

# Divine Care and Support Services (Scotland) Limited Support Service

UNIT 28  
BRANDON HOUSE BUSINESS CENTRE  
23 BRANDON STREET  
HAMILTON  
ML3 6DA

Telephone: 01698694463

**Type of inspection:**  
Unannounced

**Completed on:**  
22 October 2025

**Service provided by:**  
Divine Care and Support Service  
(Scotland) Limited

**Service provider number:**  
SP2023000444

**Service no:**  
CS2023000393

## About the service

Divine Care and Support Services (Scotland) Limited is registered to provide a care at home service. The service provides support to older people in their own homes within the South Lanarkshire region.

The stated aims of the service are: "Divine Care and Support Services (Scotland) Limited aim to assist those in need of care, to live as safely and comfortably as possible in their own homes. We will do this by actively encouraging the independence, dignity, privacy, choice and wellbeing of all our Service Users."

## About the inspection

This was an unannounced inspection to the service address which took place on 14 and 20 October 2025 with further reviews of documentation and feedback provided to the registered manager on 22 October 2025. Two inspectors from the Care Inspectorate carried out the inspection.

To prepare for the inspection, we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with people who used the service
- spoke with three support staff and the registered manager/provider
- observed practice and daily life
- reviewed documents.

## Key messages

- We received positive feedback on the quality of care and support provided.
- A core team of staff ensured continuity of care.
- Personal planning and daily care records were well completed.
- Staff recruitment practice must be improved in accordance with safe recruitment principles.
- The accuracy of staff training records must be improved.
- The provider must ensure that staff are registered with the relevant professional body.
- Self-evaluation would support the provider to assess performance against the expectations of the Health and Social Care Standards, A quality framework for support services (care at home, including supported living models of support) and core assurances. This would support proactive improvement planning.

## 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?	2 - Weak
How good is our staff team?	3 - Adequate
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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Feedback indicated that the care and support provided aligned with assessed need, preferences and wishes.

A stable staff team ensured continuity of care arrangements. This meant staff could respond to changes in health and wellbeing.

Records demonstrated staff understood the importance of providing nutritious food and access to regular drinks to promote wellbeing.

Effective communication between staff and relatives ensured a collaborative approach was taken to meet current and anticipated future care needs.

Having the right medication at the right time is important for keeping well. Medication was being administered as prescribed.

Daily recordings were detailed and gave very good information about the care and support provided.

## How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Review meetings and questionnaires had been used to capture feedback from relatives and staff. These helped inform the provider on the performance of key aspects of the service. However, the information gathered did not translate into an improvement plan. The process of self-evaluation would strengthen quality assurance systems and support improvement.

People should expect to be cared for by staff who have been appropriately and safely recruited. Recruitment processes did not follow best practice guidance and therefore potentially placed individuals at risk. We shared examples where appropriate pre-employment checks were not in place. This included an updated Protecting Vulnerable Groups (PVG) scheme check, references from the current or most recent employer and the expected Right to Work documentation was not consistently in place.

No associated risk assessments had been put in place to reflect decision-making or measures implemented to reduce potential risks prior to commencement of employment. Interview records sampled were not fully completed. This meant decision-making processes used to inform the appointment of candidates were unclear. Records indicated inconsistencies in interview dates and employment start dates. This meant we could not be confident that a robust procedure had been followed. We shared best practice guidance in relation to safe recruitment practice and directed the provider to follow this (see requirement 1).

Records relating to staff induction, training and ongoing development required improvement. There was an induction programme, however, recording should be improved to reflect the content of induction training. There were inconsistencies in staff training records. This must be reviewed and improved to accurately reflect the dates of training undertaken. Assessments of staff practice had been undertaken, however, records should be enhanced to reflect any identified development needs for each staff member (see requirement 2).

Basic audits of medication administration records were undertaken. This gave assurance that the right medication was given at the right time. The scope of medication audits should be extended to take account of any changes in prescribed medication.

We were concerned that the expected insurance was not in place at the time of the inspection. The provider addressed this, however, this demonstrated improved oversight of administrative functions was needed.

People should expect their service to employ robust and transparent quality assurance processes.

This inspection has highlighted deficits in a number of key management areas. In order that people can have confidence in the organisation providing their support, corrective action by the provider is required to ensure improved accountability and compliance with leadership expectations. Using the guidance - A quality framework for support services (care at home, including supported living models of support) would provide an effective structure for self-evaluation and support the provider to assess their performance against the framework and promote outcomes for people using the service and staff (see requirement 3).

## Requirements

1. By 1 December 2025, the provider must ensure people are kept safe and protected from harm by carrying out the following:

a) Robust pre-employment checks are completed for all staff working within the service aligned to best practice guidance and staff are appropriately registered with Scottish Social Services Council (SSSC). This should also include retrospective checks for people already employed within the service.

This is to comply with Regulations 4(1)(a), 9(1) and 9(2)(b) and (c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulations 3(2) and 5 of The Registration of Social Workers and Social Service Workers in Care Services (Scotland) Regulations 2013 (SSI 2013/227).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

2. By 1 December 2025, the provider must ensure that people are supported by staff who are deemed competent and appropriately trained. Records should accurately and consistently reflect the training undertaken by all staff. The following should be completed:

a) Develop clear contemporaneous records which accurately reflect the chronology of training undertaken, reflect assessments of staff competence and detail any other development needs for each staff member.

This is to comply with Regulations 4(1)(a), 9(1) and 9(2)(b) and (c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to comply with section (8)(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

3. By 1 December 2025, the provider must ensure that the service is led well through application of safe and accountable leadership practice to ensure people are protected and good outcomes are promoted. To achieve this, quality assurance systems must be improved take account of:

a) A quality framework for support services (care at home, including supported living models of support) self evaluation document, core assurance checklist and associated best practice guidance.

This is to comply with Regulation 4(1)(a) 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: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20) and "I use a service and organisation that are well led and managed" (HSCS 4.23).

## How good is our staff team?

## 3 - Adequate

We made an evaluation of adequate for this key question. We found that there were some strengths which just outweighed weaknesses with some key areas of performance needing to improve.

Staffing arrangements were appropriate to meet people and their families' needs.

The small staff team was kind and caring. Records reflected effective communications between staff and relatives. Relatives confirmed that they were kept well-informed. New staff had opportunities to complete shadow shifts in advance of providing direct support. This helped promote continuity of care.

We heard staff were dependable, flexible and responsive to any changes in need. Where staffing changes were made, this was communicated in advance.

Staff shared they found that training equipped them with the necessary skills and knowledge to provide care and support.

Staff had received some supervision and observations of practice had been completed. This gave assurance they applied training completed in their working practice.

**How well is our care and support planned?****4 - Good**

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

Having an up-to-date and accurate support plan is important for guiding staff and promoting a consistent approach with delivery of care. There was a good level of detail recorded to direct staff on preferred routines, likes and choices. Social networks and individual interests were recorded to help promote communication and help staff to engage and offer meaningful activities.

Care reviews had been completed in consultation with family members. This process of co-production helped ensure support arrangement remained appropriate.

My daily record forms completed by staff reflected a good level of detail around the care and support provided throughout each day. They should be developed by ensuring staff record entries contemporaneously to reduce the risk of omitting important information.

## **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**

The provider should ensure that the service improvement plan and self-evaluation is fully informed by quality assurance systems, audits and feedback from people using the service, their relatives and staff.

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).

**This area for improvement was made on 5 December 2024.**

#### **Action taken since then**

Quality assurance systems had been developed to measure performance against aspects of the service. There had been a number of methods used to gain feedback from family members and staff which had potential to inform service performance, identifying and prioritising improvements needed. However, there were no improvement plans or self evaluation in place. Significant work was required with developing quality assurance systems which aligned to legal requirements placed on services and best practice guidance.

**This area for improvement has been replaced with requirement 3 under How good is our leadership.**

## Previous area for improvement 2

Each person should have a support plan which reflects how they will be involved in shaping day-to-day supports, taking a strengths-based approach, which maximises their levels of independence. Care review records should reflect the outcomes achieved as a result of support provided.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12) and "My care and support meets my needs and is right for me" (HSCS 1.19).

**This area for improvement was made on 5 December 2024.**

### Action taken since then

Support planning had improved and took account of how staff should promote the independence of people they support.

Care reviews had also been used effectively to capture key people's views, which shaped the content of support plans to direct staff. Outcomes, as a result of support provided, were being captured.

**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](http://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 leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - 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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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 cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

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.