

# Linlithgow Care Home Care Home Service

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Telephone: 01506 842 482

**Type of inspection:**  
Unannounced

**Completed on:**  
18 March 2026

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

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300743

## About the service

Linlithgow Care Home is registered with the Care Inspectorate to provide 24 hour care for up to 80 older people. At the time of inspection 78 people were living at the service. The service is part of the HC-One Group and is situated in the town of Linlithgow, West Lothian. This is a purpose-built care facility with accommodation provided on two floors, in 80 single bedrooms with en-suite toilet facilities. The building is divided into three separate units: Cairnpapple, which is over two floors and cares for people with dementia, Cockleroy and Avonfield.

Stairs and lifts provide access to the upper floor. Bathing facilities and additional toilets are available on each of the floors. There are a selection of pleasant and comfortable sitting rooms and communal areas. There are separate kitchen and laundry facilities in the home.

The home is set within attractive grounds with ample car parking facilities and places for people to sit within the gardens and courtyards.

## About the inspection

This was an unannounced inspection which took place on 17 and 18 March 2026. This inspection was a follow-up to review three requirements, and two areas for improvement made at the last inspection in October 2025. The inspection was carried out by three 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 people using the service, staff and management
- Observed practice and reviewed documents.

**Key messages**

- The provider had reviewed and recruited more staff to ensure people are supported with meaningful engagement and the home is kept clean.
- The service had identified areas within the home environment requiring refurbishment and had made good progress with improving the environment to better meet people's outcomes in the home.
- The provider had introduced electronic care planning that ensured that risk assessments and care plans were up-to-date, easily accessible to staff and designed to meet people's outcomes and wishes.
- The service had gathered feedback from all of the people using the service capturing their likes, interests and how they would like to spend their day and were progressing with this.
- The service had gathered feedback from the people using the service on the type of food offered and had changed the menu to meet their needs, preferences and wishes.

**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 staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How good is our staff team?

4 - Good

A requirement had been made at a previous inspection in October 2025. The service had put an action plan in place to manage the improvements needed. The service had met the requirement at this inspection.

The requirement was in relation to ensuring staffing arrangements were safe and met all health and well-being needs of people and ensuring the cleanliness of the environment (see section: 'What the service has done to meet any requirements we made at, or since the last inspection').

We saw improvement in the staffing arrangements across various groups of staff within the home and this had enhanced how people were supported and how clean the environment was therefore, we have re-evaluated quality indicator 3.3 from adequate to good.

The overall evaluation for this key question is good.

## How good is our setting?

4 - Good

A requirement about the environment had been made at a previous inspection in October 2025. The service had put an action plan in place to manage the improvements needed. The service had met the requirement at this inspection.

The requirement was in relation to ensuring a well maintained, safe, comfortable and clean environment (see section: 'What the service has done to meet any requirements we made at or since the last inspection').

We saw significant progress and improvement in the environment in terms of cleanliness and refurbishment and we have re-evaluated quality indicator 4.1 from adequate to good.

The overall evaluation for this key question is good.

## How well is our care and support planned?

4 - Good

A requirement about care planning had been made at a previous inspection in March 2025. The service had put an action plan in place to manage the improvements needed. At inspection in October 2025, the service were in the middle of introducing an electronic care planning system so we extended the requirement to March 2026. The service had met the requirement at this inspection.

The requirement was in relation to improving outcomes for people and associated risks through effective and timely care planning (see section: 'What the service has done to meet any requirements we made at or since the last inspection').

We saw significant improvement in care planning processes and information, therefore we have re-evaluated quality indicator 5.1 from adequate to good.

The overall evaluation for this key question is good.



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

### Requirements

#### Requirement 1

By 14 July 2025, the provider must ensure that people's personal care plans are up to date and reflect their individual needs, intended outcomes and associated risks.

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

- a) Personal plans are sufficiently detailed and reflect the needs, wishes and what is important to each person including anticipatory care planning.
- b) Personal plans are reviewed, quality assured and that any required changes are updated timeously.

This is to comply with Regulation 5 (1) and (2) (b) (ii) and (iii) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 requirement was made on 31 March 2025.**

#### Action taken on previous requirement

At our previous inspection in October 2025 assessments and care plans had been reviewed and updated prior to moving to a electronic care planning system. There had been work carried out with the GP, management, staff, people and their relatives around anticipatory care planning. To ensure the improvements are sustained, we extended the timescale for this requirement to 15 March 2026.

We considered this outstanding requirement at the follow up inspection in March 2026. The provider and service had worked hard to introduce the new electronic care planning system and had trained and embedded this with staff. We found that the care plans and assessments were respectfully written, sufficiently detailed and being updated and reviewed regularly. Quality assurance systems were in place through care plan audits and using the electronic dashboard to identify any omissions and required actions timeously. This meant that people were able to be cared for safely and in line with their needs, wishes and choices.

**The requirement has been met.**

**Met - outwith timescales**

## Requirement 2

By 15 March 2026, to ensure that people's care and support needs are met effectively, the provider must ensure that staffing arrangements are safe and meet all of the health and wellbeing needs of people, including the cleanliness of the environment.

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

- a) regularly assess and review people's care and support needs
- b) demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements
- c) implement quality assurance systems to evaluate people's care experience experiences and assess if staffing arrangements are effective in providing responsive, person-centred support
- d) review and implement staffing arrangements to ensure that the cleanliness of the environment is kept to an acceptable standard.

This is in order to comply with section 7(1)(a) and (b) 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 Standard (HSCS) which state that: 'People have time to support and care for me and to speak with me' (HSCS 3.16) and 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17).

**This requirement was made on 31 October 2025.**

### Action taken on previous requirement

We considered this requirement at this inspection. The service had assessed and reviewed people's dependency assessments monthly along with the nursing and care staff to ensure that people's needs were being fully captured. This allowed the manager to utilise the dependency tool more effectively to highlight where there were any gaps in staffing and to acknowledge where there were improvements to be made.

The service had recruited extra staff and had looked at ways of working to increase efficiency. The management team were regularly gaining feedback from staff and people in the service to monitor staffing levels and to adjust accordingly. The increased staffing levels had ensured that the environment was kept clean especially in the main kitchen ensuring that people's health, wellbeing and support needs were being met.

**The requirement has been met.**

**Met - within timescales**

## Requirement 3

By 15 March 2026, the provider must ensure people are supported in an environment that is well maintained, safe, comfortable, clean and minimises the risk of the spread of infection.

To do this the provider must, as a minimum, ensure that:

- a) A full review of the environment is undertaken to ensure all areas, equipment and furnishings are clean and well maintained to provide a safe and comfortable home for people.
- b) A replacement and refurbishment plan for the whole setting is put in place which includes appropriate timescales for completion and actioning those that affect Infection Prevention and Control first.
- c) A review of cleaning schedules is undertaken to ensure all areas of the home are covered.
- d) Regular, effective quality assurance audits are taking place with required improvements documented and carried out timeously.

This is to comply with regulations 4 (1) (a) and (d) Welfare of Users and procedures for the prevention and control of infection of the Social Care and Social Work, Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.17); and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

**This requirement was made on 31 October 2025.**

### Action taken on previous requirement

We considered this requirement at this inspection. A full environmental review was undertaken by the maintenance team and manager of the service and a replacement and refurbishment plan was well underway and the environment had improved. A review of the cleaning schedules had been undertaken and staff had better awareness of their responsibilities for completion of cleaning and the documentation.

Environmental audits were being carried out and we could see that actions were being taken from these to address any issues. We were reassured that some minor issues we picked up at inspection had already been noted by the quality assurance process.

Although the refurbishment plan had not been fully completed, we were assured by the provider and management team of their commitment to fully complete this so people could be assured that they were supported in an environment that is well maintained, clean, comfortable and minimises the risk of infection.

**This requirement has been met.**

**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

To support people's health and wellbeing, improve the quality of their day and meaningful activity the provider should improve how they support people, both in a group setting and on a one-to-one basis, tailored to people's individual preferences and interests. This should include the opportunity to access the community if they wish.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: '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) and 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22)

**This area for improvement was made on 31 October 2025.**

#### Action taken since then

We reviewed this area for improvement at our inspection. The well-being co-ordinators had carried out wellbeing surveys with all the people in the service to gather their likes, wishes and preferences on how they would like to spend their day. This included various creative, social and physical group activities and one to one support. There had been a real focus on the community engagement within the home in getting people out more to community events but also in inviting members of the community in to the home encouraging friendships and peer support.

People's views were being sought and also evaluated so people could be assured that interests and activities were what mattered to them in the way that they liked.

**This area for improvement has been met.**

## Previous area for improvement 2

The provider should ensure people are supported to have food and drink that meets their needs, preferences and wishes.

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).

**This area for improvement was made on 31 March 2025.**

### Action taken since then

We reviewed this area for improvement at our inspection in October 2025 but it had not been fully met. We further reviewed this area for improvement at this inspection. The chef with support from his team and the service management had made significant progress in capturing what people enjoyed eating and had made positive changes to the menus. People were much happier with the food and the chef continued to gain feedback and make changes which were in line with people's cultural, dietary needs and preferences.

**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](http://www.careinspectorate.com).

Detailed evaluations

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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