

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:
15 April 2026

Service provided by:
Quarriers

Service provider number:
SP2003000264

Service no:
CS2003000874

About the service

Mavisbank Gardens is registered to provide respite care on a residential basis for up to seven adults with a learning disability. The service is operated by Quarriers and is located within a residential area of Kinning Park, Glasgow. Local amenities are accessible within walking distance.

The accommodation comprises a single storey bungalow with seven bedrooms, each with an en suite shower and toilet. Communal facilities include a lounge and dining area, an assisted bathroom, kitchen, staff office, and a sleepover room. A garden area is available to the rear of the property.

At the time of this inspection, the service was providing support to five people.

About the inspection

This was an unannounced inspection which took place on 14 and 15 April 2026. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection, we reviewed information about the 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 or spent time with five people who use the service
- spoke with four family members
- spoke with six staff members, including management
- spoke with two visiting professionals
- observed staff practice and daily life
- sampled documentation.

Key messages

- People benefitted from a knowledgeable staff team who knew them well and understood their individual needs.
- People supported, and their families, consistently expressed positive views about the service and the support provided.
- The service should develop greater opportunities for people to engage in activities meaningful to them.
- Quality assurance systems require further strengthening to support continuous improvement and oversight.

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

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, as there were a number of strengths which had a positive impact on people's wellbeing and outcomes and these clearly outweighed areas for improvement.

People were supported by staff who demonstrated kindness, warmth and respect. Staff knew people well, including their individual communication needs, which supported sensitive and responsive interactions. People told us "All the staff are warm and friendly. They are 10/10".

There were sufficient staff available to meet people's needs and families felt reassured by a consistent staff team "we feel reassured, and that [my son] is in safe hands". The service worked in effectively with families and gathered relevant up to date information prior to each stay. This supported continuity of care and helped ensure that outcomes important to people were understood and progressed during their visit. However, this was not always clearly evidenced within records.

Families told us that staff were effective at promptly escalating any changes in people's needs to them, and we saw that the service sought input from external health professionals when required.

Medication management had improved since the previous inspection. Medicines were managed and administered in line with prescribers' instructions, supporting people's health and wellbeing. Further detail is outlined in the section: What the service has done to meet any requirements we made at or since the last inspection.

Mealtimes were relaxed and inclusive, with people offered choice and supported to maintain independence. We discussed that people's wellbeing would be further enhanced by reducing reliance on convenience foods and ensuring they are routinely offered nutritious, balanced, home cooked meals.

People were supported to access the community and participate in activities; however, there were missed opportunities to ensure meaningful engagement was provided consistently throughout the day for all. We did not see sufficient evidence that everyone was regularly supported to maintain and develop their interests, skills and strengths while using the service. Where meaningful activities were offered, people's wellbeing, confidence and mobility were enhanced.

Some staff demonstrated a flexible, person led approach and involved people in choosing activities, including bowling, cinema visits and a circus trip, which people enjoyed. Embedding this approach more consistently would further promote people's physical and mental wellbeing, independence, choice and control. (See area for improvement 1)

The service had access to a minibus, which provided potential to expand activity opportunities; however, its use was limited due to a shortage of qualified drivers. We were reassured that recruitment was underway to address this.

Support plans, daily records and reviews should consistently reflect outcomes and show clearly how support is helping people achieve what matters to them. Some risk assessments were out of date, and the system used to monitor these was not effective. We asked the service to review and strengthen this system to ensure risks are appropriately identified, reviewed and managed.

Areas for improvement

1. The provider should ensure that people are consistently supported to experience meaningful engagement throughout the day that reflects their individual interests, skills and strengths.

This should include:

- Staff routinely involving people in choosing and planning activities that are meaningful to them.
- Opportunities for meaningful engagement being available throughout the day, and not limited to planned outings.
- People's interests, strengths and personal goals being clearly recorded in their personal plans and used to guide daily support.

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

How good is our leadership?

4 - Good

We evaluated this key question as good, as there were a number of strengths which had a positive impact on people's wellbeing and outcomes, and these clearly outweighed areas for improvement.

The service had an established quality assurance framework, with a range of audits covering key aspects of care delivery. This demonstrated leaders' intention to monitor practice and maintain safe systems. However, some areas for improvement we identified during inspection, including aspects of the environment and maintenance, were not consistently captured through audit activity. We discussed the need for a planned and ongoing programme of maintenance to enhance the overall environment for people.

Audit findings were not consistently linked to the service improvement plan. This made it difficult to track progress, confirm completion of actions, or evaluate the impact of improvement activity on people's experiences and outcomes. Timescales for completion were not always clearly defined, which limited leaders' ability to evidence sustained improvement. (See area for improvement 1).

Accidents, incidents and significant events were reported in line with organisational policy. Where required, protection concerns were raised and notifications to the Care Inspectorate were made appropriately. While reporting processes were robust, it was not consistently clear how incidents were analysed, what learning was identified, or how actions to reduce the risk of recurrence were agreed and shared with staff. Strengthening this approach would support learning and promote continuous improvement.

Since the last inspection, the service had implemented additional measures and undertaken significant work to improve medication management processes. These actions had strengthened practice, and the service should continue to sustain and further develop these arrangements through regular monitoring. The provider was reviewing relevant policies.

Effective systems were in place to monitor staff registrations and qualifications. Staff supervision was carried out in line with organisational policy and provided opportunities for reflection, support and ongoing professional development.

The service gathered feedback from people using the service, their relatives and staff. However, this information was not routinely analysed or used to inform service development. The service improvement plan would be strengthened by clearly demonstrating how feedback influenced priorities and led to measurable improvements in outcomes for people. (See area for improvement 1).

Areas for improvement

1. The provider should ensure quality assurance processes lead to clear actions for improvement, are recorded and monitored through the Service Improvement Plan, and involve staff, residents and families in improving the service.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that people should benefit from "a culture of continuous improvement, with robust and transparent quality assurance processes" (HSCS 4.19) and are "supported to give regular feedback on how they experience their care and support, with learning used to drive improvement" (HSCS 4.8).

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 requirement was extended to 31 March 2026.

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 strengthened systems to improve medication practice, including spot checks, counter checks and enhanced oversight. The service had also engaged in quality improvement activity with the Care Inspectorate Pharmacist Improvement Adviser. Together, these actions meant people were receiving their medicines in line with prescribers' instructions.

Robust processes were in place to support safe medication management both prior to each stay and on admission to the service. The service should continue to sustain and further develop these arrangements to ensure safe and consistent practice.

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.

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

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