

# Mossvale Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
12 December 2024

**Service provided by:**  
Mossvale Care Home Limited

**Service provider number:**  
SP2011981788

**Service no:**  
CS2011281824

## About the service

Mossvale Care Home provides a care home service to 61 older people. The provider is Mossvale Care Home Limited. The home is situated in the residential area of Craigend in Glasgow, close to local shops and transport links.

Mossvale is a purpose-built care home with accommodation provided over two levels. There is capacity for 34 residents on the first floor and 27 residents on the ground floor. At the time of this inspection there were 57 residents living at the home.

Bedrooms are provided as single occupancy and have en suite facilities. Residents have access to communal bathrooms. There are communal lounges and dining areas on each floor and a cafe on the ground floor is available for resident and visitor use. The home also benefits from secure outdoor space. Visitor parking is available within the grounds of the home.

## About the inspection

This was an unannounced inspection which took place on 10, 11 and 12 December 2024. 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 10 people using the service and eight of their relatives or friends
- we received five completed questionnaires from relatives
- spoke with 13 staff and management
- received 15 completed questionnaires from staff
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals

## Key messages

- People experienced support from staff who were familiar with their needs and wishes.
- Effective systems contributed to ensuring high standards of service delivery.
- People benefited from systems designed to monitor their health and wellbeing and manage risks to their health.
- The home had very good support from external health professionals.
- People enjoyed a varied programme of activities and opportunities for social contact.
- People experienced an environment that was well maintained.
- Personal plans reflected peoples wishes and preferences.

## 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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very 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 well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People should expect to experience warmth, kindness and compassion in the way they are supported and cared for. During this inspection we observed that staff were caring, encouraging and sensitive when providing support. One resident commented 'I'm very happy here, staff look after me well'.

Staff were familiar with people's needs and wishes and this meant that people could be confident that the support they received would be consistent. People were supported at their own pace, for instance when they needed assistance with personal care and when they were being supported with food and fluids. 'Staff are good with me, they don't rush me' was a comment made by one resident.

Some people needed their food and fluid intake monitored and this was well documented to indicate if targets were being met. Where targets for food and fluid intake were not met this was being quickly identified through continuous review.

People could be confident that staff providing care had received training in areas identified as key to effectively supporting them. This included training to be able to safely use equipment to move people and adult support and protection training to ensure that people were being protected from all forms of harm. Training compliance rates were noted to be high.

The systems in place to monitor people's health and wellbeing helped ensure that clinical vulnerabilities were identified and risks associated with these could be managed. Daily flash meetings provided an opportunity for staff to discuss any health concerns identified and ensured that the service was proactive in managing people's health. This resulted in the positive outcomes that we observed.

The support provided by external health professionals including the care home liaison nurse, podiatrist and community psychiatric nurse complemented the support provided by the nurses employed at the service. Visiting health professionals provided positive feedback about their experience of the service.

Medication was well managed in line with best practice. The way that people liked to take their medication was detailed in records we sampled. People who were prescribed 'as required' medication had a protocol in place to indicate when this should be given. We saw that there was minimal use of 'as required' medication used to support during times of stress and distress and during our visit we observed that people were settled.

The service was proactive in managing falls, for instance, identifying falls risks, taking measures to mitigate these and carrying out post falls reviews. This helped support the implementation of further strategies to help reduce their occurrence and help keep people safe. The few people who had wounds were having these well managed with documents evidencing treatment and the progress of healing.

Meaningful activities can not only alleviate loneliness, but can offer stimulation and a sense of purpose. People living at this service enjoyed a variety of activities available provided by a dedicated team of activity staff and supported by care staff. Records of people's engagement in activities helped to shape future

activity plans. Activities provided promoted movement, stimulated conversation and promoted social contact helping people feel more confident, connected and less isolated.

Some people were able to engage in their local community and during our visit residents enjoyed spending time at a festive event in the local community. The home also welcomed the local community, a visit from children from a local nursery was one example of this during our inspection.

Relatives and friends were able to keep up to date with activities through the service's social media page. We spoke with residents and their relatives during our visit and high levels of satisfaction were expressed, comments included 'this place is wonderful' and 'loved the place as soon as we came in, every staff member is really great'.

## How good is our leadership? **5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People should expect to benefit from a culture of continuous improvement, with the organisation supporting them having robust and transparent quality assurance processes. We found that quality monitoring and assurance processes at this service were effectively driving improvements. For example, audits helped the management team to assess if expected standards were being achieved across a number of areas and develop action plans where improvement was needed. Records indicated that actions planned had taken place providing assurance that improvements had been made.

Improvement areas identified through a range of quality assurance processes informed the service improvement plan, and it was evident that the service improvement plan was a working document that effectively supported the management team to stay on track in regards to achieving the improvements that had been identified.

There was effective management oversight with trackers being used to reduce the risk of slippage in areas including care reviews, staff supervision and staff training.

We saw evidence that the management team had used improvement management tools to effect change with positive outcomes. An example of this was employing a 'plan, do, study, act' approach. Using this method the management team were able to test the impact of a number of initiatives and continuously learn from the experience.

A positive outcome of this approach was the introduction of a daily activity promoting social contact. Each day at a specific time staff from all departments stopped for a period of time to engage with residents, primarily those being supported in their rooms, promoting a 'whole home' approach. We suggested that there would be benefit in assessing the impact of this to identify any positive outcomes and other potential opportunities for meaningful engagement.

The provider continued to consider how best to consolidate self evaluation activities into one self assessment tool.

The home promoted inclusion with opportunity for people to comment on the service they received via residents meetings and care reviews as well as through feedback questionnaires. A 'you said. we did' approach helped evidence that feedback and suggestions led to improvements.

During this inspection we found the manager to be responsive and where we had identified areas where further improvement could be made, this was quickly actioned. We asked the manager to continue to review infection prevention and control management against current guidance to ensure that staff continue to follow best practice.

## How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

A staffing method sets out a framework or process to be followed by a care service provider to determine what appropriate staffing is in any particular care service and setting. We looked at the methods used by this service to calculate staffing levels. To ensure that staffing levels were appropriate and meeting people's needs a dependency tool designed to provide numerical information based on people's assessed needs was completed monthly. This translated to hours of support and could also be reviewed as necessary to be responsive to any changes in people's needs, for instance if additional support was required.

In addition to this, non clinical hours were calculated to identify activities that impacted on staff time such as giving out medication, dealing with the GP, attending reviews and attending supervision meetings. This information was factored into the overall number of staff hours needed. There was also consideration given to appointments or any special activities that were projected in the diary and again this information was used as a method to determine appropriate staffing levels.

Staff we spoke with indicated that they were able to meet people's needs within the current staffing rota. Activity staff provided support during busy mealtimes helping ensure that people had a positive mealtime experience. Our observation was that there were sufficient numbers of staff on shift during this visit and for instance, people did not have to wait long when they summoned assistance. As part of their quality assurance system, the manager reviewed the duration of time people had to wait when they used the nurse call system. This provided information to help indicate if staffing levels were sufficient.

At times agency staff were used to complement the permanent staff team and whilst agency staff may not know residents well, permanent staff were always available to provide guidance.

We saw that consideration was given to skill mix with at least one nurse on duty each shift to address any health concerns in the home. Senior carers demonstrated leadership skills, delegating tasks with staff working efficiently to ensure that these were being completed. Our observation was that shifts were well managed and from conversations with staff it was evident that they worked well together to ensure that people's needs were being met.

It is acknowledged that improving the wellbeing of staff can improve the safety, quality of care and experience of people who use services and so the two are inextricably linked. There was consideration of staff wellbeing by the provider with effective communication methods, regular staff supervision and staff meetings and staff told us that managers were accessible and approachable.

An employee assistance service was available to support staff wellbeing providing opportunity for staff to access independent and confidential support to help balance the pressures of work and home life. Employee assistance programmes are a valuable resource to support staff wellbeing.

The monthly staff nomination was an effective way to acknowledge the contribution of staff and demonstrate that staff are valued.

## How good is our setting?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People should experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. Our observation throughout this inspection were reflective of this standard.

We saw that environmental improvements had been ongoing since our last visit. These had enhanced people's experience of their environment. There were further plans to replace floor coverings in some areas of the home.

The decor was bright and fresh with a homely feel. Bedrooms were personalised with familiar items helping people to feel at home and providing prompts to support conversations with staff. Bedrooms had en suite facilities promoting people's privacy and dignity. One resident made the following comment 'I have a beautiful room and a good view'.

A Dementia-friendly environment audit had identified some areas for improvement such as ensuring there were contrasting toilet seats and this had been actioned. Pictorial signage contributed to orientating people living with Dementia.

There was regular maintenance of care equipment by an external contractor, ensuring that this continued to be safe for use.

We saw in dining areas that tables were nicely set with table covers and napkins providing helpful references for people living with Dementia. Small group living arrangements helped facilitate social relationships between residents.

On site maintenance staff were able to quickly address any repairs and carry out maintenance checks and maintenance records we sampled were up to date.

The cafe on the ground floor continued to be a popular meeting place for relatives and residents and an opportunity for people to meet in an environment other than their bedrooms.

## How well is our care and support planned?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

A care plan is crucial to ensuring an individual gets the right level of care in line with their needs, and goals and in a way that suits them. We found that care files were easy to navigate. Most records were in a typed format making them accessible. Information in care plans was succinct and most provided sufficient detail to be able to support people in accordance with their wishes, with these well documented.

There was evidence of ongoing assessment of people's potential for clinical risks such as risks of falls and risk of malnutrition. This helped identify any adjustments needed to the support provided.

There was scope to further improve stress and distress plans to include information about potential triggers and detailing information about management strategies that are effective for the individual. This will help staff work consistently with individuals during these times. We discussed this with the manager at feedback.

It was evident that where there had been involvement from health professionals that any advice they had given was being followed up.

People had opportunity to intimate their advanced wishes in the event that their health changed and their wishes for end of life care. This meant that people could be confident that staff had the information needed to support them in accordance with their wishes during these times. For some this was done via their legal proxy.

We noted that people had hospital passports which would provide key information to hospital staff in the event that an admission to hospital was necessary.

There was opportunity to assess the support provided through the formal review process. We noted that relatives were involved in this along with the people receiving the service. This provided an opportunity to capture their valuable insights to ensure that people received a service that continues to meet their needs. Reviews we looked at were up to date however some could be more outcome focused and more detailed to reflect the positive impact of the service provided.



## 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 introduce self-assessment as part of their quality assurance systems, to reflect on what they are doing, know what they do well and identify what they need to do to improve.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 9 November 2023.**

#### Action taken since then

We saw examples of self assessment being used to drive improvements that led to positive outcomes for people experiencing care. The provider continued to consider how best to consolidate their self evaluation activities into one self assessment tool.

This area for improvement has been met.

#### Previous area for improvement 2

The service should review how they plan and deliver their activity programme. This is to ensure that a varied and meaningful programme is available to residents and that all residents of all abilities are given opportunities to fulfil any wishes and aspirations.

This is to ensure that care and support is consistent with Health and Social Care Standards (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).

**This area for improvement was made on 13 September 2021.**

#### Action taken since then

Improvements had been made since our last inspection with the service now providing a varied and meaningful programme of activities facilitated by an activity team and supported by care staff.

This area for improvement has been met.

## Previous area for improvement 3

To ensure that quality assurance is a dynamic process, the effectiveness of existing and any new quality assurance systems should be reviewed and improved as necessary on an ongoing basis.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 13 December 2023.**

### Action taken since then

The provider had continued to develop quality assurance and quality management approaches helping achieve high standards of service delivery resulting in positive outcomes being achieved.

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 well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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