

# Cosgrove Care - Home Care Service Support Service

Walton Community Care Centre May Terrace Giffnock Glasgow G46 6LD

Telephone: 01416 502 500

Type of inspection:

Unannounced

Completed on:

15 May 2025

Service provided by:

Cosgrove Care

Service provider number:

SP2003002854

**Service no:** CS2004075069



### Inspection report

### About the service

The Cosgrove Care at Home service is registered with The Care Inspectorate to provide a service to children, adults and older people with learning disabilities, associated physical disabilities and mental health issues living in their own homes and in the community. Support is provided to people in their own homes, the wider community and at group activities organised by the provider. Support is predominately provided in East Renfrewshire. The provider is Cosgrove Care.

81 people were using the service at the time of the inspection.

### About the inspection

This was an unannounced inspection which took place on 13 to 15 May 2025 between the hours of 09:30 and 17:00. 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 seven people using the service and five of their family.
- · Spoke with seven staff and management.
- Observed practice and daily life.
- · Reviewed documents.
- Received completed online surveys from; seven staff, two external professionals, three people who use the service and 14 family members or guardians.

### Key messages

- People's support was based on their own choices, likes and dislikes. Which meant that they were meeting outcomes they set themselves.
- The service was responsive to people when they asked for changes to their support and people's plans and information were regularly updated.
- Management should ensure that records of conversations are recorded to evidence of why changes were made to people's personal plans that reflect changes in people's needs or wishes.
- There was a strong value base in the organisation and a culture of continuous improvement. This meant that people were supported by an organisation that reflected and learned to improve.

### 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
How well is our care and support planned?	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

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.

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

People's support was based on their own personal outcomes and choices and those of their families. This ensured that families got opportunities to have breaks from their caring commitments while the person receiving support chose what they did with their time. People were supported well with social activities and opportunities to learn new skills for independent living, where appropriate. People and their families told us they benefitted from the time they spent with their support workers with one saying, "they do a wonderful job, they do everything amazingly." This meant that people felt well supported and safe.

Plans to support people with stress and distress were detailed and took account of the views and experiences of people who knew the person such as, their family, Cosgrove Care staff, school and other relevant professionals. These were detailed to ensure that people were supported in a way that suited their abilities and levels of tolerance for noise or other people etc. This limited their exposure to things which could cause stress and therefore minimising times when people felt distressed by their environment.

When people required to be supported with eating and drinking this was done well and in line with their needs and advice from professionals such as speech and language therapists. This meant that people were supported to eat and drink safely.

The service was responsible for medication for some of the people they supported. This was mostly as required medications for health conditions such as epilepsy. Systems were in place to ensure that people had the medication they required with them and when required, administered safely. This meant that people were kept safe and well during their support time.

### How good is our leadership?

4 - Good

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

#### 2.2 Quality assurance and improvement is led well

The provider had a clear vision and value base, which was evident in how the service was managed. There was a development plan in place that reflected the vision and showed that the provider was focused on continuous improvement. There was good evidence that the organisation had a learning culture and made use of learning from any incidents, accidents or complaints received. Trackers were in place to monitor follow ups to incidents. We could see how changes were made to improve the service following the analysis of these events. These trackers identified that incidents were managed and dealt with appropriately. However, there was uncertainty about when the Care Inspectorate was to be notified about events. We shared the up-to-date notification guidance with the service and have written an area for improvement. (See Area for Improvement 1).

Feedback from families was mostly positive, with many commenting that they felt that the management team were approachable and responsive. When changes were requested to people's support or if things went wrong, families told us they were confident that these would be addressed by the management team. This meant that families were reassured and confident in the support their loved one received.

Families and staff members reported that communication could be better at times. The manager of the service acknowledged that this could be improved. We heard from families and staff that people's support was regularly reviewed and updated. However, the records of the conversations that led to these changes were not always available. It is important that people's outcomes and changes to their personal plans can be monitored as this shows how support benefits the person. The service should improve recording of conversations that lead to changes to people's personal plans to evidence how the person has developed and progressed because of their support. We have written an area for improvement to reflect this. (See Area for Improvement 2).

#### Areas for improvement

1. To maintain transparent reporting procedures, the provider should ensure all notifiable events are submitted to the Care Inspectorate in line with our guidance: "Adult care services: Guidance on records you must keep and notifications you must make." Published in March 2025.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. The service should ensure that conversations that lead to changes to people's support are recorded. This would ensure that there is evidence of the service's impact on people's lives and how they have been supported to meet their personal outcomes. This would also show people and their families that they have been heard when they have asked for changes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8)

### How good is our staff team?

5 - Very Good

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.

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

The number of staff working with each person was calculated and agreed with the families, the person and social work services. This was based on people's outcomes, needs and assessments. Changes were made to staffing ratios when required, including reducing support where appropriate. This meant that people were supported by the right number of staff to meet their needs and wishes.

### Inspection report

Staff who spoke to us were enthusiastic about their jobs and reported that they felt well supported by their colleagues and the management team. Staff were able to share their thoughts and any concerns through team meetings, staff surveys and their supervision meetings. This meant that staff had opportunities to give feedback on the service, and they felt listened to.

Staff reported that the felt they were trained well and able to meet the challenges of the job. Management completed observations of practice on staff practice. There were follow up conversations with staff to discuss these. We saw that these follow up discussions showed a commitment to staff supporting people in line with the organisation's values. This meant that staff practice was reviewed, and they received feedback which ensured that people were supported by a staff team that were well trained and treated them with respect.

Staff members were encouraged to be reflective during supervision and given opportunities to learn and discuss challenges during their supervision meetings. There was a process in place for monitoring the completion of training and staff were reminded when mandatory training was due through their supervision sessions. This ensured that the staff team were able to meet the needs of the people they support and were aware of good practice they should follow.

### How well is our care and support planned?

5 - Very Good

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.

#### Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes

Personal plans were outcomes focused and person centred. Personal plans were well written, with clear risk assessments to ensure people were kept safe. There were well written protocols for managing people's health needs, communication support, and stress and distress behaviours. These ensured that staff had clear guidance to follow to ensure that people's health and wellbeing needs were met.

A range of communication support tools (such as Talking mats, social stories and arts and crafts) had been used with people when developing their personal plans. This ensured that their views were heard and that they were central to the development of their plans.

Personal plans for children included information about how their care, met the relevant guidance such as 'Getting it Right for Every Child.' Parents' outcomes were included in personal plans but kept separate from the outcomes of the child. This meant that both sets of outcomes could be met by the service. In adult personal plans, it was clear that people had set their own outcomes and that support was personal to them. This meant that the support people received focussed on their wants, needs, and desires.

### 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?	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
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

#### To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

#### Contact us

Care Inspectorate Compass House 11 Riverside Drive Dundee DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

#### Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.