

Divine Health & Social Care Housing Support Service

Blackrigg Farm
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Dumfries
DG11 1RN

Telephone: 07827 466 957

Type of inspection:
Announced (short notice)

Completed on:
5 March 2026

Service provided by:
Divine Health & Social Care Limited

Service provider number:
SP2020013579

Service no:
CS2020382069

About the service

Divine Health & Social Care is registered to provide housing support and care at home services to adults and older people in their own homes and in the community.

The service provider is Divine Health & Social Care Limited.

The service office base is in Lochmaben, where the registered manager coordinates the service for people living within Dumfries and Galloway.

At the time of the inspection, the service were providing support to 37 people. The service is available from 30 minutes up to 24-hours per day.

About the inspection

This was a short notice inspection which commenced on 3 March and continued on 4 and 5 March 2026 between 08:00 and 20:30. Inspection feedback was provided on 5 March 2026. 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 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 who receive support and received feedback from 10 people via our survey.
- Spoke with six relatives.
- Spoke with 12 staff and management.
- Visited people in their home in Dumfries and outlying area and carried out observations.
- Reviewed documentation.

Key messages

- People experience good-quality care and support.
- People supported and relatives were very satisfied with the support staff provided.
- Medication support needs clearer guidance.
- Infection prevention and control practices should improve.
- Quality assurance processes should be imbedded to drive continuous improvement.

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?	4 - Good
How good is our staff team?	4 - Good
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 reviewed how well the service was supporting people's wellbeing. There were a number of important strengths which clearly outweighed areas for improvement. The strengths had a positive impact on people's experiences and we found the standard of supporting people's wellbeing to be good.

To understand how well the service were performing we visited people in their home. We spent time talking with people who used the service and their family. People told us: "The carers are absolutely fantastic and I do like to see different carers coming in from time to time." "I have been happy with everything. All the carers are very nice to me as they support me to continue living in my home." and "Divine are great, I am looked after well." We concluded that people were very satisfied with the quality of the care and support provided.

Communication from staff was generally viewed positively, with people reporting that staff made appropriate contact and that relatives could access information electronically. People received a weekly schedule and were usually informed of any changes. Some people were less certain about which staff member would attend to provide their support. Despite this, they said visiting staff were familiar, and new employees were introduced alongside experienced colleagues, helping maintain continuity and reassurance.

People were supported to live safely within their own homes. Staff were observed engaging positively with people during visits and working through the required tasks. This included offering choices about food and drinks and providing support with medication.

People who received social support were given choices about how they wished to spend their time. We heard examples of people enjoying activities such as going out with staff, shopping, and cooking. Reablement support focused on improving physical health and reducing isolation, helping people work towards outcomes that were important to them.

Staff supported people to take their medication. The provider had policies and procedures in place and staff completed medication administration training to guide safe practice. However, the level of support each person required needed to be more clearly recorded in their care plans. This is to ensure it reflected their assessed needs and abilities. The provider should also strengthen its medication audit system to better identify and address any required actions. (See area for improvement 1)

People had personal plans in place and staff worked alongside other professional disciplines to support assessments and ensure people's needs were met. The service recognised that individuals required care and support for varied reasons and ensured the most appropriate professionals were involved. Staff were able to identify when people were presenting differently and liaised with other services, including GPs, district nurses and social work, to report any concerns so these could be addressed promptly.

Adult support and protection procedures were in place, However, oversight and the recording of the outcome of referrals required improvement.

Staff supported some people with meal preparation and ensured refreshments were left within easy reach before leaving people's homes. For people with specific dietary needs, such as textured diets due to choking risks, this information was clearly recorded within their care plan.

Staff completed training to support them to safely meeting people's needs. However, we observed that not all staff were following best practice in relation to infection prevention and control (IPC) and the use of personal protective equipment (PPE). Refresher training should be provided to ensure staff practice aligns with the latest National Infection Prevention and Control Manual (NIPCM) to support safe and consistent care.

Areas for improvement

1. The provider should ensure that medication support needs are clearly documented within care plans so staff can provide the right level of assistance consistently. This should be completed in line with the provider's policy and procedure, as well as best practice guidelines.

This is in order 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); and 'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

4 - Good

We reviewed the leadership within the service and found there were a number of important strengths which clearly outweighed areas for improvement. We found the standard of leadership to be good.

The provider had a quality assurance policy and procedure in place. It required further detail to be fully effective, particularly in clarifying roles and responsibilities. The policy needed to be fully implemented to demonstrate how it will drive ongoing improvement within the service. This remained an area requiring further development.

Feedback was gathered formally through surveys issued to people using the service, while additional views were obtained during reviews. People and their families also told us they felt able to contact the office directly if they wished to request something or raise any concerns. This provided multiple avenues for sharing feedback which was used to inform service development.

Information was available to people on how to raise a complaint. A complaints policy and procedure was in place. The service also had a system to record all complaints and compliments received. No recent complaints had been made to the provider.

A system was in place to record accidents and incidents and these were being escalated appropriately to external agencies. The provider should review how this information is collated and analysed to inform practice.

The provider had a development plan in place which was a working document. This had been informed by the Care Inspectorates quality framework, self-evaluation activities and feedback from stakeholders. The providers own quality assurance processes should further develop this plan.

It was positive to see that the organisation offered employees leadership and development opportunities, along with support to progress in these areas. All staff engaged in the inspection process, and there was clear evidence of the provider's capacity and drive to further develop and improve the service.

How good is our staff team?

4 - Good

We reviewed how good the staff team and staffing arrangement were. There were a number of important strengths which clearly outweighed areas for improvement. The strengths had a positive impact. We have evaluated this key question as good.

New staff received an induction that incorporated core training and shadowing opportunities, and they reported finding this training beneficial. However, observations indicated that although training is being completed, best practice was not consistently embedded in all day-to-day work particularly in relation to IPC.

Roles and responsibilities for care staff were clear, particularly regarding the level of support they were expected to provide. Though there may be a need to further clarify managerial and senior roles to strengthen accountability.

The manager had an effective system in place to assess and allocate staffing in line with the agreed hours of support for each person.

When new referrals were received, people's needs were assessed and care was planned accordingly, with additional staff recruited where necessary. During interim periods, existing staff worked additional hours to ensure people's needs were met.

Staff reported that, in general, they had sufficient time to deliver the required care and support within the allocated timeframe. Overall, staffing arrangements were responsive and enabled staff to meet people's needs safely and reliably.

Staff were registered with the Scottish Social Services Council (SSSC). A high number of staff were required to obtain a Scottish Vocational Qualification (SVQ) as part of their conditions of registration. To support staff in their professional development the provider should review how staff will be supported to achieve these within the required timescale.

Both formal and informal support was available for employees. Staff spoke positively about working for the organisation and told us they felt supported.

Team meetings were held regularly and provided staff with opportunities to raise questions or concerns, while one-to-one supervision sessions offered individual support. Staff told us they were able to raise issues through supervision and team meetings, and a staff questionnaire was also available for feedback. Some staff members reported that they had raised concerns when needed and felt listened to. This indicated an open and supportive communication culture within the service.

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

We evaluated this key question as good. We reviewed how well care was planned to reflect people's outcomes and wishes. There were a number of strengths which, taken together, outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a positive impact on people's experiences.

Before people began receiving care and support, the provider either completed their own assessment or used information shared by referrers such as social work. This meant that key details about a person's needs were gathered in advance, including social work reports and other relevant background information.

While there were examples of positive transition work being carried out, there were also examples where people felt communication between services could be better.

Where people had returned from hospital stays, we found that care plans and risk assessments had not all been updated to reflect changes in their needs, leading to some outdated support information.

People's involvement in developing their personal plan varied. Some families said the planned care was discussed but could not confirm they were directly involved in creating the personal plan document. Everyone supported had an electronic personal plan. The provider should review how people and their relatives or representative can access this if they choose, in the format that best suits them.

Personal plans were person-centred and reflected what was important to each person, as well as the outcomes they wished to achieve from their support. Assessments and risk assessments were included within the personal plans, and there was evidence that these were reviewed and updated to ensure information remained relevant.

Staff completed a record in people's care notes at each visit, and the entries were descriptive and informative. These notes also acted as a handover for staff attending the next visit. Relatives spoke positively about being able to access this information, as it helped them understand the care and support their family member had received and provided reassurance.

Reviews of people's care and support took place, and we observed records showing involvement in social work reviews and multi-disciplinary meetings. People told us that a manager had visited their home to carry out these reviews. This gave them the opportunity to discuss the care and support they were receiving and to highlight any changes needed to better meet their needs.

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

In order to ensure information is reported to the Care Inspectorate, the provider and staff team should increase their knowledge of notification guidance. We referred the provider to 'Records that all care services (except childminding)' must keep and guidance on notification reporting.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I use a service which is well led and managed' (HSCS.4.23); and 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

This area for improvement was made on 16 December 2021.

Action taken since then

The provider and manager had improved notification reporting. Required notifications were completed and submitted to the Care Inspectorate. These were cross-referenced at the time of the inspection with the services accident and incident reporting system. We found concerns had been documented, action taken and appropriate escalation to external bodies such as the Care Inspectorate and Social Work. We clarified expectation of reporting any concerns in relation to staff conduct and referred the provider to Care Inspectorate guidance.

This area for improvement had been met.

Previous area for improvement 2

The provider should implement a system of direct observation of staff practicing infection prevention and control, including using and disposing of PPE and hand hygiene.

This is to ensure that care and support is consistent with 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 area for improvement was made on 16 December 2021.

Action taken since then

The provider had implemented a system of direct observations to assess staff practice in infection prevention and control. This included hand hygiene and the correct use of personal protective equipment (PPE). We reviewed completed observation records demonstrating that these practices were being monitored. People supported, relatives, and staff also confirmed that the management team regularly visits people's homes to carry out checks and reviews. The area for improvement had been met; however, we have noted within the report that some staff were not consistently following best practice during our observations.

This area for improvement had been met.

Previous area for improvement 3

The provider should develop and implement a quality assurance policy and procedure. This should include how the service will assess the service's performance through an effective audit process.

This is to ensure that care and support is consistent with 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 16 December 2021.

Action taken since then

The provider had developed a quality assurance policy and procedure. However, further detail was needed to strengthen the document. This was particularly important for outlining roles and responsibilities in key areas, such as completing audits and following up on identified actions.

The policy and procedure must now be fully implemented to show how these processes lead to driving further improvement within the service. This area for improvement remains ongoing.

This area for improvement had not 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.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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