

## Visiting Angels Renfrewshire and Inverclyde Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
17 November 2025

**Service provided by:**  
Mosshall Home Care Ltd

**Service provider number:**  
SP2022000085

**Service no:**  
CS2022000123

## About the service

Visiting Angels Renfrewshire and Inverclyde provides care at home services to older people and adults with a variety of needs living in their own homes and in the community. The provider is Mosshall Home Care Ltd. The service can be provided by two staff teams operating within Renfrewshire and Inverclyde. Most visits were from 30 minutes and some visits were longer and included social support. At the time of this inspection there were 42 people receiving care from the service.

The manager was supported by two supervisors and a team of carers.

## About the inspection

This was an unannounced inspection which took place on 11, 12, 13, 14 November 2025 between 08:30 and 17:00. 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 six of their family/friends
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

We also took into account 10 returned Care Inspectorate questionnaires, four from staff and six from people using the service.

## Key messages

- We followed up on one outstanding requirement from a previous inspection which was met.
- People shared they had developed good trusting relationships with staff.
- Staff observed were kind, compassionate and caring and people benefitted from this.
- Measures to determine staffing numbers needed to improve to ensure adequate staff levels.
- Staffing levels, retention and deployment needed to improve.
- Oversight and governance had developed with an improvement focus promoting confidence.
- People and staff were encouraged to feedback to improve the service.
- Personal plans had improved and were more detailed to assist staff to provide current care.

## 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
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?

4 - Good

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

Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences. People told us, 'I am really happy with the staff, they are like family now especially after my bad experiences'. The returned questionnaires from people also supported this.

Staff were skilled in developing relationships with people, knowing people's preferences for how they liked their support. People shared the service was able to change visits to take account of changes in routines, for example, having health appointments, or family outings. This demonstrated person-centred care.

People and relatives valued the service. The provider used a care planning app and this helped relatives stay informed and connected when there were changes to support times or staffing, improving trust and peace of mind. Professionals fed back, 'The service continues to demonstrate a high standard of care and professionalism'.

Daily recordings were clear and detailed good information about the care and support provided, including highlighting changes in people's health. Some recording could improve such as bowel monitoring, and the management team took note to address this. Relatives overall were happy and one commented, 'What a difference to my loved one, the staff are wonderful, just wonderful'.

Where there had been changes to people's health or mobility, these had been communicated appropriately. Staff followed health professional advice. We noted risk assessments in place where these were needed. Professionals fed back that, 'Dealing with the service has been pleasant and efficient'.

People can expect their medication to be administered in line with prescribed instructions. There was a robust policy in place to direct staff. Staff were trained and had regular competency assessments. We saw that regular audits were being carried out to check consistency between the information recorded and what carers had recorded.

Recording of medication was clear and there was supporting information if people needed topical creams to be applied. Medication protocols should be in place for all 'as and when required' (PRN) medications prescribed. We asked that guidance be clear in directing staff when to administer medications particularly with bowel medications or where family members were also involved in medications. When the information was unclear it had the potential to result in poor outcomes and people may not be administered the correct medications or dosage.

People and staff shared that medications were not always given at exactly the right time, mainly due to staffing arrangements. The system used to deploy staff highlighted where time sensitive medications were needed and managers gave assurance around this. Any errors were recorded, with corrective actions taken. Improved oversight of this was needed to ensure continued positive outcomes for people.

Where people do not have capacity to consent to medication the relevant legal powers and documents need to be in place. Efforts had been made to address this and the service asked for copies from families or next of kin.

Regular staff knew people well, though some people shared there had been a lot of changes in the staff team. The app informed people who was coming to support them. People's choices were respected and their views sought over the course of the inspection. The care plan was easy to access with family access too, if wished. We fed back where one person was unable to access their information and the manager addressed this during the inspection. Where people expressed a preference, for example, for male carers, this needs to be recorded within the care plan. We noted social supports to promote people's participation in their local community which added to feelings of wellbeing and belongingness.

A healthy attitude to food and drinks was clear with staff trained in food hygiene. People's choices and preferences were supported.

### How good is our leadership?

### 4 - Good

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

People can expect to use a service that is well led and managed. Quality assurance systems had been developed to measure performance against aspects of the service. Feedback had been sought in a manner of different ways, and this feedback was added to the improvement plan for action to improve outcomes for people. Feedback from people using the service was mainly positive. People told us the management team were responsive and that communication was good.

Regular audits were being completed across key areas like medication, daily notes, reviews, staff training and registration. The manager introduced a 'smart system' which was helping to track progress more effectively.

Scheduling care visits had been difficult to manage due in part to availability of staff. Whilst the new office team was settling in and contributing well, staffing levels were too low. Office staff covered significant gaps in the rota, but more staff resource were needed.

Staff raised concerns to the management team about the inconsistent scheduling and long travel times. Staff were confident to feedback, and these comments were used to inform an action plan. Actions included trialling a new monthly rota, which staff say had slightly improved things. Leaders were taking steps to support staff wellbeing, which was highlighted in staff feedback. This included checking in with staff members and offering practical assistance such as new tyres for their car. The management team were working hard to recruit more staff to ensure more consistent staffing and minimise the impact for people.

Staff shared they found that, training provided equipped them with the necessary skills and knowledge to provide care and support and they were clear in their role. Managers undertook observations of staff practice and competency evaluations. This helped ensure that they had insight into staff's abilities and skills. Staff were receiving supervision to help assess any learning and development needs they had.

We noted regular communication and team meetings for the office-based staff, to improve the management oversight of the operation of the service. Carers would also benefit from the opportunity to attend team meetings.

People using the service benefitted from a complaints process that was followed. We noted compliments were also shared with staff.

While appropriate actions and learning were taken in response to serious incidents, some other notifications were not shared with the Care Inspectorate as required. We shared the guidance that would support best practice.

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, where there are some strengths but these just outweigh weaknesses.

Staff were safely recruited, in line with best practice guidance. People could be confident that staff who supported them were appropriately recruited with suitable skills and values. People can expect staff to be trained, competent and skilled. Staff training had been prioritised and people fed back that they felt supported by staff who were well trained and knowledgeable and this gave assurance. Staff were inducted, completed shadowing and undertook a range of mandatory learning, as well as some condition specific training associated with the needs of people using the service. This helped staff deliver care effectively.

Staff were kind and caring and demonstrated good values during observation. Relatives were happy with the support their loved one received, the communication when staff may be delayed, and fed back they particularly liked the app used so they could see in real time what was happening with their loved one. Staff were supported when out on visits with an on-call system with trained office or management staff covering this.

People can expect to be supported by the right number of staff. Whilst the provider was committed to ensuring people received their care and support to a high standard, the staffing levels were insufficient. A number of key staff had left and sustaining staff levels proved difficult. Staff fed back that morale was affected due to pressures about staffing deployment and rotas. Additional staff would support with allocating staff efficiently and effectively. People shared that there had been a lot of different staff recently. Contingency plans included staff from the office regularly covering caring shifts and this led to issues with the scheduling and left staff unhappy with the way their shifts were arranged. Staff deployment was continually changing and there were insufficient numbers to cover holidays and leave. (See area for improvement 1.)

The management team had already recognised this and were taking steps to improve the situation. Initially there was no clear method for assessing the staffing hours required, though the provider was developing this during the inspection. It is important that when people's needs change, this is clearly linked to staffing levels and deployment to ensure staffing levels are appropriate. We did not have access to staff rotas during the inspection and used a number of alternative measures to evaluate staffing.

A more stable staff team would ensure consistency, allow staff to team-build and give further assurance to people using the service. The provider was actively recruiting additional staff as they recognised that there were shortages in staff resources and that contingency, including use of office staff, was not a long-term approach. Despite the shortage of staff, there had been minimal late or missed visits and these were tracked and clear. This does have potential to impact on people with possible delays to medication or care.

Although there were limited numbers, staff strived to provide care and support with compassion and engaged in meaningful conversations and interactions with people. People shared that a 'fair number' of staff supported them but that the staff were caring and well trained. Many people using the service welcomed having a regular core team of workers. Staff helped each other out.

## Areas for improvement

1.

To promote positive outcomes for people the provider should ensure that there are sufficient numbers of staff deployed with the right skills and knowledge to support people at all times.

To do this, the provider should consider the needs of people using the service and demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements.

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); and

'I am confident people respond promptly, including when I ask for help' (HSCS 3.17).

## How well is our care and support planned?

**4 - Good**

We evaluated this key question as good, as there were a number of important strengths which taken together clearly outweighed areas for improvement.

People can expect that their care and support meets their needs and is right for them. People supported and their families told us they were involved in the initial assessment of their care needs. Care plans were being used to support people's health and wellbeing. Regular care plan updates were taking place, which helped to keep the plans current. The service focused on the development of care plans and daily recording using the new online system. We appreciated the care plans were a work in progress.

Plans contained personal history to allow staff to engage with people and develop relationships. Good detail was included to guide staff with preferred routines and support required. Some of the plans contained clear information about people's preferences including their future wishes and choices. Some personal plans and risk assessments needed updating to reflect people's current circumstances. For example, a recent review with good enablement information had not been used to update the care plan, this meant staff were not delivering that current care.

We discussed with the managers that plans would benefit from more personalised detail, such as specifying what someone can do independently and what they need help with. Guidance in relation to specific support to avoid distress could be more detailed to ensure consistent support is offered. Regular staff knew people well and shared knowledge with other staff.

Where people did not have capacity, it is important to clarify whether guardianship covers financial, welfare, or both, to uphold people's legal rights. We asked this to be clearly recorded within people's plans.

Care reviews had been ongoing and used to capture the views of people and their relatives. There was variation in the overall quality of reviews, particularly around evaluating outcomes arising from support. It is important that actions from these reviews are used to update the care plan. (See area for improvement 1.)

## Areas for improvement

1. To ensure that people receive the right support at the right time, the provider should ensure;

- a) all care plans are clear with up-to-date, accurate information
- b) care plans are person-centred, guiding staff on how to meet people's current care and support needs
- c) any changes should be clearly documented and communicated to staff
- d) regular reviews should be carried out and outcomes reflected clearly within the care plans.

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

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

## Requirements

### Requirement 1

By 2 August 2024, the provider must improve the quality of recording within care plans to ensure that people receive care and support that is right for them. To do this, the provider must, at a minimum ensure:

- a) each person has a detailed support plan which reflects a person centred and outcome focused approach directing staff on how to meet people's care and support needs
- b) support plans contain accurate and up to date individualised risk assessments, which direct staff on current or potential risks and risk management strategies to minimise risks identified
- c) future needs are anticipated, documented and reviewed
- d) support plans are regularly reviewed and updated with involvement from people, relatives and advocates (if required)
- e) detailed care reviews are undertaken regularly which reflects people's care needs and preferences.

This is to comply with Regulation 5(2)(b) (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 (HSCS) 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 had been extended to 1 February 2025.

**This requirement was made on 23 July 2024.**

#### Action taken on previous requirement

A lot of work had been completed pertaining to the care planning process since the last inspection.

Everyone using the service had a care plan in place which contained detailed information on how to meet people's needs. People had been asked about setting out their future needs and wishes and these have been recorded within the care plan.

Support plans have been updated, with people and their relatives, however, a number of things had been missed for updating which we shared during the inspection.

We could see that reviews were happening regularly and that actions from the majority of these meetings had been added to people's plans.

**Met - outwith timescales**

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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