

Divine Care and Support Services (Scotland) Limited Support Service

UNIT 28
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Type of inspection:

Unannounced

Completed on:

10 October 2024

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 was registered to provide a care at home service with the Care Inspectorate on 20 November 2023. The service provides support to older people within their own homes.

The service had moved address from Glasgow to Hamilton since initial registration and provides support to people living 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 which took place on 9 and 10 October 2024. Two inspectors 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 two support staff and the registered manager
- observed practice and daily life
- reviewed documents.

Key messages

- We received positive feedback on the care and support provided.
- The management team needed to work on developing quality assurance systems to ensure people receive appropriate standards of care to keep them safe and well.
- A service improvement plan needed to be developed to help take the service forward.
- Improvements were needed in adopting robust staff recruitment procedures which followed best practice guidance.
- Further work was needed to ensure staff were appropriately registered with professional bodies and systems to help with staff training and development needed 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?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

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 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.

We heard that the service was reliable and positive relationships with the care staff were confirmed. Staff were described as having a warm, kind and nurturing approach. This helped promote trust and positive relationships.

A relative shared that staff helped keep their loved one safe and regular communications were in place to discuss any changing care and support needs.

Having the right medication at the right time with staff following best practice guidance is important for keeping each person supported safe and well. Staff did not follow best practice guidance. They administered medication which was not from the original container. This meant they could not be confident that they knew which medication they were giving and potentially placing the person at harm. We concluded that staff practice was not aligned to the organisation's medication policy and procedure (see requirement 1).

Having regular meals and drinks is important for keeping people well. Staff ensured that this occurred when they provided support.

Requirements

1. By 18 November 2024, the provider must ensure that best practice guidance is adhered to when supporting people with medication.

To do this, as a minimum, the provider must ensure staff follow the organisation's medications policy and procedure, receive training and be deemed competent when providing this type of support.

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: "My care and support meets my needs and is right for me" (HSCS 1.19) and "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).

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.

There was a range of policies and procedures to direct service delivery.

Some areas of service delivery were not being effectively monitored through management oversight or quality assurance processes. This meant that managers could not be assured that staff were working to expected standards. To ensure that people benefit from their care interventions and positive outcomes are achieved, this must be improved.

Improvement management oversight should be made by fully implementing audits of key areas such as medication management/administration, record keeping, support plans, risk assessments, care reviews and accident and incident records (see requirement 1).

The service needed to develop a staff rota and monitoring system. We acknowledge the limited operating scale of the service at this time. However, we encouraged the provider to develop an improved staff rota system and process to monitor staffing arrangements (see requirement 1).

Audits and quality assurance systems should inform a service improvement plan which identifies priorities for keeping people safe and well. Feedback from people who use the service, relatives, staff and any external agencies should help inform the content of the service improvement plan (see requirement 1).

There was a complaints procedure; no complaints had been received by the service.

To support the growth and development of the service, the management team should begin work on the production of a self-evaluation on the service and measure the service against the Care Inspectorate quality framework and Health and Social Care Standards that people can expect.

Requirements

1. By 18 November 2024, the provider must ensure that people experience a service which is well-led and managed and promotes best practice. To do this the provider must, at a minimum:
 - a. Implement a quality assurance system to monitor the quality of key areas of service delivery.
 - b. Use audits to inform the content of a service improvement plan.
 - c. Use feedback from people who use the service, relatives, staff and any external agencies to inform the content of the service improvement plan.
 - d. Develop an improved staff rota system and process to monitor staffing arrangements.

This is to comply with Regulation 3 and 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 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?

2 - Weak

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

In order that people using the service are kept safe and protected, staff should be recruited in line with best practice. A recruitment policy and procedure was in place, however, we were not confident that appropriate pre-employment checks had been completed as expected. This included the uptake of references from the current or previous employer (see requirement 1).

The provider should follow the organisational policy and procedure relating to the monitoring and support arrangements during the probationary period for new staff. Practice and policies should be reviewed in accordance with the best practice guidance Safer Recruitment Through Better Recruitment (see requirement 1).

We checked the registration status of the staff team with the Scottish Social Services Council (SSSC). The SSSC is responsible for registering people who work in social services and regulating their education and training. This helps to raise standards of practice, strengthen, and support the workforce and increase the protection of people who use services.

We found that a few workers were not registered with the SSSC, although required to do so. This presented a potential risk of poor outcomes for people experiencing care as they could not be confident that appropriate checks to help ensure a trusted, skilled and confident workforce was providing services (see requirement 2).

Having staff with the necessary training, skills and experience is important for keeping people who are supported safe and promoting positive outcomes. Staff completed induction training. This included core training and allowed staff to become familiar with organisational policies and procedures which staff were expected to follow.

To ensure that staff have the necessary skills and knowledge, the management team should implement an ongoing training and development plan. This should include one-to-one supervision sessions with their line manager.

Implementing learning from training attended and consistently following best practice guidance is important when staff carry out their day-to-day work. Observed practice with staff should be undertaken to be confident that they apply best practice in their day-to-day work (see requirement 2).

Requirements

1. By 18 November 2024, the provider must ensure that people experience a service which is well-led and managed, and which results in better outcomes for them. To do this the provider must, at a minimum, ensure:

- a. Robust pre-employment checks are completed for all staff working within the service aligned to best practice guidance. This should include retrospective checks for people already employed within the service.
- b. The organisational policy and procedure relating to staff probationary period and supports is implemented with staff working 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 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).

2. By 18 November 2024, the provider must ensure that all staff employed in the provision of care are fit to carry out the role they are to perform. To achieve this, the provider must, at a minimum:

- a. Ensure that those social service workers required to register with the Scottish Social Services Council (or other professional regulatory body) to carry out the role they are to perform, are so registered.
- b. Develop a clear programme of staff training and development relevant to their role and to meet the needs of people they support.
- c. Ensure a programme of regular staff supervision is in place and regular staff observations of practice are completed and recorded.

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 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).

How well is our care and support planned?

2 - Weak

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

Having an up-to-date and accurate support plan is important to guide staff on how to meet people's assessed support needs and preferences and ensure that there is a consistency of approach to keep people safe and well.

Assessment informed support planning. However, we found gaps in personal planning documents including risks staff should be aware of and measures required to reduce potential harm.

There was a lack of evidence of evaluation of the planned supports and whether these had been effective in meeting the needs of the person (see requirement 1).

Daily recordings had been completed to a good standard, reflecting the type of support provided over a 24 hour period which was shared with relatives to help keep them up-to-date.

Requirements

1. By 18 November 2024, the provider must ensure each service user has personal plan in place which sets out how their physical and emotional needs are to be met. To do this the provider must, at a minimum, ensure:

- a. Evaluations are regularly recorded.
- b. Reviews are used to reflect on people's outcomes and that action points are recorded to support follow-up.
- c. The personal plan audit process is developed to monitor the accuracy of plans to make sure people's care is right for them and sets out how all aspects of their care and support needs will be met, as well as their wishes and choices.

This is to comply with Regulation 5(1) and (2) 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).

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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