

Mitre House Care Home Service

15/21 Househillmuir Crescent Pollok Glasgow G53 6HW

Telephone: 01418 810 221

Type of inspection:

Unannounced

Completed on: 27 August 2025

Service provided by: The Mungo Foundation

Service no: CS2003000910

Service provider number: SP2003000182



Inspection report

About the service

Mitre House is a care home service providing 24-hour care and support for up to five adults with learning disabilities. The provider is The Mungo Foundation.

The care home is located within a ground floor flat in a residential area in the south side of Glasgow and consists of five individual bedrooms with a shared lounge, dining area, kitchen, shower room and bathroom.

The home is close to a range of local amenities including a large shopping centre and public transport. On street parking is available for visitors.

There were five people being supported by the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place between 22 and 27 August 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, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with five people using the service
- spoke with two of their family members
- spoke with five staff and the management team
- observed practice and daily life
- reviewed documents.

Key messages

- Peoples' health and wellbeing benefitted from effective assessment and monitoring of their needs and pro-active collaboration with external professionals and services.
- The service provided person-centred care to all residents- based on their assessed needs and wishes.
- People participated in a wide range of activities and used local community resources based on their preferences.
- The service was responsive to people's evolving needs.
- The management team had an effective overview of the service.
- The environment was being improved, and works were near completion.

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? | 4 - Good |
| How good is our staff team? | 4 - Good |
| How good is our setting? | 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 made an evaluation of very good for this key question. There were some major strengths in supporting positive outcomes for people, with very few areas for improvement.

There was a stable, motivated and committed core staff team working in the service, this meant that staff and residents knew each other well. Trust and openness were evident through the interactions we observed. People appeared comfortable being with staff, in the relaxed and friendly environment that staff created.

Staff were skilled at understanding and responding to peoples' individual communication needs. People benefited from positive relationships with core staff who knew them well. This meant that people felt included, listened to, and valued, and ensured that that support was based on the needs and wishes of the person.

Staff were able to recognise and respond to changes in peoples' wellbeing, such as when a person became unwell or anxious. This was managed in a respectful and caring way. Relationships and interactions we observed were respectful, caring and genuine. Caring values were evident throughout the service, and there was a kind and collaborative culture. Residents had maintained friendships for many years, these were encouraged and supported though mutually arranged meals out, attending clubs, and pursuing shared interests and hobbies such as art and swimming. Staff always showed dignity and respect and provided the right amount of support to help people make the most of their skills and abilities. This helped people who may potentially be excluded from society be part of their communities.

Collaboration and cooperation were sensitively encouraged. People were supported to develop life skills such as planning, budgeting, shopping, and preparation of food as part of their daily life.

The service had effective links with health professionals and were proactive at seeking help and following advice. People's health and wellbeing outcomes were being met through collaboration with, and intervention of various health and social care professionals e.g. community nurses, GP, psychiatrist, neurology, speech and language therapist and adult mental health team.

Personal plans were a strength; outcome focussed, detailed, and person-centred. Associated risks were assessed and reviewed if someone was deemed at risk of harm to themselves or from others. Regular multi-disciplinary reviews ensured that people, and if they chose, those important to them were central to planning their care and support arrangements. This promoted peoples' safety and protection.

Medication was managed well. There were clear systems and protocols in place to ensure that people received their medication safely. Medication was administered in a dignified way and reflected peoples' choices and preferences.

Overall peoples' outcomes were positive; people benefitted from the support they received. This was confirmed by our observations, and the views of residents and their families. We were aware that the service had experienced recent challenges with management changes and that staffing shortages, and use of agency staff, had impacted on some social activities.

We have commented on this further under Quality indicator 3.3- Staffing arrangements are right, and staff work well together.

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Effective management oversight was evident, with clear governance structures. This meant people benefited from a culture of continuous improvement.

A wide range of audits were in place, supporting internal quality assurance in key practice areas such as medication, finance, staff practice and peoples' experiences.

The service development plan was comprehensive and detailed, demonstrating SMART principles and strategic planning. It was evident that the views and wishes of people were central to service developments.

However, communication around current organisational changes had been inconsistent. Families and staff expressed concerns about a lack of clarity, transparency, and information available to them. Staff morale had been impacted by uncertainty, though professionalism remained high. Family anxieties were notable, particularly regarding a potential relocation of family members. There was a need for more proactive and transparent communication from the provider to both staff and families. We raised this with the provider and were reassured that further organisational communications were planned and that communication would be improved.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Staff we spoke with conveyed a genuine commitment to providing quality support to people they supported. Staff were positive and enthusiastic; however, some told us the service faced staffing challenges at times. This meant staff covered shifts at short notice and were frequently asked to work on their days off. Staff spoke of a reliance on agency staff for overnight support. Relatives also told us that, on occasion, staff shortages had resulted in cancelling planned activities, namely swimming. We were assured however, that the provider was proactively addressing this as a priority, and had actively recruited additional staff. There was an ongoing recruitment process to fill remaining vacancies. Staff morale was variable, however the staff team continued to deliver support creatively, professionally and with compassion.

The management team ensured all new staff were inducted with a blend of online e-learning, face to face training, person specific training and shadowing more experienced colleagues. Competency was confirmed through direct observations of practice before delivering support independently. This helped prepare new staff for their role and to keep people safe and supported according to current best practice.

Ongoing training was provided in key areas such as epilepsy, infection prevention and control, moving and assistance and medication administration.

Formal supervision is important to discuss and review learning outcomes and to allow staff dedicated time to reflect on their own development and practices. Staff felt well supported and were extremely positive about the manager.

Inspection report

How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The home was welcoming. The environment contributed to a supportive, comfortable environment and created the feel of a family home. This meant that people who lived there had a sense of belonging.

The home was maintained to a high standard and individual rooms were personalised, celebrated things that were important to people and reflected their unique interests. People we met with took great pride in their bedrooms, which reflected their individuality. This promoted peoples' wellbeing and made the care home a pleasant place to live.

Communal areas offered a homely place for people to meet, share meals and socialise.

Routine cleaning and maintenance were actively supported by residents, with additional staff input ensuring consistently high standards. This collaborative approach promoted independent living skills and fostered an atmosphere of cooperation and mutual respect.

Facilities throughout the home were well-managed, with clear processes in place for water temperature checks, maintenance audits, and regular walk rounds. The laundry process was efficient and well-organised. This helped ensure the care home was a safe place to live.

There was a large well maintained garden which residents could access, and which was recently used to hold a garden party which residents and their loved ones enjoyed with staff.

Some environmental improvements were ongoing, particularly around flooring and décor. These had been identified in the service's improvement plan, with a target completion date in early September. The management team demonstrated a strong commitment to addressing these areas, and people living in the service were actively consulted and involved in future planning.

Completion of these improvements will further enhance the living experience and comfort of residents.

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? | 5 - Very Good |
|--|---------------|
| 1.3 People's health and wellbeing benefits from their care and support | 5 - Very Good |
| How good is our leadership? | 4 - Good |
| 2.2 Quality assurance and improvement is led well | 4 - Good |
| | |
| 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 |

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