Visiting Angels Renfrewshire and Inverclyde Support Service

Mosshall Home Care Ltd
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Telephone: 07867252550

Type of inspection:
Unannounced

Completed on:
9 July 2026

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 adults, including older adults, living in the community. The service is registered to have up to two staff teams operating within Renfrewshire and Inverclyde. The provider is Mosshall Home Care Ltd. At the time of this inspection there were 44 people receiving care from the service. Visits were a minimum of 30 minutes, and included social support when needed. The manager was supported by a coordinator, two senior carers, and a team of care staff.

About the inspection

This was an unannounced inspection which took place on 6 and 7 July 2026 between 08:50 and 17:30 hours. The inspection 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, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 12 people using the service and seven of their relatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- gathered information from one external professional.

Key messages

- The staff team worked well together
- Staff were kind, respectful and patient with people
- Care and support provided was relaxed and unrushed
- People enjoyed conversation and humour with the care team
- Management were aware of where improvement was needed
- Communication between families and the service was very good
- People were supported to maintain their skills and independence
- The service was flexible and accommodating to meet people's needs.

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?	5 - Very 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

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Interactions between care staff and people were kind and respectful. People were relaxed in the company of staff and enjoyed light-hearted conversation with them. Staff explained what they were doing step-by-step and worked with the person. The service was described as 'five star' and one person commented that the staff were 'worth their weight in gold.' Relative's feedback that they were very happy with the care provided and told us that they 'couldn't do without it.' We were assured that people were receiving high quality care and support.

Communication between the service and families was very good. People and relatives could access an app to find out exact time of visits, and which member of staff would carry out the visit. Daily notes were added to the app by staff, and relatives could keep up-to-date. Telephone calls to the office were answered promptly, and people were confident that issues were dealt with appropriately.

People were supported to access healthcare. The service was accommodating and changed visit times when possible, for people to attend health appointments. Staff supported people to attend appointments when needed. Families were informed of any changing needs. This meant people benefitted from the right healthcare at the right time.

People who had a representative making decisions on their behalf, were supported to maintain their skills. For example, one person could not remember when they should apply cream, but could apply it without support. Staff prompted the person and only offered support to apply when necessary, promoting independence.

Medication was managed well. Systems were in place and there was effective record keeping. Clear guidance was available for carers to support with medication, including 'as required' medication. Locked boxes were used for medication when needed to keep people safe. People were supported to take prescribed medication in a way that was right for them, retaining as much control as possible.

Staff knew people well and prepared food in line with people's needs and preferences. One person's care plan detailed that they liked sweet treats left out for them to snack on, and that they were currently 'off' toast. People enjoyed relaxed meals and snacks. Staff encouraged people to eat when their appetite was poor, sitting with them whilst they ate, and engaging in meaningful conversation. This meant people were supported to maintain a healthy diet, and that their health and wellbeing was valued.

How good is our leadership? 4 - Good

Quality Indicator: 2.2 Quality assurance and improvement is led well

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

There was a team approach to carrying out quality assurance and driving improvement. The coordinator had learnt several processes from the service manager. Members of staff had different roles in relation to undertaking quality assurance tasks. This meant the service was in the process of developing a responsive improvement plan to improve care and support.

Systems used to monitor standards of care were in place and were used to identify areas that needed improved. We sampled audits and trackers relating to, reviewing care plans, medication, and accident and incidents, amongst others. Although appropriate actions were recorded and had been completed, some systems were out of date. Management were aware of this and had begun to focus on updating them before the inspection started. There was good overview of any issues. We were assured that the service had capacity to continue to improve in this area.

The service evaluated how well they delivered care and support. Areas that were identified through monitoring systems were discussed at team meetings and supervisions. For example, improving the quality of daily notes for people was on recent agendas. There was a service improvement plan in place and management were focused on improving all aspects of the service delivery. Quality assurance featured on the plan. This demonstrated a commitment to supporting best outcomes for people.

People and their families viewpoints were important in shaping the service. People told us that they were in regular contact with the service and felt able to provide feedback. Routine telephone calls had recently been introduced to gain formal feedback. We were confident people benefited from a responsive service.

The service strove to work in partnership with people and their families. People and their relatives told us they felt comfortable raising concerns, confident they would be taken seriously and any issues or concerns resolved promptly. We were told that the service always tried to do what was asked of them. This gave confidence that people's rights were respected.

How good is our staff team? 5 - Very Good

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced care and support from a staff team that worked well together. Significant improvements had been made since the previous inspection, particularly in relation to staffing capacity, recruitment and workforce stability. The staff team had increased significantly through a sustained recruitment programme. This demonstrated a strong commitment to providing continuity of care to help people to achieve positive outcomes.

Effective staffing arrangements were in place. Management told us they had stopped taking on new referrals for support until they had enough staff available. Staffing hours were regularly compared with the number of care hours required. New care packages were only accepted when there were enough staff available to meet people's needs. This gave assurances that the right number of staff with the right skills, were working at the right times.

People and relatives consistently told us they received support from familiar staff who knew them well. One person said, 'Visiting Angels is the best company.' Relatives described the service as flexible and responsive, with one person commenting that staff had 'gone above and beyond.'

Another relative stated, 'Mum looks forward to visits from staff and has good conversation and humour, which makes her feel comfortable.' Feedback demonstrated that staff developed meaningful relationships with people and adapted support to meet individual preferences and changing needs.

Observations during care visits confirmed staff interacted with people in a warm, respectful and person-centred manner. Staff adapted their communication approaches according to people's needs and preferences. Visits were not task-focused and staff used available time to promote meaningful interaction and companionship.

Staff were well supported in their role. Newly recruited staff described a comprehensive induction process which included classroom-based learning, shadow shifts and additional support where required. Staff received training in areas including medication administration, moving and assisting and adult support and protection. Staff were assessed regularly to ensure competency, with medication support competencies every three months. Staff were supported by senior colleagues and described management as approachable. One staff member told us, "I feel supported in my role. I can speak to anyone." We were confident that staff were equipped to do their job well.

There were effective systems in place to support safe staffing arrangements. The electronic scheduling system calculated travel times between visits and prevented overlapping calls. Management monitored alerts relating to visit duration or departures from planned schedules. Four-week rotas were produced in advance, helping staff and people receiving support to know who would be attending. When agency staff were required, the service sought consistency through the use of a small number of familiar agency workers. At the time of inspection, management advised there was no current agency requirement within planned rotas. This meant people benefitted from staff that knew them well.

Recruitment processes were robust. However, samples of recruitment files identified that interview scoring was not consistently recorded. While this did not have a direct impact on outcomes for people, guidance was given on how to strengthen recording in recruitment documentation to fully evidence safer recruitment decision-making.

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

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)

This area for improvement was made on 17 November 2025.

Action taken since then

We sampled care plans available on the provider's electronic system, and also via the care planning app used by care staff. Care Plans contained person centred and detailed information about people. The information was appropriate in guiding staff on how to meet people's care and support needs. Communication between carers and office staff was good in terms of communicating any changes to support needs and care for people. Staff were up-to-date on changes to people's needs. There was evidence of updates on care plans.

There were a number of reviews that were out-of-date and had been for quite some time and some reviews had been completed recently with new information yet to be updated onto the care planning system. There had been challenges in scheduling reviews due to relatives' work commitments amongst other reasons. Dates were arranged for outstanding review and plans were in place to track reviews. The provider should ensure that future reviews are planned in advance of their due date and records are updated timeously to ensure people receive support in line with their current needs.

This Area for Improvement has been Met.

Previous area for improvement 2

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).

This area for improvement was made on 17 November 2025.

Action taken since then

Through discussion with staff and management, and reviewing rotas we concluded that appropriate numbers of staff were being deployed to care and support people. Agency usage had reduced significantly, and new members of staff had been recruited in recent months to ensure staffing levels were adequate and in line with the number of people supported. Observations during visits to people were relaxed, staff were knowledgeable and skilled in the care and support provided.

Through regular review of people's changing needs and in partnership with Social Work, families and relevant agencies, people's assessed needs were used to inform the number of staff required and staffing arrangements. On introducing people to the service, support times were over-estimated. This enabled staff to get to know the person and fully assess the length of time needed to provide safe, effective, and beneficial care to the person.

This Area for Improvement has been Met.

Complaints

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

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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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