

## Florence Court Housing Support Service

North Deeside Road  
Cults  
Aberdeen  
AB15 9TD

Telephone: 01224 868 146

**Type of inspection:**  
Unannounced

**Completed on:**  
15 March 2024

**Service provided by:**  
YourLife Management Services  
Limited

**Service provider number:**  
SP2012011831

**Service no:**  
CS2013318187

## About the service

Florence Court is a supported living complex. Your Life Management provides a housing support and care at home service to homeowners who reside at Florence Court. It is a purpose built complex located in the Cults area of Aberdeen. At the time of the inspection housing support was an option to all homeowners and nine homeowners received a care at home service. On site care staff were available 24 hours a day to people via an alarm system to all homeowners.

The complex is well located to provide easy access to local amenities and there is a regular bus service into Aberdeen City.

## About the inspection

This was an unannounced follow up inspection which took place on 15 March 2024 from 10:30 until 16:00. 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 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 13 people using the service and two of their family;
- spoke with five staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

## Key messages

Improvements had been made to the leadership of the service.

A service improvement plan had been developed.

People experienced care and support from a consistent staff team.

More staff had completed training.

People were happy with the care and support they received.

Observations of staff practice needed to be carried out consistently.

## 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?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our leadership?

4 - Good

We made an evaluation of adequate for this key question at our last inspection, this has now been changed to good.

We observed improvements in the leadership of the service. People told us they were happy with the consistent staff team. Staff stated that they felt supported in their roles.

The manager had a range of tools and processes which helped ensure there was oversight of the service. A service improvement plan helped track improvements. There was learning from incidents and staff had access to one to one supervision.

The manager had good knowledge of people's needs and was proactive in ensuring people got the right support at the right time.

The requirement made at our last inspection has been met (see 'what the service had done to meet any requirements made at our last inspection').

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

### Requirements

#### Requirement 1

By 5 September 2023, the provider must ensure that quality assurance processes are carried out competently and effectively.

To do this, the provider must ensure, at a minimum:

- a) routine and regular management audits are being completed across all areas of the service being provided;
- d) clear action plans with timescales are devised where areas for improvement have been identified; and
- e) action plans are reviewed and signed off fully when complete.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure 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 5 May 2023.

#### Action taken on previous requirement

The manager had systems in place to support increased oversight of the service. This included weekly medication audits and a schedule of audits of other key areas. For example, care plans, daily notes, people's supervision, registration checks and training.

Staff had regular one to one supervision which was evaluative and reflective. The manager had developed a service improvement plan which had begun to underpin and support continuous improvement and development in the service.

#### Met - outwith timescales

### Requirement 2

By 5 September 2023 the provider must ensure that people receive safe care and support from staff who are qualified and trained. The provider should:

- a) demonstrate that all staff receive appropriate training to carry out the work they are to perform;
- b) improve the quality assurance of staff training and ensure that managers are aware of the training needs of staff
- c) ensure that there is an effective system in place to monitor that staff are implementing the care service's policies and procedures and to identify where further training and support is necessary and;
- d) ensure staff are trained and following best practice guidance in relation to infection, prevention and control practice.

This is to comply with Regulations 9(2)(b) of The Social Work and Social Care 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 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); and  
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement was made on 5 May 2023.

## Action taken on previous requirement

We observed there had been an increased focus on staff training. Most staff had completed mandatory training and this was regularly reviewed and monitored.

A training matrix helped provide oversight and would also prompt when training was due to be overdue.

Staff showed a good understanding of people's needs and learning.

Staff were observed to be using Personal Protective Equipment (PPE) correctly.

The manager had started carrying out observations of staff practice. We were confident this would continue to be developed.

## Met - outwith timescales

## 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

A service improvement plan should be created with input from the people who use the service, for example, families/representatives, staff, and stakeholders.

This is to ensure 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 1 June 2023.

**This area for improvement was made on 1 June 2023.**

### Action taken since then

A service improvement plan has been developed. This was evaluative and considered all areas of the service. The plan was reviewed regularly. To strengthen this, more specific dates could be added to help track improvements and when improvements are completed. Improvements should also be linked to the outcomes for people using the service.

## 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 good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good



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