

Divine Care and Support Services (Scotland) Limited Support Service

UNIT 28
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Type of inspection:
Unannounced

Completed on:
19 November 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."

At the time of inspection there was one person in receipt of support.

About the inspection

This was an unannounced follow-up inspection carried out by two inspectors from the Care Inspectorate on 19 November 2024, to look at progress made from the initial inspection of 10 October 2024.

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

We spoke with people who use the service, the care coordinator and the registered manager.

Key messages

- The provider had made improvement in areas relating to the development and training of staff and quality assurance systems to help monitor people's needs.
- Further work was needed to develop the service improvement plan and better reflect the outcomes achieved as a result of support provided.
- People were very satisfied with the staff and support provided. There were better opportunities to comment and contribute to the ongoing development of the service.
- Staff recruitment followed best practice guidance.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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 completed a follow-up inspection to measure the action taken in response to a requirement relating to this key question.

Please see the section of this report entitled What the service has done to meet any requirements at or since the last inspection.

How good is our leadership?

3 - Adequate

We completed a follow-up inspection to measure the action taken in response to a requirement relating to this key question.

Please see the section of this report entitled What the service has done to meet any requirements at or since the last inspection.

Good progress had been made with the development of quality assurance systems to help the management team have a better overview of key areas of performance. We took this into account and upgraded the evaluation to 3 adequate.

The service improvement plan and self-evaluation needed further development by being informed by the findings from quality assurance systems and audits used (see area for improvement 1).

Areas 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).

How good is our staff team?

3 - Adequate

We completed a follow-up inspection to measure the action taken in response to requirements relating to this key question.

Please see the section of this report entitled What the service has done to meet any requirements at or since the last inspection.

Good progress had been made by the provider following best practice guidance in relation to the recruitment, registration with appropriate regulatory bodies and improved training and development opportunities for staff. We took this into account and upgraded the evaluation to 3 adequate.

How well is our care and support planned?**3 - Adequate**

We completed a follow-up inspection to measure the action taken in response to a requirement relating to this key question.

Please see the section of this report entitled What the service has done to meet any requirements at or since the last inspection.

Good progress had been made with the development of the structure of support plans. Support plans contained key assessments which helped inform the content. We took this into account and upgraded the evaluation to 3 adequate.

Support plans should better reflect how staff should promote each person's levels of independence taking a strengths-based approach. Review meetings should fully reflect the outcomes achieved as a result of support provided by staff (see area for improvement 1).

Areas for improvement

1. 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).

What the service has done to meet any requirements we made at or since the last inspection**Requirements****Requirement 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).

This requirement was made on 8 November 2024.

Action taken on previous requirement

The provider had re-issued the organisation's medication policy and procedure to each staff member. Staff were required to read and sign that they understood and would follow the content.

Staff had undertaken refresher medication administration training. Staff competency assessments had been arranged.

A blister pack was now being used to prevent advanced "pre-potting" of medication. This meant that staff now followed best practice with the administration of medication.

Met - within timescales

Requirement 2

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).

This requirement was made on 8 November 2024.

Action taken on previous requirement

Significant work had been put in place since the last inspection. Systems had been developed including compliance audits which covered key areas of service delivery. There were structures in place to help give the management team an overview of key aspects of the service.

Feedback had been obtained from relatives to look at how supports could be further developed and how the service could make further improvement. The service improvement plan was at an early stage with plans to extend the range of feedback to shape the content.

A new manual rota system had been developed meaning that people who receive support were informed in advance of who would be providing support. Introduction sessions had also been arranged which allowed the person being supported and their families to get to know the staff member in advance of providing support.

Met - within timescales

Requirement 3

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).

This requirement was made on 8 November 2024.

Action taken on previous requirement

Improvements had been made and the organisation now followed best practice guidance when recruiting staff. This meant that appropriate pre-employment checks were in place in advance of taking up post.

The manager of the service had systems in place to ensure new recruits were supported. This was aligned to the probationary policy meaning there were improved opportunities for the on-going development of staff.

Met - within timescales

Requirement 4

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)

This requirement was made on 10 October 2024.

Action taken on previous requirement

Staff employed within the service were currently registered with the Scottish Social Services Council (SSSC).

The management team had developed a training matrix to assist with the training and development of staff aligned to the support needs of people using the service.

A matrix had also been developed which included dates for staff supervision and observations of practice (spot checks).

This requirement has been met.

Met - within timescales

Requirement 5

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).

This requirement was made on 8 November 2024.

Action taken on previous requirement

The support plans had been re-designed with improvement in the use of assessments to better inform the content. Through auditing changes had been made and staff were better directed when providing support.

Review meeting had been held with a relative to help evaluate supports provided and see if any change was required.

Some good person centred information was held within the support plan reflecting the wishes and preferences of the individual being supported.

Met - within timescales

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

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