

# Real Life Options Lilywynd Housing Support Service

21 Lilywynd  
Forfar  
DD8 2XE

Telephone: 01307 463 493

**Type of inspection:**  
Unannounced

**Completed on:**  
25 February 2025

**Service provided by:**  
Real Life Options

**Service provider number:**  
SP2003001558

**Service no:**  
CS2004073152

## About the service

Real Life Options Lilywynd is a care at home and housing support service for adults with learning disabilities and associated complex needs. It is situated in a residential area on the outskirts of Forfar. It is close to local transport links, shops, and community services.

The service is provided to people living in their own tenancies, the service provider is not the landlord.

## About the inspection

This was an unannounced inspection which took place on 20, 21 and 23 February 2025. 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 six people using the service and three of their family and representatives.
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents

**Key messages**

- Staff had developed positive relationships with supported people.
- There were good relationships within the team.
- The provider should make improvements in management of peoples medication.
- Leaders were proactive in making improvements.

**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 staff team?	5 - Very Good

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 evaluated performance of this key question as adequate. Strengths had a positive impact, however experiences and outcomes for people were reduced because key areas needed to improve.

The provider had long standing positive relationships with local health and social work services. People were supported to access and remain in contact with these services where they were required. This contributed positively to ongoing assessment of peoples needs, and changes being made quickly to their support where it was needed.

The team acted as strong advocates on behalf of people experiencing mental health decline. This ensured that appropriate treatment and support was accessed, reducing the trauma experienced by individuals.

Some staff had worked in the service for a long time and knew people well. They were able to identify signs that may indicate a decline in peoples mental and physical health and seek appropriate support quickly. Less experienced, or staff who were new to the team would be reliant on information in peoples personal plans to support with their assessment of peoples presentation.

Since our last inspection an electronic system was being used for managing personal plans. It was sometimes difficult to find information, and we found that in some plans information was either limited or absent resulting in an increased risk of poor health outcomes for people experiencing care. (see area for improvement 1).

When we spoke with people they told us that they met regularly with their key workers and were included in reviews. They told us that overall their opinions and wishes were listened to, and staff supported changes where they could. If changes in support was not possible, people were made aware of the reasons why.

People were being supported to make informed health and lifestyle choices. Some people were at risk of choking due to health conditions. Staff worked in partnership with people to devise menu plans that supported safe and healthy eating, this had impacted positively on many areas of peoples lives.

Systems were in place for staff to share relevant information about changes to peoples care and support needs. Information was passed to staff in shift handovers and also accessible through electronic recording systems.

There were a number of issues identified with medication management and practice. We found that required legal documentation for some people was missing or out of date. People were not receiving medication in line with best practice, and some record keeping was not in line the providers own guidance. While quality assurance measures were in place, they had failed to pick up or respond to some of the issues identified. (see requirement 1).

Throughout the inspection the provider responded proactively, putting in measures to support improvement of the issues identified, this demonstrated the providers positive attitude to improving service provision.

## Requirements

1. By 30 March 2025, the provider must ensure people are protected by safe medication management policies and practices. To do this, the provider, must at a minimum;

- a) Ensure appropriate legal frameworks are in place, and in date where people experiencing care lack capacity to make decisions about medical treatment.
- b) Ensure that people who experience care have their level of capability assessed for administration of medications.
- c) Ensure that pathways for the management of covert medication are in place where a need has been identified.
- d) Ensure all medication is administered appropriately, taking into account best practice guidance.

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: 'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24).

## Areas for improvement

1. To promote the overall wellbeing of people experiencing care, the provider should ensure that people's personal plans provide robust, accurate and detailed information that sets out how their health, welfare, and safety needs are to be met. In order to achieve this the provider must at a minimum:

- a) Ensure that personal plans are clear and concise and that the plan has supporting evaluation documentation that will support and evidence staff practice.
- b) Ensure that personal plans contain sufficient information to support staff to recognise when someone is in pain or a decline in a persons health.
- c) Ensure that personal plans are effectively assessed, monitored, and audited.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met and my wishes and choices are respected' (HSCS 1.23).

## How good is our staff team?

**5 - Very Good**

We evaluated performance for this key question as very good. The service demonstrated major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that exist will have minimal adverse impact on people's experiences and outcomes, while opportunities are taken to strive for excellence within a culture of continuous improvement.

Staffing arrangements were determined by a process of continuous assessment. Staff numbers and deployment decisions were formed by peoples routines, activities and information about support needs from personal plans. This ensured that people were supported to engage in activities of everyday living including educational, social and therapeutic events.

The staff team appeared dedicated and were flexible in the way that they worked, changing their plans and routines to ensure sufficient cover so that people experiencing support could continue to enjoy activities and social events.

New staff completed an in-depth induction programme at a pace that suited their learning needs and style. Induction included opportunities to learn about policy and procedures, and to shadow more experienced staff to observe the delivery of care. When we spoke with new staff, they told us that they felt supported and equipped to support people once they had completed the induction.

Staff told us that overall there were good working relationships within the team, and with leaders in the service. Staff received regular professional supervision, and received debriefs following incidents. Staff were confident that where they raised issues or concerns in team meetings or through supervision, that matters would be addressed. This meant that the service continually made improvements to staffing requirements within the service provision.

While staff felt supported and appreciated by local leaders, they were unaware of wellbeing support arrangements in the wider organisation. We suggested during feedback to leaders that they should promote this area of their business to staff teams.

Overall, supported people, their families and representatives gave positive feedback about the service. They told us that they felt listened to and that staff engaged with them well, involving them in care reviews. One person said "My son is very well supported, It is a comfort to me to see how well he is doing and the great relationship he has with his team. I don't think it would have been such a success anywhere else".

## 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

To support safe administration of medication, the provider should ensure that they regularly review and update assessments indicating people's ability to self administer medication and ensure that medication is administered in line with best practice guidance.

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 area for improvement was made on 24 January 2023.**

#### Action taken since then

The provider had not progressed this area for improvement. During inspection we found other issues in relation to safe administration of medication.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 1.

### Previous area for improvement 2

To support infection prevention and control across the service, the provider should ensure that they reliably and consistently implement relevant aspects of the standard infection control precautions.

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 area for improvement was made on 24 January 2023.**

### Action taken since then

The provider had established routines and practices to ensure that communal areas were kept clean. People were being supported to maintain their tenancies in line with identified needs from assessments and personal plans. Staff continued to identify and report property issues to the landlord and chase up any outstanding repairs. As a result, supported people were living in well maintained, clean and comfortable accommodation which contributed positively to good physical and mental health.

This area for improvement has been met.

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good



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Dundee  
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