

# Barrogil House Care Home Service

Barrogil  
Cluny  
Kirkcaldy  
KY2 6QS

Telephone: 01592 720386

**Type of inspection:**  
Unannounced

**Completed on:**  
25 August 2020

**Service provided by:**  
Barrogil Limited

**Service provider number:**  
SP2004004455

**Service no:**  
CS2003006980

## About the service

Barrogil House is a purpose-built, care home for older people. The home is situated in a rural environment, close to Kirkcaldy. There is a secure garden and outside spaces, accessible from communal areas. Barrogil House is registered to provide 24 hour care and support for up to 40 older people including respite. There were 29 people living here when we visited.

The service is owned and managed by Barrogil Limited, Kingdom Homes. The provider's ethos is: "that quality of life should never be a thing of the past..." The provider's website describes the home as: "a specialist Dementia Nursing Care Unit." Information can be found on the provider website at [www.kingdomhomesltd.co.uk](http://www.kingdomhomesltd.co.uk)

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by two inspectors from the Care Inspectorate and a senior inspector from Health Improvement Scotland.

## What people told us

We spoke with people living here but no visitors because the very poor weather had made garden visits unsuitable.

The people we spoke to all provided reassurance about how well they felt they were looked after, they held staff in high regard and were coping with the masks staff wore.

We observed an evening meal and it was evident that the meal was enjoyed, including adapted meals.

Comments included:

"There's no place like home but I cannot go home."

"The girls are great."

## 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 good is our care and support during the COVID-19 pandemic?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

4 - Good

### 7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

We found the service to be performing at a good level in relation to quality of care and support.

Staff demonstrated a detailed knowledge of the people in their care while delivering care and support with compassion and good humour. It was clear they made the time and had the insight to effectively communicate with the people in their care.

The restrictions in place to prevent and control the spread of infection were undertaken in a sensitive manner which allowed people to move freely and use communal areas with a degree of normality that reduced stress and distress. One to one activity and the use of technology to help people keep in touch with families had gone some way to maintain connections with what was important or enjoyable for people. The staff recognised their role in providing comfort where separation was difficult to overcome. This is important in providing a sense of belonging and so again, reduce stress and distress.

Care files reflected people's choices and wishes and included a mixture of generic and individualised risk assessments. That meant support plans could guide staff to provide care and support in a way which was best for the individual while operating within the provider's policies. We recognised the initial action taken to apply good practice guidance regarding modified diets and that this continues to have implications for staff training and policy development. In addition, we identified where the risk assessments could be further developed to mitigate the risk of choking. **(See Area for Improvement 1)**. Support plans were up to date and regularly reviewed and so continue to reflect how best to provide care and support. From these records we could be confident that staff had responded to changes in the health and wellbeing of people in their care and contacted community professionals as needed. We saw good records around food and fluid monitoring and observed an evening meal very much enjoyed. We identified that anticipatory care plans (ACPs) were not currently within the care files that we read. ACPs are important in providing advanced notice of what is wanted and may be needed to support palliative and end of life care, allowing people the chance to live each day secure in the knowledge their wishes are known. In discussion it was clear that work was needed in order to gather the information available and provide staff with clear guidance on the people's wishes in regard to palliative and end of life care. **(See Area for Improvement 2)** We were reassured by sight of all relevant legal documentation and one palliative care plan within the care files sampled.

It was clear staff had a very good understanding of and commitment to protecting the people in their care, in terms of infection prevention and control and, risks associated with a person's physical care and support needs or mental capacity. It was good to see how sensitively the balance between restrictions and a person's choice was handled to reduce stress and distress. As a result, we were confident in good care and support being sustained.

### 7.2 Infection control practices support a safe environment for both people experiencing care and staff

We found the service to be performing at a good level in relation to infection prevention and control. This evaluation reflects a performance where there are a number of important strengths which clearly outweigh any areas for improvement.

This home was clean and fresh throughout, there were a few minor issues that did not detract from the overall cleanliness of the home. We found an appropriate supply of cleaning products available; bedrooms, en-suite showers and communal areas were found to be tidy and well maintained. This meant that people experiencing care felt safe and secure and the risk of infection was reduced.

There was agreement from the staff spoken to about the procedures and processes that are in place for infection control and prevention. The service had adequate supplies of personal protective equipment (PPE) and staff knew how to access it. As a result, we could be confident in a consistent performance supporting their practice and protection for the people in their care.

Rooms, mattresses, chairs and most equipment checked were in good order and clean, introducing a cleaning schedule for equipment that is checked by the manager would remedy the minor areas found on this inspection if carried out regularly. **(See Area for Improvement 3)**

Social distancing was discussed and while it is difficult with people living in the service there were good attempts being made to manage this effectively while trying to keep things as normal as possible and reducing stress and distress.

### 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

We found the service to be performing at a good level in relation to staffing. This evaluation reflects a performance where there are a number of important strengths which clearly outweigh any areas for improvement.

Staff at Barrogil told us that they had received training in infection control, donning and doffing of Personal and Protective Equipment (PPE) and hand washing. We saw that training records confirmed that all staff had completed this training and were regularly updating and refreshing their knowledge. This meant that people could be sure that they were receiving care in accordance with the latest guidance and being kept as safe as possible. In order to ensure best practice the manager of the home was checking and recording staff practice through a series of 'spot checks'. We could see that these had been carried out regularly and consistently throughout the COVID period. As a result staff were able to keep people safe and adapt their care and support in order to reduce the risk of infection.

Staff told us that they felt they worked well as a team and that their manager had been a visible and supportive presence during the current challenging times. The manager informed us that the daily handover had been extended to ensure that all new information and changes to practice could be fully discussed and staff could express any concerns which they had. This promoted a sense of consistency throughout the team which was evident in the calm and organised way in which staff worked throughout the duration of the inspection.

We found that there were enough staff to meet the needs and number of people living within the home at this time. Although staff were clearly working very hard under challenging circumstances, they were always available to spend time with people and engage in meaningful conversations throughout the day. We could see that this had a positive effect on people's wellbeing, with many smiles, jokes and laughter between staff and people living in the home. Where people required support during mealtimes it was clear that staffing numbers allowed this to take place in a relaxed and dignified way. The manager was aware that she needed to recruit more staff for night shifts to ensure a permanent staff team. This would increase continuity of care and reduce infection control risks.

## Areas for improvement

1. The provider should develop a risk assessment to mitigate the risk of choking for individuals who might access food that is not modified to accommodate their care and support needs. This should include the protective actions taken by staff, alterations to the environment and adjustments to mealtime operations.

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

2. The provider should have anticipatory care plans included in all support plans.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: My future care and support needs are anticipated as part of my assessment. (HSCS 1.14)

3. The provider should review cleaning schedules and audits to cover shared equipment and the inside of any waterproof mattress and cushion covers.

This is to ensure 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. (HSCS 5.22)

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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