

# Barrogil House Care Home Care Home Service

Cluny  
Kirkcaldy  
KY2 6QS

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**Type of inspection:**  
Unannounced

**Completed on:**  
1 July 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 39 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 a follow up inspection which took place on 1 July 2025. This inspection looked at progress made towards requirements and areas for improvement made at and since the last inspection. 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 four people using the service and two of their family and friends
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

Medication management required further attention.

Care planning required further attention.

The requirements and areas for improvement set at and since the last inspection had not yet been met.

## 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.

Timescales for this requirement were extended to 30 June 2025.

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

The service had transitioned to a paper-based medication management system due to persistent issues with the electronic system. A recent comprehensive audit identified several areas still requiring improvement. The provider acknowledged that a fully robust medication management system was not yet in place, and further staff training and development were necessary to address these gaps.

This requirement has not been met, and the compliance timescale has been extended to 14 October 2025.

#### Not met

#### Requirement 2

By 13 June 2025, the provider must support people to maintain good standards of personal hygiene and grooming, in line with their choices and preferences for care. To do this, the provider must, at a minimum:

- a) make sure assessments and care plans contain accurate and up to date information which reflects people's needs and how they should be met
- b) all staff delivering direct care understand how they should be delivering person centred care
- c) ensure there are systems in place to regularly check that the guidance detailed in care plans is being followed and used to inform care delivery.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This is in order to comply with: Regulation 4(1)(b) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210)

**This requirement was made on 6 April 2025.**

#### Action taken on previous requirement

Some progress had been made in identifying and addressing issues within care planning. However, several care plans remained unclear and did not consistently provide staff with reliable guidance, particularly regarding personal care and grooming. The service continued to rely heavily on the knowledge of regular staff, which posed a risk given the number of new and agency staff members. Consequently, we could not be assured that all care plans contained up-to-date and clear instructions.

Despite these concerns, people were generally well presented, a view echoed by their relatives. Observations confirmed that individuals were regularly supported with their hygiene needs. However, it was not always evident whether this support aligned with their personal preferences and choices. Enhanced oversight of both care practices and associated care plans was needed to ensure that personal care is delivered effectively and in accordance with each person's wishes.

This requirement has not been met, and the compliance timescale has been extended to 14 October 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

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).

**This area for improvement was made on 1 April 2025.**

#### Action taken since then

Feedback from relatives, staff, and residents was carefully considered, leading to an increase in staffing levels. Challenges related to covering annual leave had been addressed, and clearer guidance was provided regarding expectations for staff working outside their primary roles. Staffing expectations for night shifts were also reviewed and improved.

Although there remained a heavy reliance on agency staff, efforts were made to ensure continuity by booking the same individuals whenever possible. While staffing numbers were deemed sufficient, concerns about the skill mix persisted. Both staff and management acknowledged the additional pressures introduced by new and agency personnel and were actively working to integrate them into the team.

Further action is required to increase the number of permanent staff and to improve the consistency of skill mix across the service. As such, this area for improvement has not yet been met.

## Previous area for improvement 2

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).

**This area for improvement was made on 1 April 2025.**

### Action taken since then

Please see Requirement 2 above. Progress had been made with care planning but further work was required in order to ensure that the guidance contained in care plans was up to date and in sufficient detail to guide staff. This area for improvement is not met.

## Previous area for improvement 3

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.

**This area for improvement was made on 1 April 2025.**

### Action taken since then

Care charts and records were not consistently maintained and, in some cases, did not accurately reflect the care outlined in individuals' care plans. Although changes had been introduced to improve the systems and processes for recording care, these adjustments had not yet achieved full effectiveness. As a result, we could not be confident that there was robust oversight of individuals' healthcare needs. This area for improvement is not met.

## Previous area for improvement 4

In order to support good care outcomes, people's continence care should be planned and delivered in line with their individual needs, choices and preferences for care.

This is to ensure care and support is consistent 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 6 April 2025.

#### Action taken since then

As mentioned in Requirement 2, there were still gaps in how bowel and continence care were being recorded. Some continence care charts were incomplete, and incontinence aid records show blank entries on certain days, as if no pad changes were made. This suggested that more attention to detail was needed in this area. This area for improvement is not met.

#### Previous area for improvement 5

The manager should ensure better monitoring of the care home environment to ensure people's rooms and en-suite facilities are clean, fresh and pleasant for their use.

This is to ensure care and support is consistent with Health and Social Care Standard 5.18: My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.

This area for improvement was made on 6 April 2025.

#### Action taken since then

Environmental observations indicated that the premises were generally clean and free from intrusive odours. However, some areas, particularly ensuite bathrooms and private bedrooms, required additional attention to detail. These concerns were promptly raised with the manager.

Oversight documentation for the "resident of the day" initiative had been developed but was not yet fully implemented. This approach is intended to ensure that each resident's private bedroom receives a thorough review at least once per month. While cleaning schedules were in place, they were not being consistently completed and were under review. As such, this area for improvement remains unmet.

## Complaints

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