

# Barleystone Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
24 July 2025

**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300644

## About the service

Barleystone Court in Falkirk is owned and managed by HC-One Limited. It is a purpose-built care home for up to 60 older people.

The building has two storeys, with smaller seating areas, lounge and dining rooms on both floors. In general, the people living on the ground floor are living with a diagnosis of dementia and the home class this floor, as their dementia unit. On the first floor, more people are physically frailer with some also having a dementia diagnosis.

All bedrooms are single rooms with en-suite toilet facilities. The corridors are wide and both floors are spacious, allowing people a lot of space to walk around. There is a good variety of seating areas and in most areas a good amount of natural light.

Garden areas surround the home and an enclosed patio area can be accessed from the door out of the dining room.

Barleystone is located in Westquarter, a small village on the outskirts of Falkirk. Local transport is easily accessible to and from the home.

## About the inspection

This was an unannounced inspection which took place on 24 July 2025 to follow up on a requirement from the previous inspection. 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 seven people using the service and two of their family members.
- Spoke with nine staff and management.
- Observed practice and daily life.
- Reviewed documents.

## Key messages

- The outstanding requirement about record keeping from a previous inspection was met.
- Although the service had made improvements to how well they plan people's care and support, further improvements were needed.
- The service improved the provision of bins with a working foot pedal, which helped to improve infection prevention and control.

## 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 is our care and support planned?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How well is our care and support planned?

## 3 - Adequate

At the previous inspection in April 2025, we evaluated this key question as adequate, where strengths only just outweighed weaknesses. Although the service had made some improvement in the way they plan people's care and support, we did not re-evaluate at this inspection as we wish to see sustained improvement.

Personal plans reflected people's rights, choices and wishes. People experiencing care had a detailed plan which reflected their preferred outcomes and how they were to be supported. On reading people's personal plans, it was easy to get a sense of who the person is. Care and support needs and preferred outcomes were personalised with clear instruction to staff on how they should act to achieve these. Staff cross-referenced when information related to a different care plan, so that information was consistent and staff knew where to find all relevant information. Evaluations were carried out at the agreed time; most were summarised well but some needed more detail to fully describe how effective the support plan had been since the last review. We discussed this with the leadership team and will review at the next inspection.

Risk assessments and safety plans were used to enable people's actions and activities. All relevant risk assessments, including falls risk assessments, were completed and reviewed at agreed intervals or sooner when necessary. Along with records from communications with external professionals, they were visible on any care plan that related to the risk assessment. This prompted staff to have regard to the person's abilities when considering their preferred outcomes.

The service needed to improve the way they record the care and support provided to people. Most personal plans had accurately detailed when a person experienced personal care and oral care, however there were some omissions. Staff were getting used to the new digital recording system and most staff we spoke with said they found it to be time-consuming. We discussed this with the leadership team who advised they had set up a system called 'show and tell' to support staff to refine how they record information. They noted that staff were not always using the voice activated function which may save time. It is important all care and support is recorded accurately so that all relevant information is included when assessing the effectiveness of people's personal plans. We made an area for improvement about this (**see area for improvement 1**).

Quality assurance processes to support people being involved in planning their care and support were behind schedule. We discussed this with the leadership team and advised these should be brought up to date as a matter of urgency so that people and their nominated representatives, have the opportunity to be involved in planning their care and support and to ensure their personal plan is right for them. We made an area for improvement about this (**see area for improvement 1**). We also discussed the need to focus more on the audit process at this time to ensure staff are using the new system correctly.

### Areas for improvement

1. To meet people's needs and promote their wellbeing, the provider should ensure that all care and support plans and related recording tools are accurate, contain sufficient information and people's personal hygiene is supported in line with their personal plan. To do this, as a minimum, the provider should ensure:

a) Records are kept and evaluated to detail the care and support provided to people. This should include, but is not limited to, personal care records.

- b) People living in the service are offered a bath or shower regularly, and staff clearly record if this is refused.
- c) People are offered oral care a minimum of twice daily and staff clearly record if this is refused.
- d) People are offered nail care as required and staff clearly record if this is refused.
- e) Staff only record a task has been carried out when they are sure it has been completed.
- f) There is a system in place to evaluate support plans, risk assessments and daily records of care at agreed intervals or as people's needs change. Any actions identified should be implemented.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

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

### Requirements

#### Requirement 1

By 14 March 2025, the provider must ensure that all care and support plans, risk assessments, and related recording tools are accurate and contain sufficient information to ensure people's needs are met.

To do this, the provider must, at a minimum, ensure:

- a) Risk assessments are completed detailing risks and actions to minimise any identified risks. This should include, but is not limited to, falls risk assessments.
- b) People experiencing care have a detailed personal plan which reflects their outcomes and details how they are to be supported.
- c) Records are kept and evaluated to detail the care and support provided to people. This should include, but is not limited to, personal care records and oral care records.
- d) There is a system in place to evaluate support plans, risk assessments, and daily records of care regularly or as people's needs change. Any actions identified should be implemented.

This is in order to comply with:

Health and Social Care Standard 1.15: '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.'

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 16 January 2025 as part of complaint 2024135571.

This requirement was not met at the previous inspection and we agreed an extension until 3 July 2025.

**This requirement was made on 16 January 2025.**

#### Action taken on previous requirement

At the previous inspection in April 2025, the service was in the process of transitioning to digital care and support planning. As this was not yet live, we reviewed the current system and noted there remained some gaps in recording and some conflicting information in people's personal plans. During the inspection, in July 2025, the new digital recording system was fully in place.

Parts a) and b) of this requirement were fully met. Further improvements were needed with regards to parts c) and d). We decided to meet this requirement and make an area for improvement for the parts not yet fully met (see 'How well is our care and support planned?' for more information).

**Met - outwith 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

In order to support people's wellbeing, the service should ensure people's personal hygiene is supported in line with their personal plan. In particular the service should ensure:

- a) People living in the service are offered a bath or shower regularly, and staff clearly record if this is refused.
- b) People are offered oral care a minimum of twice daily and staff clearly record if this is refused.
- c) People are offered nail care as required and staff clearly record if this is refused.
- d) Staff only record a task has been carried out when they are sure it has been completed.

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 16 January 2025.**

#### Action taken since then

We re-wrote this area for improvement to include parts of an outstanding requirement that need further improvement (see 'How well is our care and support planned?' for more information).

#### Previous area for improvement 2

In order to support people's wellbeing, the service should ensure that staff support people's nutrition and hydration needs in line with each person's personal plan. In particular the service should ensure staff:

- a) Clearly and fully record information in people's food and fluid charts.
- b) Record a clear summary in people's personal plans of how efficient the agreed care and support has been.
- c) Update information in care plans where there has been a change to the way care and support is to be delivered.
- d) Where there has been unwanted weight loss, staff should follow the guidance of health professionals which should be clearly recorded in people's personal plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37); and

'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 16 January 2025.**

## Action taken since then

This area for improvement was not assessed at this inspection.

## Previous area for improvement 3

To support people's wellbeing, the service should complete an audit of all bins in the service to ensure foot pedals are in good working order and the correct amount of bins are available in every room. In particular, if there is a bin designated for 'PPE only' then there should also be a general waste bin for people to dispose of hand towels following hand hygiene.

This is to ensure that 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 5.24).

**This area for improvement was made on 16 January 2025.**

## Action taken since then

All areas that had a bin designated for 'PPE only' also had a general waste bin with a working foot pedal in place. We checked some people's ensembles, all of which had a working general waste bin.

**This area for improvement was 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 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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