

Cosgrove Care - Home Care Service Housing Support Service

Cosgrove Care
Barrland Court
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Telephone: 01416 202 500

Type of inspection:
Unannounced

Completed on:
6 November 2025

Service provided by:
Cosgrove Care

Service provider number:
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Service no:
CS2003054090

About the service

Cosgrove Care - Home Care Service provides a care at home and housing support service for adults with learning disabilities who live in the East Renfrewshire area and the neighbouring parts of Glasgow City.

The people who are supported by the service live in a mixture of accommodation types. Some share with flatmates while others live on their own. The people supported by the service have a range of needs. Support is provided by small staff teams each with an assistant team leader who is responsible for managing the team and the support of the people in that team. Cosgrove Care is a registered charity which operates and manages the service from their offices in Giffnock.

At the time of the inspection, the service supported 42 people. Staff work in teams based in the homes of the people they support.

About the inspection

This was an unannounced inspection which took place from 03 to 06 November 2025. The inspection was carried out between the hours of 9:30 and 17:45. 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 15 people using the service and 14 of their family
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals involved with the service

Key messages

Person-centred plans and strong staff relationships led to positive outcomes for people, including choice, independence, and well-managed health needs.

Long-standing staff demonstrated strong skills, values, and effective communication, leading to positive relationships and rights-based support for people.

Frequent personnel changes and inconsistent leadership negatively impacted continuity and morale, but new assistant team leads and senior management were committed to improving guidance and consistency.

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 staff team?	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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People's plans were detailed and person-centred. Routines, likes, and dislikes were well documented, as were people's support needs. This ensured that all staff had the information they needed to support people well. People had choice about what they did with their time and how they spent their days. They chose what they ate and drank. When people had dietary requirements, these were clearly noted in their plans, which ensured that staff supported them to make good choices. People with complex health or care needs had plans and risk assessments that reflected how best to support them.

Good personal plans helped to ensure that stress and distress were kept to a minimum and managed well. Where appropriate, legal proxies and external health professionals were involved in developing people's plans.

There had been a lot of change at management level, which had led to some inconsistencies in practice and some gaps. For example, it was not always clear when risk assessments or care plans had last been updated. We were reassured that the team in place at the time of the inspection, including assistant team leads, had completed thorough audits and developed robust improvement plans. New developments were being put in place to ensure that staff at all levels, including assistant team leads, knew what was expected of them and were supported to do their jobs. There was evidence of an improving relationship with other professionals, such as social work and health professionals. We wrote an area for improvement to ensure that some of these identified actions were completed (see area for improvement one).

We observed people leading their support and interacting well with their staff team. Interactions with staff showed that people were comfortable with their staff team and were directing their own support. People exercised choice over their food, drink, and activities. Medication was generally well managed, and people were involved as much as possible, including signing for their own medication when they were prompted to take it. This ensured that people's health was looked after and that they had a sense of control and independence.

Where people were supported by a strong, stable staff team who knew them well, including assistant team leads, we saw evidence of good outcomes. This included good communication with people, including those with nonverbal communication using iPads and flash cards. Some people had active social lives, attending clubs, music and art classes, and events such as theatre and cinema, as well as being involved in the local community. Staff encouraged people to walk when they were able, which promoted mobility.

Areas for improvement

1. In order to ensure that people are receiving care on up to date and accurate information from a staff team who are well supported and trained, the provider should develop a system for accurately tracking and monitoring processes. This should be available for use of monitoring and assurance by all relevant team members.

This includes tracking of both, due and completed dates of:

- People's care reviews

- Updating risk assessments
- Updating care plans
- Staff supervision and appraisals

This will ensure that even if there are changes within the staff team this information is available to ensure that new senior staff have the information available.

This is to ensure that This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation" (HSCS 4,15)

How good is our staff team?

4 - Good

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

The long-standing members of the staff team were skilled, confident, and demonstrated good knowledge of people's needs, strong values, and passion for their role. We observed good communication with people, including those with nonverbal communication. Staff understood people's preferences and promoted decision-making using iPads, flashcards, and an understanding of people's signs and gestures. There were warm interactions between people and the staff team. This meant that people who were supported by a stable staff team had good relationships and were supported by people who knew them and promoted their rights.

There had been a lot of personnel change in the organisation and in some of the services. This had impacted continuity for people and for the staff team. Some teams had experienced high agency use, which affected people's outcomes and had a negative impact on staff morale. Some parts of the service had experienced a lack of leadership, which had impacted staff and people's support. We could see from plans and from talking to the newer assistant team leads in place that there was recognition of this and a commitment to improve.

There had been a lack of support and guidance to ensure consistency across the different areas of the service. Staff who worked in different teams noted this and felt that consistency would make it easier to work effectively across the teams. The senior management team had identified a need to provide more support and guidance to the teams and were developing new guidance and structures to support assistant team leads in their roles. We wrote an area for improvement to ensure this was addressed as planned (see area for improvement one).

Areas for improvement

1. The provider should develop guidance, structures and systems to support the assistant team leaders to carry out their roles effectively. This should be developed alongside support from senior management to ensure that the team are confident, well supported and clearly understand the expectations of their roles. This should include service wide procedures to limit the amount of time spent on developing and implementing processes for the individual teams.

This is to ensure that This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation" (HSCS 4,15)

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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