Mossview @ The Opera
Care Home Service

49 Francis Street
Lochgelly
KY5 9NN

Telephone: 01592 780 235

Type of inspection:
Unannounced

Completed on:
2 October 2025

Service provided by:
Care Concern Fife Ltd

Service provider number:
SP2014012349

Service no:
CS2014330580

About the service

Mossview @ The Opera is a care home situated in a residential area of Lochgelly, Fife, 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 café through which people can access a pleasant courtyard garden.

About the inspection

This was an unannounced follow up inspection which took place on 2 October 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 four people using the service
- Spoke with six staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- Staffing levels were appropriate and people received timely support. A requirement has been met.
- Medication was well managed through a new electronic system. Two areas for improvement have been met.
- Appropriate action was taken following any falls. An area for improvement has been met.
- Staff had completed most mandatory training but some remained outstanding. An area for improvement has not been met.

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

Requirements

Requirement 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).

This requirement was made on 20 June 2025.

Action taken on previous requirement
It is important that staffing levels are appropriate so that people receive timely care and support. Staffing assessments had been undertaken and dependency tools had been reviewed. The number of staff available during our inspection reflected the care hours recommended by these tools and at times exceeded them. Staff were visible throughout the day on each floor. We were confident that staffing levels were appropriate.

Staff worked well together. The shift was led well by the team leader who had a clear understanding of the needs of the residents living in the home. Staff were clear on their roles and responsibilities and this meant that care and support was unrushed. Mealtimes were relaxed and one-to-one support was delivered with kindness and compassion. Activities were taking place throughout our visit which meant that people were kept active and engaged. We were confident that staff deployment was well considered.

People living in the service, and staff, told us they thought there was generally enough staff to meet people's needs. We did hear that staff felt early mornings were a particularly busy time, especially in the nursing care unit. We asked the service to consider this feedback as part of their ongoing staffing assessments. We found that requests for care and support were answered quickly and no one was left waiting. Additional staff including activities coordinators and kitchen staff helped at busy times. This contributed to the relaxed and homely feel of the service. We were confident that people's needs were being met.

Met - within timescales

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 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).

This area for improvement was made on 20 June 2025.

Action taken since then

The service had transitioned from a paper system to an electronic system to manage medication. Instructions and guidance for the application of topical creams and lotions were clear and well detailed. Electronic records showed that people were receiving support with prescribed topical applications.

This Area for Improvement has been Met.

Previous area for improvement 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).

This area for improvement was made on 20 June 2025.

Action taken since then

Appropriate checks were in place where people had experienced falls. This included monitoring and, where required, escalation to relevant health professionals. We looked at several records which had been completed appropriately. We heard that these checks were in the process of being moved to an electronic system. We will check how well this system is working at our next inspection.

This Area for Improvement has been Met.

Previous area for improvement 3

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).

This area for improvement was made on 20 June 2025.

Action taken since then

It is important to ensure people receive the correct support from staff who are skilled, knowledgeable and trained to manage people's needs safely. Training completion was generally high. However, training completion on some key topics, including diabetes, Parkinson's and epilepsy, was lower than the service's own target. We were pleased to hear that the service planned to undertake staff competency checks on new training and discuss progress in supervision and team meetings. This remains a work in progress.

This Area for Improvement has Not been Met.

Previous area for improvement 4

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).

This area for improvement was made on 20 June 2025.

Action taken since then

The service had installed a new smoking area to the rear of the outdoor area for those who wished to smoke. However, some people still preferred to smoke close to the door. The service was keen to strike a balance between the wishes of those who live in the home who smoke and those who don't. Due to the poor weather during our inspection, only smokers chose to access the outdoor space. The service were proactive in seeking solutions and planned to install a new screen close to the door to see if that suits everyone's preferred use of the outdoor space. We were confident that the service were actively taking everyone's needs and preferences into account.

This Area for Improvement has been Met.

Previous area for improvement 5

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 20 June 2025.

Action taken since then

The service had transitioned from a paper system to an electronic system to manage medication. Instruction and protocols for 'as required' medication contained sufficient detail to guide staff and highlighted that 'as required' medication should be a last resort if other strategies have not worked. Where appropriate these protocols directed staff to other care plans, including for support people experiencing stress and distress.

The protocols also stated when staff should seek medical advice. We were confident that instructions to staff on this system were clear and well detailed.

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.com.

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