

Mavisbank Gardens Care Home Service

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Kinning Park
Glasgow
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Telephone: 01414 275 308

Type of inspection:
Unannounced

Completed on:
27 January 2026

Service provided by:
Quarriers

Service provider number:
SP2003000264

Service no:
CS2003000874

About the service

Mavisbank Gardens is registered to provide a respite care service to a maximum of seven adults with a learning disability on a residential basis. The provider is Quarriers.

The service is located in a residential area in Kinning Park, Glasgow. Local amenities are within walking distance of the home. Accommodation consists of a bungalow with seven bedrooms with en-suite shower and toilet, a lounge/dining room, an assisted bathroom, kitchen, a staff office, and sleepover room. A garden area is also available at the rear of the property.

At the time of this inspection support was being provided to three people.

About the inspection

This was an unannounced follow up inspection to review progress made towards a requirement made at a previous inspection. This took place on 27 January 2026 and 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 and information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Observed two people using the service.
- Spoke with six staff members and management.
- Observed staff practice and daily life within the service.
- Sampled documentation.

Key messages

- Processes to improve medication practice had been implemented. Further work was needed to fully embed these.
- The staff team knew people well and used this understanding to support person centred care.
- Staff demonstrated a strong commitment and vigilance in promoting medication safety.

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

Requirements

Requirement 1

By 23 January 2026, the provider must ensure that people experiencing care receive medication in accordance with the prescriber's instruction.

To do this, the provider must at a minimum:

- a) Ensure medication is administered as directed by the prescriber.
- b) Maintain accurate, up-to-date medication administration records.
- c) Ensure staff responsible for administering medication are trained, competent, and understand their roles and responsibilities.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that the quality of the staffing within the service is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes'. (HSCS 3.14).

This requirement was made on 4 November 2025.

Action taken on previous requirement

The provider had implemented new systems to improve medication practice, including spot checks, counterchecks, and strengthened oversight; however, these had not been in place long enough to demonstrate sustained effectiveness. The team had shown clear commitment to improving medication practice. The service had begun to strengthen documentation and oversight processes, though these still required further development.

The provider had improved staff practice, which contributed to a reduction in medication errors. However, further refinement and full implementation of the new systems were needed to ensure consistent and reliable outcomes.

The management and staff team demonstrated a commitment to improving medication practice. Staff we spoke to understood their responsibilities. A more structured approach to the admission process had been introduced. This improved accountability. Further refinements were being explored to ensure a more streamlined and consistent approach to managing admissions.

Since the last inspection, most staff had undertaken refresher training in safe administration of medication. We asked the management team to complete competency assessments to ensure staff worked in accordance with good practice guidance.

There had been a significant reduction in medication errors since the last inspection.

Management had implemented a schedule of spot checks. These were undertaken by care staff. Peer checks and additional management audits ensured improved oversight of medication practise.

However, the revised systems were recently implemented. They had not been fully embedded and required further refinement.

This requirement was not fully met. We have extended the date to 31 March 2026 to allow ongoing improvement in this area.

Not met

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

1. Improvements in personal planning should be consolidated to ensure that people's personal plans are accessible, accurate and sufficiently detailed to direct peoples care and support. The provider should continue to update assessments and personal plans in advance of admission to the service.

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 area for improvement was made on 2 April 2025.

Action taken since then

We examined personal plans for the people receiving support at the time of inspection. They contained sufficient detail to direct peoples care and support. Risk reduction measures were recorded to promote safety.

Sufficient improvement had been made to meet this area for improvement.

Complaints

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

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