Barleystone
Care Home Service

Westquarter Avenue
Westquarter
Falkirk
FK2 9RY

Telephone: 01324 717 400

Type of inspection:
Unannounced

Completed on:
17 June 2026

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300644

About the service

Barleystone is a purpose-built care home for up to 60 older people. It is located in Westquarter, a small village on the outskirts of Falkirk. Local transport is easily accessible to and from the home.

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.

At the time of our inspection, 49 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 16 June 2026. The inspection was carried out by two inspector's from the Care Inspectorate.

This inspection focussed on improvements required from the inspection completed on 15 April 2026. We have detailed the progress in these areas under the following section of this report:

'What the service has done to meet any requirements and areas for improvement we made at or since the last inspection'.

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. This report should be read in conjunction with the previous report dated 15 April 2026.

In making our evaluations of the service we:
- spoke with people using the service and 4 of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

Ongoing reviewing of staffing levels and deployment of staff must continue in response to changes in people's needs, or new admissions to the service.

The service has improved its approach to safeguarding, with clearer systems in place to identify, respond to, and monitor incidents and accidents.

Improvement in recording practices since the previous inspection, with more consistent and reliable documentation observed.

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
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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 inspection focussed on improvements required from the inspection on 15 April 2026. We have detailed the progress in these areas under the following section of this report:

- what the service has done to meet any requirements we made at or since the last inspection.

We have re-graded the service in recognition of the requirement met. Grades have been moved upward, as we evidenced that the previous grade of 'weak' is now 'adequate'.

How good is our leadership? 3 - Adequate

This inspection focussed on improvements required from the inspection on 15 April 2026. We have detailed the progress in these areas under the following section of this report:

- what the service has done to meet any requirements we made at or since the last inspection.

We have re-graded the service in recognition of the requirement met. Grades have been moved upward, as we evidenced that the previous grade of 'weak' is now 'adequate'.

How good is our staff team? 3 - Adequate

This inspection focussed on improvements required from the inspection on 15 April 2026. We have detailed the progress in these areas under the following section of this report:

- what the service has done to meet any requirements we made at or since the last inspection.

We have re-graded the service in recognition of the requirement met. Grades have been moved upward, as we evidenced that the previous grade of 'weak' is now 'adequate'.

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

Requirements

Requirement 1

By 9 June 2026, to support good hygiene, skin integrity and monitoring of health, the provider must.

a) ensure people's preferences and frequencies as stipulated in their care plan are met for personal care including repositioning

b) ensure that care and support interventions throughout the day are evidenced

c) ensure support at different times of the day is offered where there are repeated refusals to accept care

d) ensure that care plans are formally reviewed once in every six month period.

This is to comply with Regulation 4 (1) (Welfare of Users) of the Social Care and Social Work (Requirements for Care Services) Regulation 2011 (SSI 2011/210) and SSI 2011/210 5(2(b) (iii) Personal plans.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state '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 requirement was made on 15 April 2026.

Action taken on previous requirement

We observed that care plans had been reviewed and there was a system in place to monitor when these were due, supporting improved compliance with required review timescales.

Records evidenced that personal care, continence care and oral care were being consistently completed, with no gaps identified. There was also clear recording of when people declined support, demonstrating that care was being offered throughout the day.

Positioning charts showed that 2-hourly repositioning was identified and carried out. On occasion, repositioning extended beyond the two-hour timeframe; however, this was typically followed by returning to the planned frequency, with no significant gaps between interventions. This supported the ongoing management of people's skin integrity and health needs.

Overall, there has been a marked improvement in recording practices since the previous inspection, with more consistent and reliable documentation observed. Continued management oversight will be important to sustain and further embed these improvements.

Met - within timescales

Requirement 2

By 9 June 2026, to ensure people are not at risk of malnutrition, the provider must evidence consistent and clear records for food and fluids that are provided to people. In order to achieve this, the provider must:

a) evidence a time line throughout the day when meals/drinks have been provided
b) evidence detailed recording of nutritional and fluid intake if weight loss is a concern or if the dietician has recommended this
c) evidence consistency in the recording of weights for people who have concerning weight loss.

This is to comply with Regulation 4 (1) (Welfare of Users) of the Social Care and Social Work (Requirements for Care Services) Regulation 2011/210 4 (1) (a) Welfare of Users.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS 1.37).

This requirement was made on 15 April 2026.

Action taken on previous requirement

We found that food and fluid records were consistently completed, with no gaps identified. Records clearly detailed what had been offered and the amount taken, demonstrating improved accuracy and reliability.

Observations during the inspection showed that people were supported appropriately at mealtimes, with staff providing assistance, offering choice, and ensuring people were not rushed. There were sufficient staff available to meet people's needs.

There was evidence of strengthened management oversight for people who were underweight or at risk, with their nutritional needs being monitored and reviewed. This was further supported through regular discussion at flash meetings, where concerns were shared, and actions to support people's nutrition and hydration were considered.

These improvements have strengthened the service's ability to monitor nutritional intake and respond to any concerns in a timely way. Continued consistency in recording and oversight will be important to sustain these improvements.

Met - within timescales

Requirement 3

By 9 June 2026, peoples' experiences of care should be a result of continuing improvement demonstrated by leadership. In order to achieve this, the provider must

a) ensure that the approach to quality assurance, including audits and observations, is reviewed and improved

b) ensure that the development of clear action plans, detail the areas for attention, staff responsible, and timescales for action

c) ensure that complaints received are fully investigated within 20 working days (or shorter period as may be reasonable) and inform the complainant of the action (if any) that is to be taken.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users and SSI 2011/210 18 (3) and (4) Complaints.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can be meaningfully involved in how the organisations that support and care for me work and develop (HSCS 4.6) and 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

This requirement was made on 15 April 2026.

Action taken on previous requirement

The provider demonstrated a strong and systematic approach to quality assurance, with a clear range of audits and processes in place to identify shortfalls and support continuous improvement. These systems were now being implemented consistently, with well-defined action plans and clearly assigned responsibilities, indicating improved governance and accountability.

The Home Improvement Plan further strengthened this approach, as it was actively used, regularly updated, and responsive to identified needs, showing a commitment to ongoing service development.

Since the previous inspection the service have received 14 complaints, sampled records showed thorough investigations, clear outcomes, and timely communication with complainants. Feedback from relatives supported this improvement. One relative told us they had previously raised complaints regularly but had seen a marked improvement and that communication had improved significantly.

Met - within timescales

Requirement 4

By 9 June 2026, the provider must ensure that there are, at all times, adequate numbers of skilled and competent staff on each shift, to meet service users' health, safety, and wellbeing needs. In order to achieve this, you must:

(a) Gather accurate information about service users' needs and use it to assess how many nursing and care staff with the right skill mix are required on each shift and in each unit during the day and night.

(b) Demonstrate that you are able to anticipate and respond to changes in service users' needs amending staff numbers accordingly when required. This includes monitoring the impact of new and agency staff.

(c) Ensure sufficient staffing to provide meaningful interaction and regular social events, as stated in people's care plans and recorded outcomes.

(d) Establish a clear leadership structure outlining roles and responsibilities. This structure must be communicated effectively to all staff to promote positive team working and peer support (refer to HSCP follow up of Mr Fotheringham after hospital submitted AP1 due to lack of responsibility of care).

(e) Ensure that staff wellbeing supports the provision of safe and high-quality care.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

This requirement was made on 15 April 2026.

Action taken on previous requirement

The service demonstrateed an effective approach to staffing, with a recognised dependency tool now being used effectively to determine staffing levels based on people's needs, resulting in sufficient staffing in place.

Measures such as block booking agency staff have improved consistency and reduced disruption.

Observations and staff feedback indicated that staffing levels have had a positive impact on care delivery, with staff feeling less rushed, able to spend more meaningful time with people, and responding promptly to call bells.

The introduction of a clear daily allocation system had further strengthened organisation and accountability, with staff reporting improved clarity in their roles.

While there has been sufficient progress to meet this requirement, continued focus will be needed to sustain these improvement and ensure consistency and effective staff deployment across the service.

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

People should be able to spend their day in a way which is meaningful to them and be supported to do so.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25).

This area for improvement was made on 1 May 2026.

Action taken since then

The service had implemented a range of structured initiatives to enhance engagement, activity provision, and the overall quality of care.

Weekly planners, informed by feedback through surveys, demonstrated a person-centred approach with activities designed to be meaningful and reflective of individual preferences.

The allocation of carer-led activities and consistent recording on electronic systems supported accountability and oversight. Expectations for all staff to contribute to "How Am I" interactions promoted a culture of shared responsibility for wellbeing and engagement.

Environmental and practice improvements, such as the planned replacement of life stations with colleague input and the introduction of observations of practice, further strengthened quality monitoring and continuous improvement.

Overall, these developments indicated a proactive approach; however, their effectiveness will depend on consistent implementation and sustained oversight.

This area for improvement has been met.

Previous area for improvement 2

People should be safeguarded where identified and have their needs responded to after an incident or accident. The provider should improve their reporting and sharing of information with the Care Inspectorate and other relevant departments or organisation in line with current guidance.

This is to ensure that caer and support is consistent with the Health and Social Care Standards (HSCS) which state that "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected" (HSCS 4.18).

This area for improvement was made on 15 April 2026.

Action taken since then

The service had improved its approach to safeguarding, with clearer systems in place to identify, respond to , and monitor incidents and accidents.

We found that there was improved oversight of incidents, with systems being used to track patterns and inform actions to reduce the risk and support people's safety and wellbeing.

There was evidence to demonstrate that reporting processes had strengthened, with appropriate notifications being submitted to the Care Inspectorate in line with current guidance.

The service also demonstrated improved information sharing, including communication with the relevant professionals and others involved in people's care, as well as a more structured management oversight through daily meetings and ongoing review of concerns.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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