

# Real Life Options - Glasgow Balmore Service Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
29 October 2024

**Service provided by:**  
Real Life Options

**Service provider number:**  
SP2003001558

**Service no:**  
CS2004078505

## About the service

Real Life Options - Glasgow Balmore Service provides 24 hour housing support and care at home services to adults with learning disabilities, physical disabilities, autism and mental health difficulties living in their own homes, and in a community setting in nine separate houses.

At the time of the inspection there were 19 people receiving 24 hour support.

Glasgow Balmore has close operating links with the Glenwood service. Both services operate from the same office base. Therefore, the inspections were undertaken simultaneously. A separate report was prepared for each registered service.

The organisation's vision is: - A society in which disabilities are not a barrier to people taking control of their lives. In their mission statement they say: - We work to ensure people have equal rights as citizens, receive the support they need to maximise independence and social inclusion and the right to exercise choice in their own lives.

## About the inspection

This was an unannounced inspection which took place between 22 and 29 October 2024. The inspection was carried out by three inspectors 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 five people using the service and four family members.
- We spoke with ten staff and management.
- We spoke to one professional.
- Reviewed relevant documents.
- Observed daily life.

## Key messages

- Families spoke highly of the service noting the progress made by the management team.
- People had access to a range of activities and local community links based on their preferences.
- Staff felt well supported by a responsive new management team.
- Quality assurance and improvement was well led.
- Personal plans set out people's needs and preferences.

## 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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People who experience care and their relatives commented positively on the quality of care and support provided. People's families confirmed that they were involved in decisions about the support provided. We were told by one relative, "The service has greatly improved". Communication is good and I am contacted about any changes". This meant families felt well informed.

People benefited from positive relationships with staff. People were comfortable talking to the staff and told us "My staff are brilliant" and "I love the staff they are great". Staff demonstrated a commitment to supporting people to achieve their stated outcomes. We saw warm and kind interactions between staff and people. It was clear that staff knew people well and engaged positively with them. This promoted trust and meant people felt valued.

Meaningful activity and social engagement promote wellbeing. People told us "It is really good here" and "I like going out". People had opportunities to take part in a range of meaningful activities. We heard about outings to the Titanic exhibition, a bike club, planned Halloween activities and voluntary work activity. This kept people connected to their local community and promoted people's independence, choice, and provided a sense of achievement.

People's health and wellbeing should benefit from their care and support. We observed people being supported to make dietary choices in line with their needs and preferences. Staff spent quality time cooking with people, promoting where possible healthy eating. Independence was promoted with people central to the planning, shopping, and preparation of food as part of their daily routine.

Staff used effective strategies to support people through periods of stress and distress. Staff were confident in their approach, knowledgeable about people's presentation and communication needs. This meant that people could be confident they were supported by staff who knew their needs and preferences well.

External health professionals supported people's health and wellbeing. A professional told us the service was responsive to changes in people's health needs and reactive to any advice recommended.

Effective systems were in place to support medication administration practice and help ensure individuals were supported to take the right medication at the right time.

There were plentiful supplies of readily accessible personal protective equipment (PPE) which staff used in keeping with good infection prevention and control (IPC) guidance in people's houses. There were cleaning schedules in place in the homes which reduced the risk of transmission of infection.

## How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People can expect a service that is managed well. The staff team spoke positively about the new management team who were seen as being approachable, supportive and accessible. Staff had scheduled opportunities to discuss aspects of their work, development and wellbeing through team discussions, reflective accounts and formal supervisions. Staff spoke positively about recent team meetings. This gave an opportunity for reflection. This ensured staff felt listened to. Management had undertaken observations of staff practice. Feedback was provided to inform change and improve practice where needed.

A dedicated compliance team was employed to support quality assurance. This demonstrated the provider placed value in monitoring standards within the service. A range of audit tools were used to assess compliance with expected standards. This helped identify what was working well and where improvement was needed. We saw occasions where the audit system had informed changes in practice, including medication management and documentation. A service improvement plan was regularly updated to reflect the areas where actions were needed, including the timeframe and individual responsible for actioning and following up.

People can expect to be meaningfully involved in shaping the development of their care service. Questionnaires had recently been circulated to the people who use the service and their families. Feedback from people who use the service, families and stakeholders should be used to inform the service improvement plan.

### How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The management team had worked hard to recruit permanent care staff. This meant people were supported by a more stable staff group who knew their needs and preferences well. Staff were motivated, friendly and welcoming. Comments from staff included "this is a great place to work and " the new management team are really supportive". This showed staff felt valued.

We received positive comments from relatives. Relatives told us "Staff are amazing" and "What a difference in the service".

There were adequate staff available to meet the needs of people supported. People were mainly supported on a one to one basis. There were regular reviews of staffing levels. The management team utilised professional judgement tools to assess staffing required. We directed the management to the Care Inspectorate Hub for guidance and information about the Health and Care (Staffing) (Scotland) Act 2019.

People can expect staff to be trained, competent and skilled, and reflect on their practice. The service had recently introduced a new online training platform. A range of training opportunities such as adult support and protection, medication management and learning disability awareness were. The service ensured staff had appropriate mandatory training and specific training to meet the needs of people supported.

People could be confident that safe recruitment guidance was followed by the service. An induction programme for new employees helped ensure staff were prepared for their role. This included shadow opportunities to facilitate introductions with people who experience support. The recruitment process would be improved by exploring how to involve people who use the service.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People can expect to be supported by staff who have the necessary information about their needs and wishes. The service used both paper and electronic care records. Personal plans were person centred and gave a detailed description of the support each individual required to meet their specified outcomes. This ensured that people were supported by a staff team who knew their choices, likes and dislikes.

Overall, personal plans had been reviewed in the last six months to ensure they reflected people's current needs. Daily recordings of people's wellbeing and presentation were documented in care records in the home or online.

Risk assessments outlined risk reduction measures to promote safety. This helped ensure peoples support was right for them. However, some risk assessments required further development to ensure they were more person centred. The management team had a plan in place to review risk assessments.

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

### Requirements

#### Requirement 1

By the 10 January 2024, the provider must ensure that each person's personal plan clearly sets out how their needs will be met. To do this, the provider must:

- a) Ensure that people's personal plans are accessible, accurate and sufficiently detailed to direct peoples care and support.
- b) personal plan are regularly evaluated to ensure they remain effective.
- c) maintain clear and accurate recordings of all daily support.

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).A requirement to make proper provision for the health welfare and safety of service users.

**This requirement was made on 26 September 2023.**

#### Action taken on previous requirement

Significant progress had been made. Recording of people's daily wellbeing and presentation had significantly improved. Personal plans were person-centred and gave a detailed description of the support required to ensure staff knew the needs and the preferences of people and were regularly updated. The management team acknowledged further development was required to ensure a consistent approach to personal planning

and risk assessment.

This requirement has been met.

**Met - within 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

Improvements in medication administration practice must be consolidated to ensure people consistently receive their medication in accordance with the prescriber's instruction and medication administration records are completed in accordance with good practice guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards 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. (3.14).

**This area for improvement was made on 29 January 2024.**

#### Action taken since then

Staff had undertaken medication training and ongoing observations of staff competency were in place. This helped ensure individuals were supported to take the right medication at the right time. Audits indicated medication administration practice had improved.

### 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?	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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