

# Barrogil House Care Home Care Home Service

Cluny  
Kirkcaldy  
KY2 6QS

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**Type of inspection:**  
Unannounced

**Completed on:**  
28 October 2025

**Service provided by:**  
Holmes Care Group Scotland Ltd

**Service provider number:**  
SP2020013480

**Service no:**  
CS2023000095

## About the service

Barrogil House 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. This area will shortly also be enclosed. Car parking is provided with easy access to the home.

Barrogil House 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 an unannounced inspection which took place on 27 and 28 October 2025. This was a follow up inspection to consider progress made towards two requirements and five areas for improvement made at previous inspections. 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 seven people using the service and eight of their family
- spoke with eleven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

Medication management had improved, with robust and regular quality assurance of the systems being used.

Care plans were more detailed and accurate, providing a clear guide to staff.

Staffing skill mix and deployment will continue to be monitored.

Daily charts and documents required further development.

Clinical oversight and handover of information could improve.

## 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
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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

This was a follow up inspection to explore requirements and areas for improvement set at previous inspections. Although we found significant improvements in the quality of care planning within the service, some issues remained.

The handover of information between shifts and staff team members was not fully effective. Some key pieces of information regarding people's care had not been communicated and this caused concern. Staff were not always confident that they had the most up to date information with which to provide care. Further improvement of the handover process was required. Information was not always being recorded in a consistent place and format. This created a risk of missing information and made clinical oversight of some aspects of care difficult. This was especially true for bowel care records and caused concern. A previous requirement for care planning had been partially met. The remaining elements and current concerns will be reflected in a new requirement. See requirement 1.

Medication management had improved. Systems of audit and oversight were robust and effective in identifying errors and omissions. Overall systems were safer and more effective. A previous requirement was met. Please see 'what the service has done to meet requirements set at, or since the last inspection'.

Some areas of further improvement were identified. Protocols of 'as required' medication were in place and generally contained a good level of detail. When a variable dose of medication was prescribed, plans would benefit from more detail to guide staff. When plans are in place for the use of a medication which would counteract the effect of another medication (for example, medications for constipation and diarrhoea), it should be clear that the alternate medication should not be given at the same time. An area for improvement is made. See area for improvement 1.

### Requirements

1. By 16 January 2026, the provider must protect the health, welfare and safety of those who use the service. To do this the provider must, as a minimum:

- a) ensure that all relevant staff are adequately informed and updated about people's changing needs and wishes
- b) ensure that daily records and documents are accurate and that information is recorded in a consistent and clear way
- c) undertake regular oversight of recorded information to identify issues and establish any necessary actions or changes to care.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Regulation 5(1) - Personal Plans.

This in order to ensure 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 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

## Areas for improvement

1. To support people's health and wellbeing and ensure 'as required' medication is benefitting people, the service should ensure that 'as required' medication protocols are in place, provide adequate guidance and that the use of these medications is regularly reviewed.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

## 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 had not been met, and the compliance timescale was extended to 14 October 2025.

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

#### Action taken on previous requirement

Medication management had significantly improved. Robust quality assurance systems were in place and were clearly identifying errors and omissions which occurred. Managerial oversight was provided at key times in the medication management cycle, which had improved accuracy and consistency of practice. All staff who managed medication had completed update training to consolidate their skills and knowledge. Competency checks of staff practice provided reassurance that the expected standards were being met. This was complimented by peer checks and printed checklists to ensure all tasks were completed fully. The service continue to require support from agency and non-permanent staff members, which created a risk that the service processes might not always be followed. The service are working towards recruiting a permanent staff team to reduce this risk.

**Met - within timescales**

#### 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 had not been met, and the compliance timescale was extended to 14 October 2025.

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

#### Action taken on previous requirement

We saw a significant improvement in the standard of most care plans which were sampled. Good detail was given to guide staff practice and it was clear that plans reflected people's individual needs and wishes. Some work was still required to ensure that all plans have been subject to a full review. People were well presented and, when families had expressed concerns about hygiene and appearance, these had been promptly addressed. Improvement was still required to ensure that the care and support given was fully reflective of peoples changing needs, as directed within their care plan. Some aspects of the handover process between shifts and staff required further attention to ensure a full transfer of necessary information to all staff. Quality assurance of care records was evident and some areas for improvement had been identified. Gaps in the communication process however, meant that we could not be confident that this practice was consistent or fully effective.

This requirement is partially met. The aspects which remain unmet will be reflected in a new requirement. See requirement one in key question one.

**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 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

We found that the service were working with a consistent staffing provision which was adequate to meet people's essential health care needs. The staff team remained in a period of transition, with ongoing recruitment and continued use of bank and agency staff. The core permanent team provided stability and were a good source of support and development for new staff members. Further work to develop communication and team working was necessary. The skill mix and deployment of staff through the service would benefit from review. The interim managers were aware of this need and had begun planning how this would be taken forward. This area for improvement is not yet met and will continue to be evaluated.

## 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

Although elements of care planning had significantly improved there were elements of this area for improvement which required further attention. These will be captured in a new requirement. Please see previous requirement two and new requirement one, in key question one, for details.

## 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

This area for improvement was not met. Although there were improvements in record keeping and it's evaluation, further improvement was required. Records were not always kept in a consistent way, nor in a way which provided easy oversight. Where documents indicated that action should be taken, it was not always clear that this had been responded to promptly. This area for improvement will be captured in a new requirement set under key question one. Please see requirement one, key question one.



#### 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

This area for improvement was not fully met. People were well presented and appeared clean and well cared for. There were no issues with malodour through the service and we did not see any evidence that continence care was not being attended to. Further work was required in order to ensure that daily charts and records regarding continence and bowel care were comprehensive and that any concerns were acted on promptly. Elements of this area for improvement will be captured in a new requirement set under key question one. Please see requirement one, key question one.

#### 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

We found no concerns with the cleanliness of the internal environment of the service. Ensuite bathrooms were clean and clear of clutter. The domestic team were short staffed on one shift, but a plan was in place to ensure that standards were maintained in key areas. Recruitment for the remaining domestic post was underway. We were confident that adequate standards were being maintained. 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](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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