

## Florence Court Housing Support Service

North Deeside Road  
Cults  
Aberdeen  
AB15 9TD

Telephone: 01224 868 146

**Type of inspection:**  
Unannounced

**Completed on:**  
13 September 2023

**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 13 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 11 September 2023 from 09:00 until 16:00 and continued virtually on 12 September 2023. 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 four people using the service and three of their family;
- spoke with five staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

## Key messages

The service had improved the management and recording of people's medication.

A new manager was in post.

People were happy with the care and support they received.

The service had met two out of five requirements made at the last inspection.

Families felt that communication was good.

The service had improved the quality of people's care plans.

Improvements are needed to the oversight and management of the service.

All staff need to undertake essential training.

Improvements need to continue and be sustained.

## 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?	3 - Adequate
How good is our staff team?	3 - Adequate
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 made an evaluation of adequate for this key question at our last inspection, this has now been changed to good. The strengths had a positive impact on the outcomes for people and this outweighed the areas for improvement.

We observed improvements in the management of people's medication. People had a medication assessment in place. Staff had received medication training. There was a significant reduction in medication errors. This meant that people's medication was being managed appropriately.

There was improved oversight and auditing of medication. This system helped identify any mistakes quickly. When an error was identified, appropriate action was taken by the management of the service. This involved training, reflective accounts and observed practice. This meant that staff's competence was re-assessed to ensure they had the necessary skills and knowledge to administer people's medication. The requirement made at our previous inspection has been met (see 'what the service had done to meet any requirements made at our last inspection').

## How good is our leadership?

3 - Adequate

Although we observed improvements some of these had not been fully implemented in the service.

The manager of the service had been in post for a short period. Staff reported feeling confident in the manager and that the leadership of the service was approachable. It was also stated that communication in the service had improved.

As stated in Key Question One, audits were regularly undertaken for medication. An internal audit of the service had also identified some areas for development. Whilst this was positive, some of the processes were still at the early stage. We observed that tools were available for audits of the whole service but had not been implemented yet. Therefore, we have restated the requirement with a new timescale agreed of 13 March 2024 (see 'What the service has done to meet any requirements we made at or since the last inspection' and requirement 2).

We also made an area for improvement at our last inspection relating to a service improvement plan which involved stakeholders, families and representatives. An improvement plan was created following the last inspection to target and address areas of concern. Whilst we observed improvements in the areas identified, the plan had not been developed any further. For example, it did not involve people using the service, stakeholders, families or representatives. Therefore, we have restated this area of improvement with a new timescale agreed of 13 March 2024 (see 'What the service has done to meet any areas for improvement we made at or since the last inspection' and area for improvement 1).

**How good is our staff team?****3 - Adequate**

Two requirements and one area for improvement were made at the last inspection. Since then, the service had an action plan to manage the improvements needed. Both the area for improvement and one requirement had been met. Whilst we observed improvements the requirement about staff training had not been fully met. Therefore, we have restated the requirement with a new timescale agreed of 13 March 2024 (see 'what the service had done to meet any requirements we made at or since our last inspection' and requirement 3).

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

We made an evaluation of adequate for this key question at our last inspection, this has now been changed to good. The strengths had a positive impact and this outweighed the areas for improvement.

We observed that significant improvements had been made to people's care plans. The plans held by the service matched the plans in people's apartments. We observed that reviews were taking place for people. Any changes to people's needs were updated and reviews were taking place. There had also been improvements to the oversight of plans and daily notes. The service should ensure daily recordings are consistent.

**What the service has done to meet any requirements we made at or since the last inspection****Requirements****Requirement 1**

By 5 July 2023 the provider must support people to receive their medication in the way it has been prescribed.

In order to achieve this, the provider must at a minimum:

- a) ensure that all staff who administer medication have the necessary skills, knowledge and competency;
- b) ensure all medication is recorded and administered in line with best practice; and
- c) ensure that there is oversight and auditing of medication and actions taken if there are any discrepancies identified.

This is to comply with Regulation 4(1)(a) & (d) (welfare of service users) 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 states 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

There had been a significant improvement in the management and oversight of people's medication. We observed that medication errors had significantly reduced since the last inspection. The service carried out weekly medication audits which helped identify any errors. When an error was identified, appropriate action was also taken by the service. This included observed practice, HR, reflective accounts and training.

## Met - within timescales

### Requirement 2

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).

There had been insufficient progress in meeting this requirement and it has been reinstated with an extended timescale until 13 March 2024.

**This requirement was made on 5 May 2023.**

## Action taken on previous requirement

An action plan was created following the last inspection which targeted areas of improvements. We observed improvements but not in all areas of the service. There is a new manager who has been in post for a short period. The manager has tools ready for audits of the wider service but these are still to be carried out. The outcome of regular audits would inform action plans and development of the service.

## Not met

### Requirement 3

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).

There had been insufficient progress in meeting this requirement and has been reinstated with an extended timescale until 13 March 2024.

**This requirement was made on 5 May 2023.**

#### Action taken on previous requirement

We observed a training tracker which provided an overview of all staff training. It was colour coded with areas of priority. This tool supported an overview of staff training. We observed that most staff had undertaken mandatory training but that new staff had not. The mandatory training included; Infection, Prevention and Control, medication and moving and handling.

**Not met**

### Requirement 4

By 5 September 2023 the provider must ensure that all eligible staff are registered with the appropriate regulatory body within the required timescales. The provider should:

- a) improve the oversight and tracking of staff's registration; and
- b) ensure staff do not work in the service if they are not registered within timescales.

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)

**This requirement was made on 5 May 2023.**

## Action taken on previous requirement

We observed that a tracker had been put in place to track people's registration. During the inspection all staff were registered appropriately and the management of the service had oversight of this. It was recommended that the tracking of this is incorporated into the wider management audits.

**Met - within timescales**

## Requirement 5

By 5 September 2023 to ensure people's needs are known and recorded the provider should:

- a) ensure people's plans are accurate and note any changes;
- b) improve the quality of information in people's plans and daily notes;
- c) ensure essential information relating to people's care needs, views and preferences is known; and
- d) improve the management and oversight of people's personal plans.

This is in order to comply with Regulations 4(1)(a) and 5(2) 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 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 significant improvements in the quality of people's care plans. The action plan the service developed following the last inspection worked towards this outcome. The plans had essential information, assessments, notes and were reviewed. The plans in people's apartments had the same information as the plans held in the office. We observed that the quality of recordings had improved but should continue to be developed. The management had more oversight of people's plans.

**Met - within timescales**

## Requirement 6

The provider must ensure that personal plans are accurate and up-to-date and provide staff with information that clearly sets out how the level of support required.

This is in order to comply with Regulations 4(1)(a) and 5(2) of The Social Work and Social Care Improvement Scotland (Requirements for Care Services), Regulations 2011, SSI 2011/210.

**This requirement was made on 24 June 2019.**



**Action taken on previous requirement**

This requirement was reinstated and updated at the last inspection, however it remained incomplete following the last inspection report. This is addressed under the requirement made on 5 May 2023.

**Met - outwith timescales****Requirement 7**

The provider must ensure that all eligible staff are registered with the Scottish Social Services Council (SSSC) within the required timescales.

Regulations 9(2)(b) of The Social Work and Social Care Improvement Scotland (Requirements for Care Services), Regulations 2011, SSI 2011/210.

**This requirement was made on 24 June 2019.**

**Action taken on previous requirement**

This requirement was reinstated and updated at the last inspection, however it remained incomplete following the last inspection report. This is addressed under the requirement made on 5 May 2023.

**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 5 May 2023.**

**Action taken since then**

We observed a service improvement plan which was created following the last inspection. This plan targeted areas identified in the inspection. The plan had not been developed any further and does not involve families, representatives and stakeholders. The current manager is new in post and plans to develop the plan. There had been insufficient progress in meeting this area for improvement and it has been reinstated with an extended timescale until 13 March 2024.

## Previous area for improvement 2

To support people's wellbeing, care, and support, the provider should ensure that staff have access to regular supervision appropriate to their role which is recorded. This should include, but not be limited to, reviewing practice, wellbeing, training, development, and performance.

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 area for improvement was made on 5 May 2023.**

### Action taken since then

Staff have all had supervision since the last inspection. There is a tracker on the office wall to monitor supervision. We observed minutes of supervision and staff confirmed when they were next scheduled to have supervision.

## 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 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
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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