

Barrogil House Care Home Care Home Service

Cluny
Kirkcaldy
KY2 6QS

Telephone: 01592 720386

Type of inspection:
Unannounced

Completed on:
30 January 2026

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. Enclosed gardens are accessible from various points around the building. 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.

About the inspection

This was an unannounced follow up inspection which took place on 27 January 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 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 two people using the service and two of their family members
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

The handover of information required further development.

'As required' protocols were in place and contained adequate detail.

Staffing had improved with a more permanent team and more structured deployment.

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

Requirements

Requirement 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).

This requirement was made on 6 November 2025.

Action taken on previous requirement

The service had made good progress towards meeting this requirement but one area still required attention.

A sample of daily documents showed that these were well completed and provided good information to support ongoing care. The management team had good oversight of all documents and were working with staff to ensure that the standard of information remained consistent over time. Where issues had arisen these had been dealt with in a supportive way. Staff were clear about their responsibilities to complete paperwork. The introduction of a daily allocation sheet was contributing positively to clearer accountability. Further development of the shift handover process was required. Care staff did not feel confident that they were starting their shift with all the relevant information required to work safely. This caused concern. The management team were aware of the outstanding issues and planned to take steps to address these.

Staff reported a great deal of confidence in the interim management team saying, 'Management are amazing' and 'It's a huge change, so much positivity'. We felt assured that staff feedback regarding the handover process would be received and acted upon in a constructive way. This requirement is not met.

Timescales will be extended until 27 March 2026.

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 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).

This area for improvement was made on 6 November 2025.

Action taken since then

The service had made good progress with the guidance provided for 'as required' medication. Protocols were in place and gave adequate detail. Plans showed any escalation of medication use and cross referenced to other medications when relevant. There was good oversight of the 'as required' protocols, both during the 'resident of the day' process and through the monthly medication audit. We were confident that this area for improvement had been addressed.

This area for improvement is met.

Previous area for improvement 2

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

Staffing within the service had improved and a more permanent staff team were in place. The use of agency staff had significantly reduced, which meant that people were being cared for by a consistent staff team. Staff were deployed more actively via the allocation sheet. This meant that staff were clearer about their allocated tasks and responsibilities. Although the service were slightly short staffed on the day of inspection, staff reported that this was only an occasional occurrence. We were confident that the interim management team were being proactive in their recruitment of new staff. Staff felt confident that the management team actively sought extra staff to cover sickness absence on a daily basis.

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.

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