

## Real Life Options Fraserburgh Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Real Life Options

**Service provider number:**  
SP2003001558

**Service no:**  
CS2006140637

## About the service

Real Life Options Fraserburgh is a care at home and housing support service that provides care and support to adults with learning disabilities and autism. People are supported in their own tenancies, with some people sharing a flat. The service is provided in Fraserburgh, Turriff and nearby surrounding areas in Aberdeenshire. The service office is located in Fraserburgh.

The service has a condition of registration that support should be provided by one staff team. At the time of inspection, it was noted that two teams were in operation, with the Turriff area having its own staff team. We advised the provider to apply to vary the conditions of their registration.

At the time of inspection, the service was providing care and support to 20 people.

## About the inspection

This was an unannounced inspection which took place between 23 and 29 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 nine people using the service and six of their family
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with eight visiting professionals
- reviewed the results of 46 surveys returned to us

## Key messages

- While we saw some kind interactions, people were not always treated with kindness and compassion.
- A negative culture had developed in the service which resulted in restrictions on people's lives.
- People were enabled to look their best and were supported to enjoy a varied social life.
- Staff did not demonstrate the skills, understanding, or care required to support people with complex needs.
- The service did not respond appropriately when people were at risk of harm.
- Many staff reported that they felt supported by the leadership team, however, we were not confident that leaders effectively improved staff practice.
- People using the service, and staff, did not benefit from a warm atmosphere.
- Care plans were not always accessible, making it difficult to find information needed to support people well.
- Senior leaders within Real Life Options had contributed to a service improvement plan. While this was a positive step, this had not yet resulted in care and support that was consistently respectful.

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

People appeared clean and comfortable and were supported to keep their homes clean. People were supported to eat and drink well, including people who required additional support with safe swallowing. One person told us that staff are "good cooks", and people could access snacks and drinks. People were enabled to look their best, enjoy food, and live in comfortable surroundings.

People were not always treated with kindness and compassion. Whilst we saw some kind interactions between staff and people, we were concerned about staff practice when supporting people with complex needs. Some staff argued, and spoke sharply with people, causing people to become more distressed. One person told us, "If they (another person) shout, the staff shout back at them." Recordings made by staff were not always respectful, for example referring to one person experiencing stress and distress as "absolutely awful." People should expect to be treated with kindness and compassion at all times. **(See requirement 1)**

People with complex care needs were not supported well. Positive behaviour support (PBS) plans did not give staff sufficient information to support people experiencing stress and distress and did not always reflect people's psychology guidance. One professional told us "Staff have taken things personally and referred to people's behaviour as 'knowing exactly what they are doing' and 'doing it to get a reaction'". Leaders did not analyse patterns in behaviour, which was a missed opportunity to work with people and professionals, to reduce people's anxiety. Staff did not demonstrate the skills, understanding, or care required to support people with complex needs. **(See requirement 1)**

People and families praised the service for supporting people to enjoy various activities such as bingo, concerts, and arranging holidays. However, some people told us they "didn't get out if they didn't behave." A negative culture had developed in the service where staff placed restrictions on people's lives. Many of these restrictions appeared to be punitive. People told us, and records indicated that, threats were made to remove TV remote controls when people experienced stress and distress. On at least one occasion, the TV was removed from the person's tenancy. Monitoring devices, which were in place to alert staff to people's movements, were not supported by care plans or the necessary permissions. This could result in people's liberty being restricted. **(See requirement 2)**

Staff did not consistently support people with their health needs. People were supported to attend appointments with specialist professionals such as psychology and speech and language therapy (SALT). Some people's records indicated regular access to general health care, such as the GP, nurse, optician, and dentist, however record keeping in this area required improvement. One person had not been supported to replace lost hearing aids meaning their communication needs were not met for two years. Staff did not follow up a medication change appropriately, resulting in a person not having the medication they needed to support anxiety, for over a month. People did not experience responsive support, to ensure their changing health needs were supported well. **(See requirement 3)**

The service did not respond appropriately when people were at risk of harm. A person had alleged to staff, that physical harm had taken place between them and another supported person. Staff regularly recorded unstable relationships between people, with records indicating people had experienced emotional distress. Leaders did not investigate these situations effectively or consider whether these should be reported to the adult protection team. This left people at an unnecessary risk of ongoing harm. We shared adult protection reporting guidance with leaders, which should be implemented to reduce the risk of future harm. **(See key question 2 "How good is our leadership?" requirement 1)**

People received their regular medication to support them to remain well. However, "as required" medications were not supported with care plans, which should direct staff on when to give this medication. Staff did not consistently record when these medications were given, meaning its effectiveness was not monitored. **(See area for improvement 1)**

## Requirements

1. By 27 October 2025, to ensure that people are safe and treated with dignity and respect at all times the provider must ensure that staff have the necessary understanding, competence, knowledge, and training. To do this the provider must, at a minimum:

- a) Ensure staff communication with, and about, people is respectful at all times.
- b) Ensure staff are aware of, and can show through their practice, the Health and Social Care Standards and the Scottish Social Services Council codes of practice.
- c) Demonstrate how staff understand the impact working relationships have on people's support and for leaders to take appropriate actions to address poor working relationships.
- d) Ensure staff have the necessary understanding, competence, knowledge, and training required to support people, including people with complex needs and positive behaviour support plans.
- e) Ensure leaders review records, including incident reports and daily notes, to ensure that staff practice is respectful and demonstrates an understanding of people's needs.
- f) Implement a schedule of staff competency assessments relevant to people's need. This should include observations of staff interactions with people.
- g) Ensure staff have regular opportunities to discuss their practice and development needs. This should include regular supervision and team meetings.

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 states that:

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.' (HSCS 3.1).

And;

'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)

2. By 27 October 2025, the provider must ensure that people are not subject to unnecessary and unmonitored restrictions or restraints. To do this the provider must at a minimum:

- a) Take action to remove unnecessary restrictive practices.
- b) Review all restrictions and use of monitoring devices and ensure the appropriate legal documentation, care plans and risk assessments are in place.
- c) Ensure that all staff are aware of and follow the correct plan of care, to support the use of any monitoring devices.
- d) Ensure that staff can demonstrate an understanding of when it is lawful to implement a restriction on a person's liberty and take corrective action where staff practice, knowledge, and understanding does not meet the required standard.

This is to comply with Regulation 4(1)(b) and (c) and Regulation 5(1) (Personal plans) 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:

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively. (HSCS 1.3)

And;

'My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used' (HSCS 2.7).

3. By 27 October 2025, to ensure people are supported to maintain good health and wellbeing the provider must ensure that people receive the support that they need promptly. To do this the provider must, at a minimum:

- a) Ensure that staff make referrals to appropriate professionals when needed.
- b) Take action when there are delays in people receiving the care and treatment that they need, following a referral.
- c) Ensure recordings relating to people's access to health care are accessible.

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 states that:

'The organisations that support and care for me help tackle health and social inequalities.' (HSCS 4.2).

## Areas for improvement

1. To ensure that people receive all medications at the right time, the provider should ensure "as required" medication is supported with clear care plans and recordings.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19)

### How good is our leadership?

### 2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

While many staff reported that they felt supported by the leadership team, the provider must put in place any support that is required to enable the staff team to work collaboratively with and take direction and guidance from leaders. We were not confident that leaders effectively improved staff practice. Staff competency assessments were not done regularly. This was a missed opportunity to observe staff and address poor practice in a constructive way. Improved collaboration between leaders and staff should improve people's experiences. **(See key question 1 "How well do we support people's wellbeing?" requirement 1)**

Leaders did not consistently investigate unplanned events such as medication errors, accidents, and incidents. While some incidents had been investigated, and learning shared with the wider staff team, this did not happen regularly. Some incidents, including significant injuries, did not have an incident record and leaders could not provide evidence to assure us that this had been managed well. Leaders did not notify the Care Inspectorate when reportable events took place. The provider must ensure that unplanned events are recorded, investigated, and reported appropriately. **(See requirement 1)**

Leaders and staff completed quality assurance audits in areas such as people's medication, finance, and health and safety. However, leaders had not completed these audits in several months. The medication audit was not effective at highlighting errors and staff did not escalate a medication concern promptly. Care plans were not audited, resulting in care plans that did not reflect people's needs. Overall, the quality assurance tools were not used effectively to improve care and support. **(See requirement 1)**

Senior leaders within Real Life Options had contributed to a service improvement plan (SIP). The SIP did not reflect the voices of people, staff, and families. However, feedback from external agencies, such as the local authority and the Care Inspectorate featured in the SIP, with actions to address poor outcomes for people and staff practice issues. While this was a positive step, this had not yet resulted in care and support that was consistently respectful. The provider should continue to work on actions to improve people's care and support, and seek the views of people, families, and staff to inform the SIP. We will review this at future inspections.

## Requirements

1. By 27 October 2025, to ensure that people are protected from harm the provider must improve their management of allegations of harm, unplanned events, and review quality assurance audits and tools. To do this the provider must, at a minimum:

- a) Investigate all allegations of abuse and/or suspected harm.
- b) Take immediate steps to reduce the risk of harm.
- c) Where appropriate, report any allegation of abuse and/or suspected harm to relevant agencies, including the Adult Protection team and the Care Inspectorate.
- d) Ensure that all unplanned events are recorded, investigated, and that any learning from these events is shared with the wider staff team.
- e) Review current audit tools to ensure they meet the needs of the service.
- f) Ensure that relevant notifications for unplanned events are made to the Care Inspectorate, as per our guidance "Guidance on records you must keep and notifications you must make."

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 states that:

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.' (HSCS 3.21)

And;

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

### How good is our staff team?

2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

People using the service, and staff, did not benefit from a warm atmosphere. Some people, and many staff, told us that several staff did not get on well. Some staff told us there was a "bullying" culture within the staff team and did not feel that leaders supported them effectively. Some people were aware of the poor working relationships within the staff team, which may impact on their confidence in the staff team. The provider had begun to take steps to address the staff culture, however these had not been in place long enough to make a sustained improvement to people's experiences. **(See key question 1 "How well do we support people's wellbeing?" requirement 1)**

Staff practice was not discussed regularly. Leaders had carried out supervision with most staff at least once this year. However, there was no clear organisational expectation on how often these should happen. While team meetings did take place, these were poorly attended. This was a missed opportunity to discuss staff performance and good practice guidance, such as the Scottish Social Service Council (SSSC) codes of practice and the Health and Social Care Standards (HSCS). **(See key question 1 "How well do we support people's wellbeing?" requirement 1)**



People had enough staff to meet their identified needs and wishes. While the service had a small staffing deficit, the provider was actively recruiting for new staff, which should result in optimum staffing levels. Staff numbers allowed people to receive the support they needed at home, to attend appointments and do things they enjoyed. Staffing was flexible, and people could change their supported times, if needed. Staff did not rush, meaning people received their care and support at their own pace.

Leaders were reviewing staffing arrangements, with an aim of improving consistency for people. Leaders had identified, and recently implemented, an improvement whereby a senior member of staff would be on duty every day. Leaders were currently identifying core teams of staff, to support people, using staff matching care plans. This should result in consistent care and support, from staff who know people well. We will review this at future inspections.

Staff did not have the skills or training required to support people well. Staff did not demonstrate the skills needed to support people with complex care needs. Staff did not demonstrate practice that was in keeping with the HSCS. Training records indicated that there were several lapses in staff training. This included areas such as epilepsy, moving and handling, first aid and dysphagia. The provider had arranged training dates for these courses but should review how they monitor staff training to ensure staff receive training promptly. **(See key question 1 "How well do we support people's wellbeing?" requirement 1)**

## How well is our care and support planned?

**2 - Weak**

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

People had care plans; and some plans were person centred and informed people's care. The service demonstrated an understanding of using care planning to support people to do what they wanted, such as arranging outings and activities. However, risk assessments were not current and positive behaviour plans did not contain sufficient information to provide consistent care and support. **(See requirement 1)**

The provider was transitioning from paper to digital care plans. Staff could not always find care plans when requested, meaning that care plans may not be guiding staff to support people consistently. **(See requirement 1)**

While it was positive that people had identified goals, there was limited evidence that people were supported to achieve these. People could not tell us how they had been involved or consulted, prior to their care reviews. The provider could not show review reports or minutes. We were not confident that people were involved in reviewing their care. **(See requirement 1)**

Legal documentation for welfare guardianship was available in the care plan, and it was positive to see a record of delegated powers. This meant the service could support people, who lacked capacity, to make some decisions. However, these decisions lacked rationale, for example, decisions to remove people's mobile phones and laptops. There was no evidence that these decisions were reviewed regularly, to ensure they continued to be in the person's best interests. This could result in unnecessary restrictions being placed on people's lives. **(See key question 1 "How well do we support people's wellbeing?" requirement 2)**

## Requirements

1. By 27 October 2025, to ensure that people receive the care and support they want and need, the provider must ensure care plans meet people's needs. To do this the provider must, at a minimum:

- a) Ensure that care plans are accurate, outcome focussed, detailed and updated when people's needs change; and reviewed at least every six months.
- b) Ensure records of reviews, including minutes, are accessible.
- c) Ensure care plans are accessible to all who require them.

This is to comply with Regulation 5(1) (Personal plans) 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:

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

and

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

## 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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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