

## Real Life Options Macduff Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
22 April 2025

**Service provided by:**  
Real Life Options

**Service provider number:**  
SP2003001558

**Service no:**  
CS2015342050

## About the service

Real Life Options Macduff (RLO Macduff) is a housing support and care at home service. Support is currently provided in the Macduff and Banff area. The service office is based in Macduff.

The service provides flexible care packages, of varying size, to meet people's needs. This includes but is not limited to, personal care, support with healthcare, social support and maintaining their tenancies.

At the time of inspection, the service supported 13 people. People are supported in their own tenancies, with one property being a house of multiple occupancy (HMO).

## About the inspection

This was an unannounced inspection which took place on 15 - 18 April 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 six of their family
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- reviewed the results of 26 surveys returned to us prior to inspection.

## Key messages

- People were treated with kindness and compassion.
- People were supported to maintain good general health through access to healthcare.
- Medication assessments did not reflect people's needs and should be improved.
- Quality assurance audits and tools had improved.
- Leaders needed to improve communication and seek views from people, families and staff to inform service improvements.
- People had good relationships with staff, who knew them well.
- People benefitted from reviews that were outcome focussed.

## 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?	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?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Staff treated people with kindness and compassion. People were comfortable in the company of staff. People were clean and well dressed. Staff took time to ensure people's hygiene needs were met, meaning people could feel their best, whilst feeling relaxed in their own homes.

People were supported to maintain active and healthy lifestyles. People told us they were supported to go to the golf, swimming and regularly enjoyed walks. Being active and exercising had a positive impact on people's wellbeing.

People were supported to access healthcare to maintain good general health. Records indicated that people visited the dentist, GP, chiropodist and nurse regularly. People were supported with preventative health care such as, vaccinations. This meant people were supported to access healthcare opportunities that were in line with the general population. Staff knew people well, which allowed them to respond quickly when one person's needs changed. Staff made appropriate referrals to reassess the person's needs. People could be confident that their health needs were well supported.

People were involved in meal planning, shopping and, where able, food preparation. One person showed us a food shopping list they used to retain their independence. Where required, people were supported to maintain a healthy weight through both diet and exercise. People were supported to make meal choices that suited their needs and preferences.

Some people required additional support with safe swallowing. Speech and language therapy guidance was available in people's care plans; however, some people's guidance did not appear to meet their current needs. The provider should ensure that people benefit from professional guidance that reflects their current needs. **(See Area for improvement 1)**

People received the medication they needed at the right time. However, some people's medication assessments did not reflect the care and support they needed. This could result in people receiving medication support that does not meet their current needs. We highlighted this to leaders during the inspection, who agreed to make the necessary improvements. **(See Area for improvement 2)**

Some people lacked capacity and relied on the support of a welfare guardian to support them to make decisions. Legal documentation, detailing the decisions that welfare guardians could make, was in place. However, communication with guardians was inconsistent. One guardian told us, "I have no complaints, we couldn't do it without them". Another guardian told us that they were not informed when there were changes in the service. The service should review how it communicates with people's families and/or welfare guardians. **(See Area for Improvement 1, in key question 2, 'How good is our leadership?')**

## Areas for improvement

1. To ensure that people receive care and support that meets their needs, the provider should ensure that professional guidelines, such as speech and language therapy guidance, are reviewed where they no longer meet people's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. To ensure people receive the correct level of care and support the provider should ensure that people have their level of capability assessed for administration of medications. This should result in medication being administered appropriately, considering best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

## How good is our leadership?

### 4 – Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The provider had invested time in the service, with additional coaching for the leadership team. Quality assurance activities such as, audits and checks within the service had improved. Leaders had developed tools to support them to assess the quality of people's care and support. (See 'What the service has done to meet requirements made at or since the last inspection')

Leaders had improved oversight of people's homes. Shift leaders and support workers had begun to take part in property checks in the service. Any areas of concern, such as repairs, were reported to the office. This resulted in improved living conditions for people. Leaders should ensure that when concerns are raised, they follow up that these are completed.

Leaders had good oversight of staff within the service. Staff who required training were identified and training booked. Leaders had oversight of staff who were registered with regulatory bodies such as, the Scottish Social Services Council (SSSC). However, the provider should ensure that staff apply for the correct register when they are employed. This should result in less unnecessary delays to staff being correctly registered. We will review this at future inspections.

Leaders had begun to assess staff competency within the service. Staff medication practice was observed and leaders were developing further competency-based assessments to ensure the staff were competent. We advised leaders to develop assessments based on people's needs. For example, to observe staff practice in relation to safe swallowing. This will ensure that competency assessments are meaningful to the people they support. We will review progress in this area at future inspections.

Staff reported unplanned events such as, accidents and incidents. When needed, leaders made appropriate notifications to relevant agencies such as, the Care Inspectorate. When unplanned events happened, leaders conducted thorough investigations and took corrective action. This should reduce the likelihood of these events happening again.

The service had an improvement plan that was clear and resulted in some actions to improve the service. However, some families and staff did not feel that their suggestions were listened to. The improvement plan did not highlight the views of people, families and staff. Leaders should explore how they seek the views of people and families to enhance the service improvement plan. **(See Area for improvement 1)**

## Areas for improvement

1. To ensure that people benefit from a service that communicates well, the provider should review how it seeks views from people, their families and staff. This should be used to inform the service improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

## How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff were reliable and worked at people's own pace. People told us that staff turn up on time. One person told us, "I get staff at the right time for me". Staff did not appear rushed and delivered the support that people needed. The service worked flexibly to enhance people's experiences. One family told us, "The service are moving some of their hours so they can take some longer day trips". People had the right staff at the right time for them.

People benefitted from many staff who had worked at the service for a long time. The service was supported by a 'bank' of regular relief staff. Whilst the service had a small staff vacancy, they did not use agency staff at the time of inspection. The provider was actively recruiting new staff. People had built up trust and confidence in staff, who knew them well.

People benefitted from small 'core' teams. Staff were matched to people based on needs and compatibility. One family praised the service for their flexibility when placing new staff into core teams, ensuring the match was, "compatible". However, another family told us they weren't informed when staffing changes took place. Leaders should consider how they ensure all relevant people are informed when staff changes take place.

New staff benefitted from a comprehensive induction period. This involved classroom based training and a generous amount of time, "shadowing" experienced staff. Leaders provided regular supervision to new staff within their probation period, addressing any training or competency issues that had been observed. New staff were supported to provide good quality care.

The staff team communicated well and were confident in the communication systems available to them. Staff told us how they share information and handover records indicated that staff communicated well. Staff meetings had become more regular. Staff communicated well, ensuring consistent care and support.

## How well is our care and support planned?

**4 - Good**

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Most care plans had been reviewed by leaders. Plans were accessible with information that was easy to find. This meant that staff could access the information they needed, to support people well. The provider should continue to review care plans to ensure that all people benefit from updated care plans. We will review this at future inspections.

Care plans contained important information to keep people safe and promoted person centred care. Risk assessments had been reviewed and were clear. Care plans contained the necessary professional guidance to support people, for example, psychology and dietician guidance. Communication care plans were person centred. One person was supported to create photo albums of special events. This supported people with limited verbal communication to communicate their needs and to share their achievements.

Some care plans did not have sufficient detail. Staff had identified that one person was doing less activities. However, this had not resulted in an improved care plan to promote meaningful activities. We highlighted this to the provider who assured that this will be improved. We will review this at future inspections.

Care reviews led to changes in people's plans, meaning they were outcome focussed. For example, one person wished to lose weight. This resulted in the care plan being updated to ensure additional opportunities to exercise. Staff were aware of this and were actively encouraging activities that involved walking and fun recreational activities. People benefitted from care reviews and plans that focussed on what they wanted from life.

Some people had restrictions placed upon them to keep them safe. Staff were aware of how to support people with any restriction. For example, staff knew to ensure a person had sufficient snacks of their choice, when food was locked away to prevent harm. Care plans had the necessary legal agreements and professional input to ensure that people were not unlawfully restricted.

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

### Requirements

#### Requirement 1

By 19 August 2024, the provider must ensure that people are kept safe from harm by ensuring that leaders' checks and audits are thorough and have a clear benefit to people.

To do this the provider must, at a minimum:

- a) Review current audits to ensure these give sufficient oversight to leaders.
- b) Where commissioned to do so, ensure leaders have sufficient oversight in relation to maintenance and cleaning standards in people's tenancies.
- c) Ensure existing audits designed to keep people safe from harm, for example finance checks, are carried out fully and to a good standard.

This is to comply with Regulation 4(1)(a) and 14(e) 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 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 6 June 2024.**

#### Action taken on previous requirement

Quality assurance audits and checks were being done more frequently. This included, health and safety, finance, environmental and care plan audits. Leaders had improved oversight of what audits had, and had not, been done. Audits highlighted areas that could improve such as, daily finance checks not being done regularly. This resulted in team discussions to improve the frequency of finance checks. Quality assurance was more effective and was more likely to improve people's experiences.

People's homes were maintained to a good standard and leaders had oversight of maintenance issues such as, repairs. This resulted in prompt reporting of concerns to landlords. Leaders should continue to check that repairs have taken place and escalate if there are unnecessary delays.

Leaders had begun to develop shift leaders, so that they could take part in quality assurance tasks. Whilst this was a new development, it was positive that leaders were continuing to review quality assurance processes. We will review the impact this has at future inspections.

#### 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

To ensure people receive care that meets their ongoing needs, the provider should at a minimum:

- a) ensure people's care is reviewed every six months
- b) when people's needs change, ensure care plans are reviewed
- c) ensure all staff are aware of the changes to ensure consistent support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

**This area for improvement was made on 6 June 2024.**

#### Action taken since then

Leaders had improved oversight of when people were due a care review. All people had attended a review or a review meeting was booked in the near future. Care plans had been reviewed and were more accessible. Handovers and team meetings had been effective in making staff aware of changes in people's care. People could be confident that the service reviewed their care to meet their current and ongoing needs.

**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?	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?	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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