

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 setting?

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which, when taken together, outweigh areas for improvement.

The environment within the service was clean and pleasant. People benefitted from various seating and dining areas and were free to move throughout both units of the home as their mobility permitted. The garden grounds to the front of the home were well kept and people were enjoying this space during the inspection. Private bedrooms were decorated individually and families commented that they were always clean and well presented. Domestic staff were visible within the home and were clear on their tasks and priorities.

There were some minor cleaning issues on the first day of the inspection, however these were immediately resolved by the staff team. There were no other infection prevention and control concerns. Staff had recently received infection prevention and control supervision sessions, which had an educational focus. Further training was due to be delivered. This gave confidence that the service were addressing training needs and keeping infection prevention and control as a focus.

Checks of care equipment and beds found no issues of concern. Some pillows required replacing and this was done immediately. Further attention to the quarterly environmental audit would prevent these issues recurring.

Overall the environment was of a good standard, with a homely feel. People were observed to use all areas of the home freely. Equipment and furnishings were in a good state of repair. The maintenance of the home was overseen by a dedicated maintenance worker who kept well organised and accurate records.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as 'adequate', where there are some strengths which just outweigh weaknesses. Key areas of performance need to improve.

Most personal plans were up to date and relevant to care. Staff were able to outline the care expectations for individuals which was consistent with information held in their plans. This gave confidence that staff understood the plan of care and that information was being shared.

Plans were reviewed on a regular basis and monthly update summaries recorded. Although these were not consistently evaluative, they did, at times, show good reflection on the impact of care.

Further attention was needed for care plans detailing guidance to reduce stress and distress reactions. These plans should be clear and outline the particular triggers and responses of the individual. Staff should have detailed guidance of how to support individuals at these times.

Care plans outlining pain management also required more work in order that they clearly showed how to reduce pain. Particular detail was needed in plans for people who could not express their pain directly, in order that staff had the correct tools and knowledge to support them.

Two previous areas for improvement are not met. A new area for improvement will be recorded. See area for improvement 1. Please also see 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Although some charts and records were well completed and clear, this was inconsistent. We found gaps in personal records, food and fluid records and bowel care charts. Where plans referenced support with bowel care or constipation, corresponding bowel charts were missing or inconsistently completed. Clear recording would help to monitor people's bowel patterns and also the effectiveness of any treatments which they receive. This would help to reduce risk and promote good health. The service was able to evidence new daily care delivery records that were being implemented, with priority given to commencing these immediately. An area for improvement is made. See area for improvement 2.

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's care and treatment needs are accurately assessed and supported. Person-centred care plans should be in place and 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).

2. The provider should ensure that records and documentation are accurate, evaluated and support positive outcomes for people's healthcare needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My care and support meets my needs and is right for me' (HSCS) 1.19.

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

Requirements

Requirement 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).

This requirement was made on 6 February 2025.

Action taken on previous requirement

Although the home had undertaken extensive audits of the medication system the issues of inaccuracy had not been resolved. Multiple errors of stock count against the emar system were found. We did not have confidence that medication management was effective and accurate. Emar training took place during the inspection and the service had plans to add to the medication process to better track errors and omissions. Discussion took place with both the manager and regional manager to stress the need for systems to provide more confidence.

This requirement is unmet and timescales will be extended until 30 June 2025.

Not met

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 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).

This area for improvement was made on 19 November 2024.

Action taken since then

We saw plans that were detailed, in place, and gave clear, person-centered guidance. Reviews took place regularly and gave a summary of the person's recent care needs.

Further attention was required to stress and distress plans. Plans should give step by step, person-centred guidance around how to support that person during a period of distress. This should include, where applicable, at what stage use of 'as required medications' should be considered.

The provider must also ensure dedicated pain management plans are in place that refer to any relevant pain assessment tools. Plans should clearly indicate how that person may indicate pain and analgesia treatments that are in place.

This area for improvement is not met and will be combined with area for improvement 2 (below). A new area for improvement is recorded under key question 5.

Previous area for improvement 2

The service should ensure that people's care and treatment needs are accurately assessed and supported with a detailed care plan to guide staff practice.

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).

This area for improvement was made on 25 January 2025.

Action taken since then

Staff we spoke with could confidently tell us people's needs. Additional care delivery tools, such as handover records and nursing needs records gave us some assurance that people's care, and treatment needs were being met.

However, we found gaps in personal care records, food and fluid records and bowel care charts, for those whose care plans indicated that they were required. This meant that essential information about people's health and wellbeing needs were at risk of being missed. The service was able to evidence new daily care delivery records that were being implemented, with priority given to commencing these immediately.

This area for improvement is not met and will be combined with area for improvement 1. A new area for improvement is recorded under key question 5.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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