

Mosanny Home Care Limited T/A SureCare Ayrshire Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
27 February 2026

Service provided by:
Mosanny Home Care Limited

Service provider number:
SP2023001429

Service no:
CS2024000397

About the service

Mosanny Home Care Limited T/A SureCare Ayrshire is registered to provide support to adults over 16yrs, older people with physical/sensory impairment, memory loss/dementia and/or learning difficulties in their home and in the community.

The provider is Mosanny Home Care Limited.

The service currently operates in North and East Ayrshire. Four people were being supported at the time of inspection.

About the inspection

This was a short notice announced inspection which took place virtually on 24 February, then to the service address on 26 February 2026 with further reviews of documentation and feedback provided to the registered manager on 27 February 2026. One inspector from the Care Inspectorate carried out the inspection.

To prepare for the inspection, we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- spoke with two people who use the service and two of their relatives
- spoke with three support staff and the manager
- observed practice and daily life
- reviewed documentation.

Key messages

- We received positive feedback on the quality of care and support provided.
- A core team of staff ensured continuity of care.
- Personal planning and daily care records were well completed.
- Self-evaluation would support the provider to assess performance against the expectations of the Health and Social Care Standards, A quality framework for support services (care at home, including supported living models of support) and core assurances. This would support proactive improvement planning.

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?	3 - Adequate
How good is our staff team?	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 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.

Feedback indicated that the care and support provided by the service aligned well with individuals' assessed needs, personal preferences, and expressed wishes. Evidence demonstrated that people's health and wellbeing benefited from the support they received.

Several positive outcomes were noted, including instances where staff had supported individuals to reconnect with their local community. One person experienced a significant improvement in their mental health as a result of consistent and reliable support provided by SureCare.

Comments from people using the service included: "Without a doubt, the best service I could ever ask for." "My carer knows what to do for the best, and how to help me without taking over, she's so kind." "They do what I need them to and they do it well."

These comments reflect a high level of satisfaction with the quality and consistency of care delivered.

The service operated with a small, stable staff team. This ensured continuity of care and enabled staff to build meaningful relationships with individuals. As a result, staff were able to respond promptly and effectively to changes in people's health and wellbeing.

Recordings and care notes demonstrated that staff recognised the importance of providing nutritious meals and maintaining regular access to drinks. This supported the promotion of overall health and wellbeing.

Effective communication between staff and relatives was evident throughout the documentation. This collaborative approach ensured that care plans remained up to date and responsive to people's current needs.

Having the right medication at the right time is vital to maintaining health. The service had developed appropriate systems and processes to support safe medication management. However, these systems had not yet been fully implemented or tested due to the early stage of service operation.

Daily recordings were detailed and demonstrated a clear understanding of the care and support provided. Documentation reflected a person-centred approach, ensuring individuals' needs and outcomes were thoroughly captured.

Although the service is in its early stages, it displays a strong understanding of people's wellbeing, mobility, and confidence. Evidence suggests that individuals' outcomes have been enhanced as a result of the service's commitment to person-centred care and consistent support.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should expect their service to operate robust and transparent quality assurance systems. The service had implemented several methods to obtain feedback from people using the service, their relatives, and staff. This information provided the provider with useful insight into the performance of key aspects of the service.

However, the findings and feedback gathered had not been translated into a comprehensive service improvement plan. The current plan was primarily business focused and did not sufficiently reflect quality related areas requiring development. We discussed with the service the importance of using information gathered through audits, reviews, and feedback to inform a meaningful improvement plan that demonstrates clear actions, timescales, and accountability. We also recommended that the service undertake a formal process of self evaluation. This would strengthen quality assurance arrangements, improve accountability, and support continuous improvement. (See requirement 1.)

People could expect to be cared for by staff who were appropriately and safely recruited. Recruitment processes followed best practice guidance and ensured protections for individuals at risk. This included: Updated Protecting Vulnerable Groups (PVG) scheme membership checks, suitable references and verification of Right to Work documentation checks. These measures were consistently in place and demonstrated a safe and structured recruitment process.

Records relating to staff induction and ongoing development required time to embed fully into practice. An induction programme was in place, and recent improvements to recording now more clearly reflected the content and outcomes of induction training. This would also note staff's competency and areas for development. We look forward to reviewing completed examples at the next inspection.

Training records showed a robust system for ensuring staff remained up to date with required learning. The manager monitored this regularly and maintained accurate records detailing completed training and renewal dates.

Assessments of staff practice had been undertaken; however, improvements had only recently been made to the associated documentation. These enhancements aimed to better capture any development needs identified for individual staff members. At the time of inspection, we were unable to see any completed examples of the updated tool.

The manager was visible and accessible to people using the service, their families, and staff. Relatives told us: "The manager is very good, fair, flexible and adaptable." "The manager has been responsive to anything I've raised."

While positive leadership attributes were evident, this inspection highlighted the need for strengthened quality assurance processes. To ensure people can have confidence in the organisation providing their support, corrective action is required to improve accountability, governance, and compliance with leadership expectations.

We advised the provider to make use of the Quality Framework for Support Services (Care at Home, including Supported Living Models). This would provide a clear structure for carrying out systematic self-evaluation and help the service measure its performance against recognised quality indicators. Using this framework would also support the promotion of positive outcomes for people using the service and for staff delivering care.

Requirements

1. By 10 April 2026, the provider must ensure that the service is led well through the application of safe and accountable leadership practice to ensure people are protected and good outcomes are promoted. To achieve this, quality assurance systems must be improved take account of:

A quality framework for support services (care at home, including supported living models of support) self-evaluation document, core assurance checklist and associated best practice guidance.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20)

and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

4 - Good

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

The service had appropriate staffing arrangements in place to meet the needs of people experiencing care and their families. Staff were kind, caring, and consistent, contributing to positive outcomes and continuity of care.

Staffing arrangements were suitable to meet people's assessed needs. The service benefited from a small, stable staff team, which supported continuity and enabled strong relationships to develop. Records demonstrated effective communication between staff and relatives, and relatives confirmed they were kept well informed about care arrangements and any changes.

An effective process was in place to assess staffing requirements, ensuring that staff hours corresponded to people's needs. Staff were described as dependable, flexible, and responsive to any changes in support. Where staffing changes were made, these were communicated in advance to promote reassurance and predictability.

New staff had opportunities to undertake shadow shifts before delivering care independently. Staff told us that the induction programme provided sufficient time and opportunity to learn and develop skills. This helped promote safe practice and supported continuity of care.

Staff reported that training equipped them with the necessary skills and knowledge to provide high quality support. Appropriate and relevant training was available to ensure the team were confident and competent in meeting people's outcomes. Managers provided regular opportunities for staff to offer feedback, contributing to a positive learning culture.

Staff had received supervision, and observations of practice had taken place. These processes gave assurance that staff were applying their learning appropriately and maintaining expected standards of care.

Staff told us they felt listened to and that their wellbeing was prioritised. This contributed to a positive and supportive team culture.

The service took steps to match staff to people's preferences. This approach supported relationship building, promoted consistency, and enhanced the person-centred nature of the support provided. It was pleasing to see that continuity of care was clearly valued and reflected in practice.

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.

Personal plans were person-centred, outcome focused, and developed in partnership with people and, where appropriate, their families. Plans reflected individual preferences, routines, and aspirations, supporting consistent and meaningful care.

Assessment and personal planning processes reflected people's outcomes, preferences, and wishes. Individuals and their families were fully involved in developing their personal plans. Each plan took account of good practice guidance and incorporated personal choices that mattered to the person.

Plans contained a good level of detail to guide staff on preferred routines, likes, and daily choices, promoting a consistent and respectful approach to care. Social networks and personal interests were also recorded, helping staff to communicate effectively and provide meaningful and engaging interactions.

Risk assessments were in place and used to enable rather than limit people's independence. They offered clear, practical guidance to staff and ensured that people's rights were upheld. This encouraged people to participate safely in activities important to them.

Daily recordings reflected a good level of detail about the care and support delivered throughout each day. This supported continuity and ensured that important information was captured. To strengthen this further, staff should ensure entries are completed at the time support is provided to reduce the risk of omitting key information.

Personal plans would benefit from the addition of more "About You" information. Including personal histories, hobbies, achievements, and important life events would help staff learn more about the person, offering useful starting points for conversation and building relationships of trust.

It is also important that personal plans detail the impact of care and support on the person. This would help staff understand how their actions contribute to outcomes; whether these outcomes are being fully achieved, partially achieved, or require adjustment. This promotes reflective practice and ensures plans remain focused on improving people's quality of life.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	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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