

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:
Announced (short notice)

Completed on:
11 December 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 a short notice follow-up inspection which took place on 11 December 2025. The inspection was carried out by an inspector and a team manager 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 the provider/manager
- reviewed documents.

Key messages

- The provider had incorporated best practice guidance within the procedure used for the recruitment and selection of staff.
- Further work had been completed meaning that there was a better overview of training completed by staff and identification of ongoing training needs.
- The service should continue to work on assessing staff competency and improving records associated with this area.
- Further work was needed with the implementation of self-evaluation and the development of service improvement plans.

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 good is our leadership?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

3 – Adequate

We have recorded our findings under the section - What the service has done to meet any requirements we made at or since the last inspection.

We found there had been sufficient improvement with the management team following best practice guidance with the procedure used for the recruitment of staff. Further work had been carried out with developing records associated with staff training and development.

We have, therefore, regraded the evaluation of quality indicator 2.2 Quality assurance and improvement is led well upwards from weak to adequate.

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

Requirements

Requirement 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).

This requirement was made on 14 November 2025.

Action taken on previous requirement

There had been no new staff employed since the previous inspection was carried out. A template had been produced by the manager. This included pre-employment checks that should be completed in advance of the start date for new recruits.

Further "fitness" checks had been completed for existing staff. This included checking the registration status with the Scottish Social Services Council (SSSC). Updated or new applications had also been made with Disclosure Scotland.

Risk assessments had been completed on existing staff whilst awaiting the outcome of the pre-employment and updated checks. These detailed measures to minimise risks.

The registered manager/provider had started work on updating questions used when interviewing potential staff to check value base and competencies. We were given assurance by the registered manager/provider that these would be used and reflect the decision-making decisions around the appointment of staff.

Met - within timescales

Requirement 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).

This requirement was made on 14 November 2025.

Action taken on previous requirement

Staff training records had been re-visited by the registered manager since the previous inspection. A training needs analysis had been completed and training overview detailing training completed and further planned training for each staff member had been developed.

Staff observations had been completed. However, there should be further work to develop and expand these across a range of areas and align to the types of support provided to people. Various methods could be used to complement direct observations including evaluations of training and quizzes to check staff understanding. These should be recorded and retained.

Met - within timescales

Requirement 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 to 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).

This requirement was made on 14 November 2025.

Action taken on previous requirement

The manager confirmed that they were in receipt of the appropriate quality framework and had plans to adopt the model of self-evaluation within this. At this point, there had been little progress around meeting this requirement as further clarity was needed about the approach to be taken.

We discussed how some of the existing quality assurance methods could be used as well as feedback from people using the service and staff. This could help provide important information on current performance and help identify priorities for improvement. The self-evaluation could be informed by looking at how the service meets its own aims and objectives as well findings from inspections.

We discussed how using the core assurance list within the framework should be a starting point for the development of self-evaluation and service improvement plan.

This requirement had not been met and we have agreed an extension until 11 March 2026.

Not met

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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
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