

Real Life Options Lilywynd Housing Support Service

21 Lilywynd
Forfar
DD8 2XE

Telephone: 01307 463 493

Type of inspection:
Unannounced

Completed on:
20 May 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. The service 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 12 and 13 May 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 seven people using the service
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were very good at developing meaningful relationships with people.
- Significant improvements in medication management had been made.
- People were involved in planning their care and support.
- There were positive relationships within the team.
- Leaders had very good oversight of the functions of the service.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very 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?

5 - Very Good

We evaluated performance of this key question as very good. The service demonstrated major strengths in supporting positive outcomes for people, with opportunities being taken to strive for excellence within a culture of continuous improvement.

Staff knew people well. They were able to identify changes in people's presentation which might indicate a decline in physical or mental health. Staff had good knowledge of strategies that were in place to positively support people when they experienced stress and distress. This helped reduce the risk of harm for people.

Staff worked closely with health professionals. Their practice was consistent with guidance and information in people's personal plans. The service had engaged with community learning disability services in order to make improvements in medication management. This contributed positively to people receiving medication in a way that was right for them (see area for improvement 1 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

People were being supported to make healthy choices around food and remain active through a range of activities. When we spoke to people they were enthusiastic about lifestyle changes they were making. We saw that this had impacted positively on both physical and mental health for these individuals. One person said, "I feel better about myself".

People's mental health and general wellbeing was being improved as they were supported to engage in a variety of social events, both as individuals and as part of a group. People regularly gathered as part of a social club style group. They told us that they enjoyed art club, quizzes, karaoke, and trips away. Everyone we spoke with commented on how much they were enjoying the events and the positive impact that it had for them. They told us that it stopped them from getting bored and feeling down and that it helped them develop much more positive relationships with their neighbours.

Staff in the service understood their responsibilities for protecting people. They knew how to recognise, report, and record concerns of potential harm. People told us that they felt safe.

How good is our leadership?

5 - Very Good

We evaluated performance of this key question as very good. The service demonstrated major strengths in supporting positive outcomes for people through quality assurance and improvement activity. Opportunities were being taken to strive for excellence within a culture of continuous improvement.

Leaders had very good oversight of the functions of the service. They understood what was working well, what needed to improve, and how the service should develop in order to meet the changing needs of the people being referred to the service.

There were a range of audits and checks taking place to monitor the functions of the service. Information from these fed directly into a comprehensive service improvement plan. Quality assurance tasks were largely completed by managers, however improvement discussions were encouraged at team meetings and in staff supervision. It would be of benefit to the service if a wider team approach to quality assurance and improvement was undertaken.

People's experiences were evaluated regularly through keyworker meetings and reviews. People told us that they were able to raise concerns at any time and felt confident that things would be dealt with quickly.

When we spoke with staff they told us that leaders supported opportunities for professional development, encouraged autonomy, and provided constructive feedback through supervisions and appraisals. This resulted in a staff team that practiced more confidently.

The service had not received any complaints. However, people told us they knew how to raise a concern and felt confident that issues would be addressed.

How good is our staff team?

5 - Very Good

We found significant strengths in the staffing arrangements and the way in which the team functioned. We have evaluated this key question as very good.

Staffing arrangements were dynamic. They were informed by information from needs assessments, personal plans, and activity planners. Arrangements were flexible to people's changing needs and the service gave consideration to matching keyworkers with people wherever this was possible.

Staff were very flexible. They changed routines and plans to cover any absence within the service in order that supported people could continue to attend activities and events.

The team were enthusiastic about the service they provided. They appeared invested in the success of the people they supported. There was a very good team culture. All staff we spoke with told us of positive working relationships and feeling supported by leaders. Staff communicated effectively with one another which contributed positively to ensuring that important information about people was shared across the team.

Staff were very skilled when engaging with people and regularly received training to support them in delivering a safe service. We spoke with the provider during the inspection about providing more face-to-face training which would give the team opportunities to discuss particular scenarios from their own service. We highlighted the benefit of trauma-informed practice in supporting some individuals living in the service. The provider realises the importance for training and advised that plans for further training were being progressed.

The provider operated an in-depth induction programme which provided new staff with opportunities for both practical experiences and to learn about policies and procedures. New staff were able to shadow more experienced staff. This contributed to them being more confident in their role.

How well is our care and support planned?

4 - Good

We have evaluated performance in this key question as good. There were a number of important strengths which outweighed areas for improvement. The strengths will have significant positive impact on people's experiences and outcomes.

The provider used an electronic system for development and management of personal plans. It was sometimes difficult to find information about people. The system is due to receive upgrades in the near future and staff will receive training in its use prior to its launch.

Since our last inspection, leaders had made improvements with the content of the care plans (see area for improvement 1 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Most people's plans contained greater detail about them and the way in which their care and support should be delivered to help them achieve their outcomes and goals. Important health information was cross-referenced in relevant areas. This meant that staff would be fully aware of any health risks and how best to manage them. Work is ongoing to ensure that all plans are of a consistent standard and staff are to receive further personal planning training.

Essential legal documentation was in place. Risk assessments and safety plans were used to enable people and, where restrictions were necessary, staff supported people to understand and comply with legislation.

Overall, staff recorded information in a person-centred way, however some daily recordings were task-focussed and provided limited information about how people presented.

People told us that they were included in developing and reviewing their personal plans. They told us that they engaged in monthly meetings with their keyworkers to track their progress. They told us that it was an opportunity to make changes or to set new goals. This led to a dynamic planning process in which people felt they had more control.

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

Requirements

Requirement 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) (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 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).

This requirement was made on 25 February 2025.

Action taken on previous requirement

Significant improvements were made with medication management procedures.

An assessment of people's capabilities and support requirements had been completed for everyone being supported by the service. The assessment had been completed with support from a community learning disability nurse who was familiar with supported people.

Where people were unable to understand or consent to treatment, appropriate legal documentation was in place with information cross-referenced in personal plans.

Pathways for covert medication were in place for those that needed them and medication administration was taking place in line with best practice and in a way that best suited the individual's needs.

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

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 person's 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).

This area for improvement was made on 25 February 2025.

Action taken since then

Personal plans had improved. Plans had been reviewed and updates made to provide more detailed information. We saw that associated legal and health documentation was referenced on plans, giving greater detail for staff to ensure appropriate care and support was provided.

Plans were being updated to provide information that would support staff in recognising when someone was in pain or experiencing a decline in their health.

Leaders were monitoring and auditing care plans to ensure a consistent quality was achieved across the service.

Further training for staff was identified as part of the overall service improvement plan. This will contribute positively to people consistently receiving the care and support that is right for them.

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.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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