

Real Life Options Longstone Housing Support Service

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Edinburgh
EH14 2BT

Telephone: 01314 438 790

Type of inspection:
Unannounced

Completed on:
26 August 2025

Service provided by:
Real Life Options

Service provider number:
SP2003001558

Service no:
CS2015335708

About the service

Real Life Options Longstone is a combined housing support and care at home service which has been registered with the Care Inspectorate since 2016. The service is a charity that provides 24 care and support to adults with autism and learning disabilities in the Longstone area of Edinburgh. Real Life options is a national service which is based in Knottingley, West Yorkshire.

About the inspection

This was a full inspection which took place on 19 and 20 August 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 or their representatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were encouraged to go out most days and participate in activities within the local community.
- People were included in meal planning, shopping and meal preparation when able.
- People were supported by staff who knew them well, promoting continuity for people experiencing care.
- Information about how people communicate was included in support plans, enabling staff to communicate with people in a person-centred way.

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 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 several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

Interactions between staff and people supported were person-centred and staff showed compassion and patience. Staff clearly knew people well and had a good understanding of how people were feeling and how to respond to this appropriately. The environment was homely and offered a warm, friendly atmosphere. Staff respected people's personal spaces and belongings. This fostered a relaxed environment where people were supported by staff who respected their home.

An external healthcare professional shared the positive impact the service had on the health and wellbeing of people experiencing care. People were supported to maintain a healthy diet whilst their right to choose was respected. People with dietary requirements had necessary measures put in place to avoid cross contamination of food. People were included in meal planning, shopping and food preparation when able. This promoted well-being while maintaining individual's independence wherever possible.

A strong adult support and protection policy was in place. Systems for monitoring people's finances along with a comprehensive finance policy safeguarded people experiencing care.

A strong medication policy was in place and staff had appropriate training to administer medications. The medication recording system was in the process of being changed to an electronic system. The service had implemented new medication audit systems. This allowed the leadership team to monitor medication administration and recognise any staff development needs. This protected the safety of people experiencing care.

People were encouraged to go out most days and participate in activities within the local community. People were encouraged to choose activities and outings themselves and, if necessary, staff supported people to spend time within their relatives' homes. This promoted independence, maintained meaningful connection and supported people to participate as a citizen in their local community.

One relative shared "We are so pleased that (they are) so content. It makes a big difference." Another shared "The staff are very careful with (their) diet and food preparation. (They are) eating new things that I hadn't given (them) before and that (they) wouldn't normally have tried."

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator 3.3 Staffing arrangements are right and staff work well together

People experiencing care and their relatives had opportunities to participate in the interview process. Strong recruitment procedures were in place and people had appropriate pre-employment checks prior to starting work in the service. This protected the safety of people experiencing care.

Staff were up to date with mandatory training. Most staff had completed positive behaviour support training, those who hadn't were keen to access this training. The leadership team shared that this is being arranged for staff with this outstanding. This meant people were supported by staff who were appropriately trained.

The leadership team were in the process of improving the supervision process. Although staff had access to supervision sessions, opportunities for self-reflection should be included to encourage staff to be aware of their own practice and any areas for development. Person-centred supervision sessions would foster trust and help the leadership team to identify any development needs. This would promote a supportive culture of continuous development (**see area for improvement 1**).

A recent restructure of the leadership team allowed the service to have a senior member of staff on all day shifts. This meant staff had access to support if necessary. Staffing levels were appropriate to meet the needs of people in the service. Staffing was consistent and although staff supported multiple people within the service, people experiencing care had key workers who knew them well. If necessary, staffing allocations were changed according to working relationships between staff and people experiencing care. This meant people had timely access to care and were supported by staff who knew them well.

Staff shared that they felt well supported by the leadership team and had access to support if needed. One member of staff shared "I can go and talk to (them) about anything and (they are) there to support us.

A relative shared "Staff are very accepting of my relative and (their) ways. The staff need a gold star. They all seem to love (them) very much."

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure staff formally reflect on their training and learning through a written reflective account, including the impact it has had to their practice. The reflective accounts should be discussed during supervision.

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)

And

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes

From documentation sampled, support plans had good information about people's backgrounds, likes and dislikes. This gave staff a good overview of each person and enabled staff to provide care and support that was individualised.

An easy to read summary was available on the first page, detailing essential information about mobility, communication, medical history and medications as well as emergency contact information. This allowed any new or agency staff to quickly find basic information if required.

Where people used alternative communication or alternative words for objects or requests, this was included within support plans. This helped staff to understand people, communicate in a person-centred manner and meet the needs of people experiencing care.

Positive behaviour support plans could be improved, with an emphasis on proactive and preventative strategies. This would help staff to understand people's needs and strengths. An individualised approach would reduce the risk of distress, minimising the use of reactive strategies. This would promote long-term change, enhancing the wellbeing of people experiencing care.

Plans reflected the importance of maintaining independence where possible and included information about what people were able to do for themselves and what they needed support with. Plans also reflected the level of decisions people were able to make independently and who would act on their behalf when necessary. This promoted choice, independence and supported people to maintain control when able.

Plans were kept up to date and relatives shared that they were included in care plan development and reviews. One relative said "I'm involved in a lot of things. I think that's really nice."

Daily notes were person centred, had sufficient detail and provided a good overview of how a person's day had been. This enabled staff to provide responsive care across shifts and monitor for any changes.

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 people's health and wellbeing, the provider should ensure staff formally reflect on their training and learning through a written reflective account, including the impact it has had to their practice. The reflective accounts should be discussed during supervision.

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And

"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 27 January 2023.

Action taken since then

Although most staff had regular supervision, the quality of these sessions could be improved. Including self-reflection would make supervision sessions more person-centred and improve self-awareness for staff. This would promote a culture of continuous development, enhancing the quality of care delivered.

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 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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