

Real Life Options Glenrothes Services Housing Support Service

Unit 14
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Glenrothes
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Announced (short notice)

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Service provided by:
Real Life Options

Service provider number:
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About the service

The service provides housing support and care at home for people with learning disabilities, physical disabilities and mental health conditions living in their own homes in the Glenrothes, Levenmouth and Kirkcaldy areas.

The service is provided by Real Life Options.

People's hours of support are based on an individual assessment of their needs and vary between a few hours of social support per week to support for 24 hours per day.

About the inspection

This was a short notice announced inspection which took place on between 8 and 15 July 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 five people using the service and three of their relatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

People experienced person-centred, compassionate care and support

Systems to support oversight of staff practice were not always effective in driving improvement

People benefitted from support from consistent staff who knew them well

Personal plans would benefit from more detail to guide safe and effective staff practice

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?	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 there were a number of important strengths which clearly outweighed areas for improvement.

We visited people who told us they were happy with the support they were receiving. Relatives told us about the positive impact support has had for both them and their family. Comments from relatives included 'they do everything well' and 'I am very happy with the support'.

People enjoyed a wide range of opportunities and activities. Activities had an impact on people's physical and emotional wellbeing. People enjoyed swimming, concerts, bowling, shopping and holidays. Staff knew people well and actively looked for activities and opportunities people would enjoy. People were supported to use community resources and public transport which helped to expand people's social experience and networks. Staff understood the importance of relationships for people's wellbeing and contact with families and friends was promoted.

Staff recognised the importance of structure and predictability for some people and balanced activity with quieter times when people could relax. There was good detail within personal plans that helped staff to interpret/understand when and what people wanted and what they needed.

Staff supported people with medication including the administration of 'as required' (PRN) medication. Some protocols used to support the administration of medication were very detailed and provided clear guidance for staff. Other plans lacked the same level of information. Where people refused prescribed medication this was being documented. However, plans did not include risks associated with not taking medication as prescribed. When people do not take medication as prescribed, risks should be recorded to ensure staff are aware of potential implications and actions to be taken as a result. The service should improve consistency in plans associated with medication administration, to ensure people's health is promoted. As a result, we made an area for improvement (**see area for improvement 1**).

The service had safe and effective arrangements in place to support people with their finances. The service had adapted practices on an individual basis, recognising individual strengths and promoting independence where possible. We found clear audit processes in place. As a result, people could be confident their money was being safeguarded.

Positive Behavioural Support plans had been developed with people. These were in varying formats and most provided good, personalised detail about behaviours, what it means for the person and how that then influences the support they require. Staff recordings demonstrated their knowledge of plans and how these were used to help improve outcomes for people on a daily basis. Some plans did not include the same level of detail people should expect to support consistent practice. Without clear plans in place people are at risk of receiving support which does not meet their needs and outcomes. The provider should take steps to improve consistency in quality of plans across the service. As a result, we made an area for improvement (**see area for improvement 1**).

Areas for improvement

1. In order to maintain the health, safety, and wellbeing of people using the service, the provider should develop, implement and regularly review person-centred support plans to ensure they accurately reflect people's current care and support needs. The provider should prioritise medication administration and emotional support including with stress and distress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 leadership?

3 - Adequate

We evaluated this key question as 'adequate' where there were some strengths but these were compromised by weaknesses.

The manager told us they operate an open-door policy, where people and staff are welcome to have discussions as the need for them arises. Staff were clear about who to reach out with office hours. Staff told us they felt well supported by their manager who was approachable. Relatives and other professionals told us the manager and/or senior staff were easily contactable and responded promptly to any queries.

Relatives fed back that they felt listened to by the manager. Some relatives we spoke with felt strongly that this was a real strength within the service. Comments included 'communication is very good' and 'they listen'. Where there were formal complaints these were handled appropriately. As a result people could be confident the service valued their feedback and acted upon it.

Quality assurance and improvement was well led in several key areas of practice. Audits of people's financial support, medication and health and safety were carried out regularly. Oversight by members of the leadership team provided further quality assurance to ensure people's health, safety and wellbeing. The provider should ensure that areas for improvement identified by audits are addressed timeously and effectively.

Systems to support oversight of support plans and reviews would benefit from improvement. The leadership team have been working to support and develop staff skills when undertaking reviews. Training had been introduced and all staff for who this was relevant had attended. The service continue to develop the quality and frequency of reviews. We felt reassured the service were taking steps to address gaps.

We reviewed staff training records. Spreadsheets used to support oversight identified notable gaps. There were further gaps in assessment of staff competency. We were particularly concerned about the gaps in medication training and competency. At the last inspection we identified that it was unclear how the provider monitored staff training. The service had taken steps to address this however discussions highlighted gaps in oversight and differences in how training compliance was being monitored. The service had taken some steps to address gaps in staff training and provided some written evidence of this. However further improvements are required to assure staff are practicing competently. As a result we made a requirement (**see requirement 1**).

Requirements

1. By 29th August 2025 the provider must ensure people receive support from staff who are suitably trained and competent. This includes but is not limited to the administration of medication. Where staff are not compliant with expected training steps should be taken to address this in a timely manner.

This is in order to comply with regulations 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 211/210).

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).

How good is our staff team?

4 - Good

We evaluated this key question as 'good' where there were a number of important strengths which clearly outweighed areas for improvement.

People benefited from support from small teams of staff who knew them well. People told us they knew who was coming to visit them and when. Relatives we spoke with were confident staff knew them well. We observed staff who had positive relationships with the people they worked with. Staff demonstrated a good knowledge of people, their preferences, routines and how they communicate and understand one and other. People could feel confident staff knew them well.

Rotas were planned in advance and updated electronically. Staff, people and relatives knew when staff were due to visit. Where people requested changes to support times the service made all reasonable adjustments to accommodate these. The service demonstrated an ability to be flexible with support. People could feel confident the service understood their support needs and worked with them to meet these.

Staff told us they felt part of a good team. Staff and people told us they regularly meet up with one and other. Some people were able to tell us about the friendships they had developed as a result. People benefited from staff working together to build relationships and enhance social experiences.

We found evidence of clear records of communication which supported information sharing across the team. Staff told us about some of the benefits of the electronic planning system, including being able to access information prior to starting their shift. This allowed staff to be aware of changes prior to support commencing. Where people received 24hour support handovers between staff were taking place at the start of each shift. People could feel confident staff had access to up to date information prior to working with them.

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

We evaluated this key question as 'good' where there were a number of important strengths which clearly outweighed areas for improvement.

Plans were in a format which was clear and easy to read. This made information accessible for staff. Plans benefited from an overview of key information and relevant contact details. This allowed staff to access information quickly, including in the event of unexpected circumstances. Staff were able to access plans out with support times and described the benefit of being aware of any changes prior to starting their shift. As a result, people could feel confident staff had access to essential information in order to support them safely.

People were supported by a staff team who knew them well. Support plans included detailed information that helped staff to provide the care and support that people needed and wanted. Plans were strength led and there was a focus on supporting people to remain independent as far as they were able to be.

Some people were not able to fully express their views and preferences and needed support to make decisions. Plans referenced legal orders, including guardianship orders. However, during a period of transition to electronic care planning the service had not retained copies of these. We asked the service to source copies of these from people's legal representatives. It is important the service know who has legal powers and what these entail. Without this assurance people are at risk of having information shared and decisions made by people who do not have the legal right to do so. As a result, we made an area for improvement **(see area for improvement 1)**.

We spoke to relatives who told us they had confidence in the staff and management team, who kept them well informed. This helped to ensure that people's rights were being respected and protected. Reviews took place regularly however it was not always clear how the review discussions linked to the care plan. Personal plans must be reviewed at least every 6 months. Review minutes did not reflect that the person and/or their legal representatives had been involved or how their views and experiences had influenced decisions. When we spoke to relatives, they told us they were fully involved and regularly consulted however, minutes of review meetings did not reflect this involvement or their views. This presents a risk that people's views are not fully taken into consideration when shaping people's care and support. As a result, we made an area for improvement **(see area for improvement 2)**.

Areas for improvement

1. In order to promote the welfare, choice and safety of people the provider should ensure records of legal powers are clearly recorded and copies retained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSC 2.12) and 'I am fully informed about what information is shared with others about me' (HSC2.14).

2. In order to ensure that people's views influence their care and support, the manager should ensure that minutes of review meetings reflect how the person and their legal representatives have been consulted and involved in discussions.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state; 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.' (HSCS 2.11) and 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 2.12).

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

In order to maximise people's health, safety and wellbeing, the provider should ensure people have the opportunity to access national health screening programmes. Guidance or protocols to guide staff practice in supporting people's health care conditions should be provided by relevant medical professionals.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.' (HSCS 1.28).

This area for improvement was made on 26 April 2023.

Action taken since then

The service had developed a protocol to guide practice around access to national health screening. This protocol was based on best practice guidance and referred to relevant legislation.

We found examples of people attending medical appointments and general check-ups. However, these were not associated with national health screening. Plans we sampled did not refer to screening programmes and there was insufficient evidence of people being supported to access these. The service should develop personal plans and processes to ensure people have access to national health screening where appropriate.

As a result this area for improvement has not been met. We will re assess progress towards this area for improvement at the next inspection.

Previous area for improvement 2

People should expect their service to continuously improve. In order to achieve this, the provider should ensure people are enabled to provide feedback about their service on a regular basis. People should be informed of the action the provider will take to make the necessary improvements and receive regular updates about progress made.

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

which state that: 'I am supported to give regular feedback on how I experience care and support and the organisation uses learning from this to improve.' (HSCS 4.8).

This area for improvement was made on 26 April 2023.

Action taken since then

People we spoke with told us they felt involved in their care and support. People and relatives told us they felt able to give feedback and were confident this would be well received. Relatives provided examples where feedback had been taken on board and changes implemented as a result. Some relatives felt particularly strongly that the leadership team 'listened' and spoke about the positive impact this had on their mental health.

The provider had developed a variety of forums for people and their relatives to provide feedback and be involved in their care and support. This included questionnaires, review meetings and service wide conferences. We reviewed evidence of supported people being encouraged to give feedback and the organization using this to inform future practice.

The plan was for staff to undertake monthly meetings with people and their next of kin. The frequency and quality of these meetings continues to be developed with managers and staff. These meetings should further support people to ensure their views are heard and used to inform future planning.

The service should develop recording of reviews and other forums for feedback to ensure they reflect the views of people.

As a result, this area for improvement was met.

Previous area for improvement 3

In order that staff have the skills, knowledge and competence to identify and meet people's health, care and support needs, the provider should develop a training needs analysis to inform a service training plan. This should be reviewed on a regular basis to ensure people's changing needs continue to be met.

This is to ensure 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 26 April 2023.

Action taken since then

Since the last inspection the service had developed an online training platform. We reviewed oversight of training which identified gaps in mandatory staff training. We discussed this with the service who provided some assurance that this was being addressed. However the service had not developed an up to date training needs analysis. We were left feeling concerned about gaps in mandatory training and assessment of staff competency.

As a result this area for improvement was not met. This area for improvement will be reassessed at the next inspection.

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?	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?	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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