

Mossview @ The Opera Care Home Service

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Lochgelly
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Type of inspection:
Unannounced

Completed on:
20 June 2025

Service provided by:
Care Concern Fife Ltd

Service provider number:
SP2014012349

Service no:
CS2014330580

About the service

Mossview @ The Opera (Mossview) is situated in a residential area of Lochgelly, close to local shops and amenities. The service provides 24 hour care to a maximum of 42 older people.

Accommodation is provided across three floors with each floor having its own living/dining area and galley kitchen. The ground floor benefits from a larger dining room and entertaining space, as well as a cafe through which people can access a pleasant courtyard garden.

About the inspection

This was an unannounced inspection which took place between 16 and 20 June 2025. 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 10 people using the service and nine of their family and friends
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

Key messages

- People and their relatives were overall happy with their care and support.
- People's health and wellbeing benefitted from the care and support provided.
- Staffing levels need to be reviewed to ensure that people receive timely support.
- Core training was undertaken by staff. The provider should review additional training specific to people's needs.
- Leaders were implementing the provider's quality assurance systems. This was helping to identify areas for improvement.
- The environment was clean and welcoming. Furniture and furnishings were of a good standard.

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 good is our setting?	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 overall, where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

The home had a nice, relaxed and homely feel. Staff knew people well and enjoyed friendly interactions.

People told us, "The staff are great I can't thank them enough" and another said, "The staff are wonderful." This meant that people were reassured that they were being looked after in a caring environment.

Mealtimes were pleasant, relaxed and sociable. Some people sat in friendship groups chatting to each other. Meals were well presented and people commented positively on the quality of the food. They were able to choose alternatives if they didn't want anything from the menu. Staff were knowledgeable about people's nutrition needs and preferences. Some people needed additional support to maintain good nutrition or hydration. People had easy access to snacks and drinks throughout the day. Staff monitored intake of anyone identified at risk. This helped to ensure that people had enough to eat or drink, and enabled action as needed.

Two families commented that their loved one's food wasn't always prepared (cut) to meet their needs. This is important to ensure it is safe to eat.

An activity schedule was in place, giving a variety of in-house activities. Activities took place in different areas of the home meaning people were not just limited to their own space, they could move around freely and use all the facilities on offer. This meant people could choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities daily.

The activities coordinator had worked to ensure regular events were planned. Visiting relatives were also invited to attend these. The service had made links with local community services such as nurseries and schools. The service had newly employed an additional activity coordinator to ensure that people had more social opportunities, including one-to-one time. Each person had an activity diary which they and their families could read. This helped to remind people and inform their families of what they had participated in.

People's health benefitted from good engagement with other health services. Feedback from a health professional told us staff were responsive to any advice given.

People received their tablet and liquid medications as prescribed. However, records of people receiving their topical (creams, lotions) medication were incomplete. This may mean they did not receive their creams and lotions as intended by their doctor. This is important to maintain healthy skin. 'As required' medication protocols needed to be fully updated onto the new e-mars system. This is important to ensure these are given when needed. **(See Area for Improvement 1)**

The manager and staff team held regular clinical meetings supporting good communication and oversight in relation to individual health concerns. This approach helped people keep well and ensured their health needs were being met.

Where people experienced falls, staff told us they monitored them to ensure they were not affected by this, or called for medical assistance. However, there was no records of actions taken, or of monitoring steps taken where a person had a fall. This is important to ensure people's health does not deteriorate following a fall. **(See Area for Improvement 2)**

Areas for improvement

1. In order to safeguard people's health and wellbeing, the provider should ensure prescribed topical medications are given as intended by the prescriber. This should include ensuring there is clear guidance for staff about frequency and application.

This is to ensure care and support reflects the Health and Social Care Standards (HSCS) which states:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. In order to safeguard people's health, safety and wellbeing, the provider should ensure effective ways to monitor people post falls are implemented. This should be reflected in policy and guidance to staff.

This is to ensure care and support reflects the Health and Social Care Standards (HSCS) which states:

'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

4 – Good

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

Management had a good overview of the home. Staff told us the manager and management team had an open-door policy, where any aspect of care, support or development could be discussed, and was listened to.

There were a range of audit tools used to inform the manager and senior management about how well the service was performing. This included direct care, environmental and staffing. The findings of audits fed into the home improvement plan that was in place, with the aim to drive continuous improvement.

Audits linked to care needs were regularly completed. This enabled overview of any actions needed to be put in place to improve individual health. This led to positive outcomes for people living in the home.

All accidents, incidents and concerns had been recorded and actioned. This included notifications to the Care Inspectorate. The manager ensured, where needed, any identified risk led to changes in planned care.

Management meetings were in place to ensure all aspects of the service had an overview by the manager.

Planned team meetings offered an opportunity for staff to share and contribute to the development of the service.

There were also residents' and relatives' meetings, where we were told people could raise any issues, ask questions, or discuss any suggested improvements. We discussed the minutes of meetings should be reviewed to demonstrate the views of people attending the meetings. Whilst minutes were informative, they did not currently reflect the views of others. This would help demonstrate that people's views were important.

People told us if they needed to raise a concern, action was taken as needed. However, there were no records in place of concerns raised. The service did have a policy for formal complaints. The management team agreed to review and implement a system to record concerns raised. This will help to identify any themes or trends of concerns.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate overall. While the strengths had a positive impact, key areas need to improve.

Staff had been recruited in a way that made sure they were safe to care for people. Recruitment practices were in line with practice guidelines, and were documented clearly with relevant checks being undertaken.

Staff were working hard and were enthusiastic about their work. They were clear about their roles and what was expected of them, and demonstrated knowledge of people's care and support needs. Staff worked well together as a team.

However, both staff and relatives told us that staffing was not always maintained at appropriate levels. They said this could lead to lengthy waits for support to be provided, or they could not find staff to give them updates. A few relatives and staff commented this had impacted on direct care at times. This included not being offered regular baths/showers, or food not being served to enable the person to be independent in eating. It is important that there is enough staff in the right roles to support people well.

The service had reviewed the staff skill mix and taken the decision to run one floor of the home as nursing care. Recruitment for nursing staff was ongoing. **(See Requirement 1)**

Staff completed a range of online and face-to-face training courses relevant to people's general needs. The service had reviewed training and implemented a training plan. However, there were some health needs people experienced that staff did not have the relevant training for. It is important to ensure people receive the correct support from staff who are skilled, knowledgeable and trained to manage people's needs safely. **(See Area for Improvement 1)**

Supervision was completed for staff; staff told us they could speak with a manager at any time and attended regular handover meetings. Formal staff meetings, competency checks, and staff supervision took place consistently. This meant there was opportunity for staff to share and discuss information about the service, and for managers to evaluate staff's competency or learning and development needs.

Requirements

1. By 30 September 2025, the provider must review their staffing levels and deployment, to ensure there are sufficient staff at all times to support people.

To do this, the provider must, at a minimum:

- a) ensure they consider the needs of people being supported; and
- b) ensure they take into account the layout of the building.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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

'My needs are met by the right number of people' (HSCS 3.15).

Areas for improvement

1. The provider should review the support needs of all people, and ensure staff have the skills, training and knowledge to support people safely.

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

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

How good is our setting?

4 - Good

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

There were shared lounge and dining room facilities on each floor which people could use if they wished to do so. People's rooms were decorated and furnished to suit their personal taste. This helped people to be comfortable in their surroundings.

The home had a relaxed atmosphere and reflected the ages of people living there. People had the choice of what they wanted in their rooms, for example, entertainment, radios, televisions.

The garden area to the rear of the building was easily accessed and offered a peaceful space for people to use. We asked the leadership team to review the smoking area, as people smoked close to the door, meaning others wishing to use the garden may be impacted by smoke. **(See Area for Improvement 1)**

The home was well maintained with a range of checks weekly, monthly and annually, and records were signed and dated when checks were completed.

Areas for improvement

1. The provider should review the garden area to ensure people can access and use the garden without having to pass in close proximity to people smoking. This is to minimise risks to people.

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

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18).

How well is our care and support planned?

4 - Good

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

The service had worked hard to improve the quality of care and support plans. Recordings of care, specific support such as skin care and health assessments were mostly in place. Where risks were identified, specific risk assessments and care plans were in place. This helped people to be supported safely by staff. We asked the leadership team to review some records, particularly for the use of topical medications.

Care plans would benefit from better organisation to help staff locate information easily. Some records could be confusing as there were different systems in care plan files. The leadership team agreed to review this.

The service plan to move to electronic care planning later in 2025. It is important that all information is fully up to date to ease this transition, and to ensure accurate guidance on how to support people well is in place.

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

In order to safeguard people's health, safety and wellbeing, the provider should ensure protocols for medication prescribed on an 'as required' basis provides clear information and guidance for staff practice. This should include when medical advice should be sought.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 13 September 2024.

Action taken since then

The service had a range of 'as required' protocols in place. These were in the process of being transferred from paper to the new e-mar system. The service continue to work on these, to ensure where needed, these are in place. The samples we examined were completed to a good standard.

This area for improvement is continued.

Previous area for improvement 2

In order to ensure people's health, safety and wellbeing, the provider should develop and implement a risk enablement culture and approach. This should include risks to people's physical, emotional and psychological health, and support people to take positive life-enhancing risks.

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

'I make informed choices and decisions about the risks I take in my daily life, and I am encouraged to take positive risks which enhance the quality of life' (HSCS 2.24).

This area for improvement was made on 13 September 2024.

Action taken since then

The service were supporting people to maintain as much independence as possible. This included supporting people and families to make decisions about how best to support them, encouraging choices to be made by the person.

This area for improvement is met.

Previous area for improvement 3

In order to ensure staff have the knowledge, skills and competencies to meet the full range of people's needs, the provider should carry out a training needs analysis on a regular basis. Systems and processes to evaluate staff's ability to put their learning into practice should be further developed.

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

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

This area for improvement was made on 13 September 2024.

Action taken since then

The service had completed a training needs analysis and this was updated on a regular basis. The service used supervision and reflective practice to evaluate staff competencies in their role. We saw evidence of actions being taken to maintain a skilled staff team.

This area for improvement is met.

Previous area for improvement 4

This area for improvement was made following a complaint investigation.

In order to support good outcomes for people experiencing care, the service should ensure all staff delivering direct care understand their role and responsibilities in relation to monitoring people's skin conditions. There should be effective systems of reporting changes or concerns to allow appropriate actions to be taken. Individual plans of care should fully reflect proactive and preventative measures to reduce the risk of pressure damage.

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

'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13).

This area for improvement was made on 7 May 2025.

Action taken since then

A sample of skin care documents showed people were being turned at the agreed intervals. This included skin care risk assessments, specific care plans, and associated daily recording sheets being in place and people's skin being monitored at agreed intervals.

At the time of this inspection, no-one was being treated for a wound.

This area for improvement is met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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