

# Cottage Care Services Ltd

## Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
9 January 2026

**Service provided by:**  
Cottage Care Services Scotland  
Limited

**Service provider number:**  
SP2012011776

**Service no:**  
CS2012306216

## About the service

Cottage Care Services Ltd is an independent care service, based in Greenock, providing care in the Inverclyde area. The service supports adults with a range of care needs in their own home and provides respite services for carers. At the time of the inspection the manager was supported by one senior support worker with plans to create a second senior support worker post to provide additional resources. The service had recently expanded and had acquired additional contracts and were supporting approximately 60 people at the time of inspection.

## About the inspection

This was an unannounced inspection which took place on, 6, 7, 8, 9, January 2026, between the hours of 10:30 and 20:00. 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 nine people using the service and seven of their relatives
- spoke with eight staff including management
- explored the responses of 23 electronic questionnaires: 14 from staff, four from people using the service and five from relatives
- observed practice and visits
- reviewed documents.

## Key messages

- People experienced pleasant interactions that helped them feel valued.
- The staff team worked well together to contribute peoples outcomes.
- Medication support and care planning required improvement.
- Quality assurance and recruitment are areas for further development.
- We followed up on two areas for improvement from the previous inspection, which had not been met.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We observed positive and respectful interactions from staff when delivering care. People told us, "I don't know what I would do without them" and, "I get excited when I hear their voices and know that they are here". The manager and provider had spent time with staff discussing the importance of delivering person centred care and had revisited this in supervision. Staff were engaging in conversations and connecting with the people that they were supporting. This meant that people benefited from extra time focused on them as an individual, rather than visits being task orientated. Families told us that their relatives were well cared for by familiar staff members but that consistency of staff could be improved.

Staff supported people's health and wellbeing needs, and specialised input had been sought when needed. We sampled communication records between the service and health professionals and staff were raising health concerns when appropriate. People told us that staff listened to them and we received feedback from families that any requests or issues in relation to care were dealt with quickly and effectively.

People should receive the right support at the right time to support their health and wellbeing. We observed staff providing medication support to people during visits. These interactions were positive and people told us that this support "helps them to stay well". While practice was good, staff were not always correctly recording the medication support provided. People had received the correct medication, but staff lacked a deeper understanding of their role and responsibilities and how to record this correctly. This meant that excess recording of medication and tasks had taken place in many instances and staff shared with us that they were confused in this area of recording support.

Where people did not have the capacity to consent, the relevant legal powers and documents for administering medication were not always in place. Management had not conducted audits of medication administration and as such lacked oversight in this area. This meant that issues were not being identified and addressed in relation to staff practice and recording support which could place people at risk and lead to negative outcomes (see requirement 1).

### Requirements

1. By 12 June 2026, the provider must ensure that medication is administered safely and is clearly and consistently recorded, to maintain people's health and wellbeing. To do this, the provider must ensure at a minimum that: regular competency checks are conducted for staff and medication records are regularly audited.

This is to comply with SSI 2011/210 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 care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

**How good is our leadership?****3 - Adequate**

We evaluated this key question as adequate, while strengths had a positive impact, key areas needed to be improved.

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. The provider and the manager had been working to expand the service and had recently started working with an increased number of people. The provider and manager advised us that the increase of service users and staffing pressures had impacted on the service and as such, quality assurance work had not been prioritised. No development plan for the service was available, and management oversight was limited. The manager and provider had been reactively improving the service in response to issues rather than proactively planning and progressing improvement throughout. This meant that regular quality assurance checks were not being completed in key areas such as medication and care planning audits which could lead to negative outcomes for people (see area for improvement 1).

Leadership roles and responsibilities were not always clear and staff told us this had led to confusion at times. Staff supervisions were being carried out by a senior support worker but concerns were not always followed up on due to the overlap in roles and responsibilities of the leadership team. We sampled documents and received feedback from staff that they felt under pressure at times due to both the provider and manager performing the same tasks. This meant that staff received multiple instructions that at times appeared conflicting and confusing. Roles and responsibilities should be clarified to ensure staff are well led and there are clear lines of responsibility and accountability.

The provider had not made arrangements for the manager to receive regular professional supervision relevant to their role. Supervision provides a protected space to focus on development and reflective practice as well as an opportunity to raise and resolve any issues. By receiving appropriate professional supervision, the manager would have the opportunity to develop their leadership skills which would benefit the staff team and service overall.

**Areas for improvement**

1. To ensure continued improvement within the service, the provider should develop and embed their quality assurance systems and monitor their effectiveness. Quality assurance should include all staff receiving appropriate supervision.

This is to ensure 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).

**How good is our staff team?****3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

We observed staff during the inspection working well together to achieve good outcomes for people. People told us that staff were easy to talk to and supportive. Family members were happy with staff, and said "we would be lost without the support" and "my loved one enjoys chatting to them". A couple of family members told us that they would prefer more consistency amongst staff members who support their loved one. Consistency is important as this allows people to develop trusting relationships with staff members who support them regularly.

Staff told us that they are happy at work and enjoy their roles. We received feedback that a few staff members felt that they did not know their colleagues well and that team meetings and contact with the staff team would be beneficial to them. Staff meetings had not been occurring regularly at the time of inspection. The provider advised us that a larger office base had been acquired and will allow for more staff development and contact to be planned in the future. Regular staff meetings encourage shared learning and important communications which benefit people receiving support.

Staff told us that publishing the rota earlier would allow more balance between work and other commitments. We sampled records and identified instances from documents that showed rotas had been changed at short notice or issued one day prior to work commencing. This meant that staff had limited time to make arrangements to cover shifts and visits. We received feedback that this added stress and frustration for some staff members which impacted their wellbeing. Changes to staffing at short notice may also impact on continuity of care and cause anxiety for people receiving support.

Management, had followed good recruitment practice, but this was not always in line with the service policy. The provider had conducted several interviews without involvement from the manager. This meant that the manager was not able to assess the suitability of the applicant in relation to the current staff team and people's needs. This could lead to an imbalance of skills mix within the team or unsuitable applicants supporting people with complex care tasks which require experience. Other aspects of recruitment, such as reference checks, although completed, would have benefitted from further scrutiny to ensure staff were suitable for the role and able to support people safely (see area for improvement 1).

## Areas for improvement

1. To ensure that people are supported safely, the provider should ensure that they follow their own policy for recruitment in addition to good practice guidance such as Safer recruitment, through better recruitment (2023).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS 4.24).

## How well is our care and support planned?

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

The manager and provider were transparent throughout the inspection and told us that not all care plans or reviews were complete. We observed efforts being made to improve this during inspection and discussions indicated that the manager understood the necessity for care plans to be current and reviewed regularly.

People should experience high quality care and support because staff have the necessary information and resources to support them safely. Care plans should detail people's assessed needs and how staff should provide support in a person centred way. Not all people supported had a care plan in place. We sampled documents and records and identified that where no care plan had been created, people were being supported using referral or introductory paperwork from the local authority. People's needs were listed within this paperwork which guided practical support tasks but these lacked the personalised preferences that service specific care plans did. This meant that details about the person and their wishes, were not always available to staff who were delivering support. Those who did have a care plan were not always

involved in their development. Care plans were not being reviewed regularly which meant that people's current needs were not always reflected in the information available to staff (see requirement 1).

## Requirements

1. By 12 June 2026, the provider must ensure that care plans and risk assessments reflect the current assessed needs of people to ensure support is provided safely and in a person centred way. To do this the provider must:

- a) Ensure people's current needs, choices, preferences and wishes are fully recorded in their personal plan and risk assessments
- b) Carry out regular reviews of people's support and ensure updating of care plans and risk assessments is carried out timeously

This is to comply with Regulation 5(1)(2)(Personal Plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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)".

## 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 care and support is provided in a way that meets the needs of people using the service with regards to medication, the provider should develop a more robust medication administration recording tool.

This should include but not be limited to:

- a) a mechanism for recording changes to medication;
- and
- b) reasons for and efficacy of 'as required' medication.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 2 October 2023.**

#### Action taken since then

Staff recorded all medication on sheets designed by the service, signed off by two members of staff. The medication policy was clear in that only administered medication should be recorded on administration

sheets with prompt and assist tasks recorded in daily notes. Staff were confused in regards to this recording and were not clear as to why medication is being delivered in alternative formats. Management advised no audits had been completed on medication sheets. We sampled personal plans and identified that appropriate records and documents were not in place for the majority of people without capacity who had medication administered by the service.

This area for improvement is no longer in place and has been incorporated into a new requirement under 'How well do we support peoples wellbeing?'

## Previous area for improvement 2

To ensure that care and support is provided in a way that meets the needs of people using the service, the service should ensure that personal plans are updated when there are any changes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19); and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17)

**This area for improvement was made on 2 October 2023.**

### Action taken since then

Not all people had care plans in place. For those people who did have care plans these were not always up to date or reflective of people support needs. Reviews were not conducted regularly and not all support needs were updated in care plans. Management advised this has been due to staffing pressures and other priorities which has led to delays in reviews and lack of time and capacity to update personal plans.

This area for improvement is no longer in place and has been incorporated into a new requirement under 'How well is our care and support planned?'

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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