

Real Life Options Fraserburgh Housing Support Service

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Unannounced

Completed on:
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Service provided by:
Real Life Options

Service provider number:
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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.

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

About the inspection

This was a follow up inspection which took place between 03 and 04 November 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

The inspection focused on the requirements and areas for improvement made at, or since, the previous inspection between 23 and 29 July 2025 and evaluated how the service had addressed these to improve outcomes for people.

During this follow up inspection, we increased the evaluation for quality indicators 1.1, 1.3, 2.2, 3.3, and 5.1 to 'Adequate' because the service had made meaningful progress to improve outcomes for people.

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 three of their family
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.
- reviewed the results of 25 staff surveys returned to us.

Key messages

- People were treated with respect and had improved relationships with staff.
- Some staff still lacked awareness of professional boundaries and the impact poor staff working relationships can have on people.
- Unnecessary restrictions had been removed, however, further training was required to ensure all staff had a clear knowledge of restraint and restriction.
- People were supported to access healthcare appropriately.
- People received their medication at the right times.
- Leaders were more responsive when people were at risk of harm, however further improvements are needed to ensure all unplanned events are investigated.
- Care plans were improved for some people, however were not always updated when people's needs changed.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

We regraded this key question from weak to adequate. The service had made meaningful improvements, and whilst improvements are still required, outcomes for people had improved.

We observed kind interactions and people appeared at ease with their staff. Written records were more person-centred, and leaders had begun reviewing daily notes to ensure respectful language. Staff were more respectful, resulting in improved relationships between staff and people.

Staff had received additional training, but supervision and team meetings were still irregular, and staff competency was not consistently observed. Some staff still lacked awareness of professional boundaries and the impact of poor working relationships. This could result in a lack of trust in staff and lead to distress for people. However, the provider responded quickly to our concerns. **(See requirement 1 under section 'What the service has done to meet requirements made at or since the last inspection'.)**

Leaders had taken meaningful steps to reduce unnecessary restrictions. Many staff had an improved understanding of restrictive practices. However, inconsistent staff training, and a limited awareness of what constitutes a restriction, meant further work was needed to ensure people's rights are upheld. **(See requirement 2 under section 'What the service has done to meet requirements made at or since the last inspection'.)**

People were supported to access healthcare appropriately. Staff demonstrated an understanding of when to make referrals and families confirmed they were kept informed of any changes in people's health. Improved record-keeping helped ensure timely support to healthcare appointments. **(See requirement 3 under section 'What the service has done to meet requirements made at or since the last inspection'.)**

People received their medication at the right times, including both regular and 'as required' medication. Care plans for 'as required' medications had improved and staff demonstrated a clear understanding of when to give these medications. The provider should continue to monitor medication practice, ensuring that staff consistently record the outcome of people taking 'as required' medication. **(See area for improvement 1 under section 'What the service has done to meet areas for improvement made at or since the last inspection'.)**

How good is our leadership?

3 - Adequate

We regraded this key question from weak to adequate. The service had made meaningful improvements, and whilst improvements are still required, outcomes for people had improved.

Senior leaders had an increased presence at the service. The provider continued to work on its service improvement plan, to improve people's experiences and support local leaders and staff to improve their knowledge and skills. This had begun to improve the quality of people's care and support.

Leaders demonstrated improved responsiveness to risks of harm, with increased referrals to the Adult Protection team and better communication with professionals. This should result in better partnership working, to reduce the risk of harm.

Leaders had improved oversight of the service, by ensuring quality checks were done more regularly. Audits of medication and finance took place more regularly, meaning people were less likely to experience harm.

People did not always benefit from a culture of improvement. While records of unplanned events were detailed, investigations were not always done. This was a missed opportunity for learning and improvement. To ensure accountability and continuous improvement, thorough and well-documented investigations are still required. **(See requirement 1).**

See requirement 4 under section 'What the service has done to meet requirements made at or since the last inspection'.

Requirements

1. By 12 January 2026, the provider must ensure that people are safe and benefit from a culture of continuous improvement. To do this, the provider must, at a minimum:

- a) ensure that leaders conduct thorough investigations following all unplanned events, including incidents of stress and distress
- b) take appropriate actions to improve outcomes for people, following any investigation
- c) ensure that leaders can evidence clear records of their investigations, and demonstrate that any follow up actions have been completed.

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 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?

3 - Adequate

We regraded this key question from weak to adequate. The service had made meaningful improvements, and whilst improvements are still required, outcomes for people had improved.

Staff interactions with people had improved. We observed kind interactions, with staff who clearly knew people well. People told us that relationships with staff had improved. One person said, "Things have gotten better". Risks to people, due to poor staff interactions, had reduced. Most staff told us that working relationships in the service had improved. However, improvement was still required to ensure the whole team understood the impact of poor working relationships. The provider has given assurances that this will be improved through increased leadership presence, and we have agreed to review this at future inspections.

The service had worked hard to maintain good staffing levels for people during a period of staffing shortages. The provider was actively recruiting new staff, and as an interim measure had arranged for external agency staff to provide support. One person, and their welfare guardian, raised concerns that the agency staff did not meet their needs.

The provider agreed to review how they deploy agency staff, to ensure that no one person is disproportionately affected by short staffing.

Staff demonstrated an improved understanding of the standards that they must uphold to ensure improved care and support. Additional training had been delivered to most staff and there were clear plans to capture remaining staff. This should result in a staff team with the right skills, knowledge and competence. The provider must ensure that staff training is embedded into practice, through ongoing observation and competency assessment.

(See requirements 1, 2 & 3 under section 'What the service has done to meet requirements made at or since the last inspection'.)

How well is our care and support planned?

3 - Adequate

We regraded this key question from weak to adequate. The service had made meaningful improvements, and whilst improvements are still required, outcomes for people had improved.

Leaders had worked hard to review people's care plans. Care plans were person-centred and respectfully written. However, plans were not always updated when people's needs changed. Most risk assessments were comprehensive and detailed, meaning staff should have the knowledge to keep people safe. Whilst more work was needed, the provider had made positive steps to ensuring care plans for some people with complex needs had more detail. The provider should continue to develop care plans, which should result in consistent and planned care and support.

Care plans were more accessible. However, review records lacked clarity and accountability, which could result in people not meeting their goals.

(See requirement 5 under section 'What the service has done to meet requirements made at or since the last inspection'.)

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

Requirements

Requirement 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)

This requirement was made on 26 August 2025.

Action taken on previous requirement

Staff were generally respectful and patient, and people appeared more comfortable and confident in their relationships with staff. One person said, "Things have gotten better, the staff speak to me really calm". Staff records about people were more enabling and person-centred. Leaders reviewed daily records to ensure that language remained consistently respectful. People were treated with dignity and respect.

Staff had attended a range of training to improve their understanding of Health and Social Care Standards (HSCS) and the Scottish Social Services Council (SSSC) codes of practice. All staff had received positive behaviour support training, which should ensure staff have the necessary skills to support people with complex needs.

Whilst leaders had observed staff competency in some areas such as medication and safe swallowing, leaders had not consistently observed staff interactions with people. Staff supervision and team meetings had not taken place regularly. This was a missed opportunity to support improved outcomes for people and to address any poor interactions. The provider must ensure that staff are competent and that supervisions and team meetings take place regularly. We will review this at future inspections.

While staff practice had improved, some staff did not demonstrate an awareness of professional boundaries, or how poor staff relationships can impact on people's wellbeing.

The provider responded to our concerns promptly, increasing leadership presence in areas that required more observation. This should result in a staff team that is empowered to work together to improve people's care. We will review the impact of this at future inspections.

This requirement had not been met, and we agreed an extension until 12 January 2026.

Not met

Requirement 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)

This requirement was made on 26 August 2025.

Action taken on previous requirement

Leaders had taken immediate steps to remove unnecessary restrictions. For example, one person told us they now had access to their television and remote control, which was previously restricted, and caused distress. Staff demonstrated an improved understanding of how such actions can negatively affect people. People had restraint reduction care plans that clearly outlined any current restrictions. The provider was working with welfare guardians and the local authority to review the use of restrictions and monitoring devices. Although this review was ongoing, the provider has committed to updating care plans once it is complete. This should ensure that people are not subjected to unjustified or unmonitored restraints or restrictions. We will review this at future inspections.

Staff understanding of restraint and restrictive practice had improved. Many staff described changes to people's care, such as reducing control over money and medication. However, over half of the staff team had not yet completed training on restrictive practice, and some staff continued to demonstrate a limited understanding of what could be classed as a restriction. The provider assured us that training was scheduled for the remaining staff. This should ensure that all staff have the required training and competence to understand, and promote, people's rights. We will review this at future inspections.

This requirement had not been met and we agreed an extension until 12 January 2026.

Not met

Requirement 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).

This requirement was made on 26 August 2025.

Action taken on previous requirement

People, and their families, told us they were supported to access health care. One guardian told us "I am kept fully informed about their health needs". Staff demonstrated a good understanding of when to refer, and when to escalate health concerns, should there be a delay following referral. Records about people's health appointments had improved, which should support staff to ensure people get the right health care at the right time.

Met - within timescales

Requirement 4

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)

This requirement was made on 26 August 2025.

Action taken on previous requirement

Leaders were more responsive when people were at risk of harm. Professionals told us that the service had improved communication with them. One family said, "The service always tells me anything that has happened, they are managing these situations fine". Leaders made appropriate referrals to the Adult Protection team, and notifications to the Care Inspectorate. People should benefit from this improved communication, ensuring all relevant people can work together to reduce the likelihood of harm.

Audits designed to keep people safe, such as medication and finance, were completed more regularly. This should ensure that medication errors, or financial discrepancies are dealt with promptly.

Leaders kept detailed records of unplanned events, such as incidents of stress and distress or medication errors. However, investigations following unplanned events were not always done. While medication error investigations were well-documented and discussed, other unplanned events lacked formal review or follow up. This meant opportunities to learn and improve were missed. People need assurance that when things go wrong, the service reflects, investigates thoroughly, and takes action to prevent recurrence. **(See requirement 1 in 'How good is our leadership?').**

Most elements of this requirement had been met, and it will be removed. A new requirement to address outstanding improvements has been made under key question 2 'How good is our leadership?'.

Met - within timescales

Requirement 5

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)

This requirement was made on 26 August 2025.

Action taken on previous requirement

Leaders had worked hard to review all people's care plans. Guardians told us that they were able to have input into care plans, meaning they were co-created by those who knew people best. Leaders had begun to add more detail to positive behaviour support plans (PBS), which should result in a consistent response when people experience stress and distress. However, the provider acknowledged that more work was needed to ensure all people's PBS plans were reviewed. We will review this at future inspections.

Whilst care plans had been reviewed, some care plans were not updated when people's needs changed. For example, one person's care plan had not been updated to reflect new strategies to reduce stress and distress. People's needs and wishes should be clearly documented when their needs change, to ensure consistent care and support.

Review records were not consistently accessible. While some reviews had been completed, many of the minutes could not be reviewed. Where review records were available, it was unclear who was responsible for completing actions, making it difficult to track progress or ensure accountability. This could result in people not achieving what they want to in their lives.

Care plans were more accessible. People could view care plans in their homes with ease. The provider had invested in new mobile devices, ensuring staff could access care plans. While this was positive, at present only leaders have access to update care plans. This could result in care plans falling out of date, or vital information being missed. The provider agreed to review who can access care plans, to ensure they can be updated promptly, by appropriate people.

This requirement had not been met and we agreed an extension until 12 January 2026.

Not met

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 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)

This area for improvement has been met.

This area for improvement was made on 26 August 2025.

Action taken since then

People received their medication at the right times, including both regular and 'as required' medication. Care plans for 'as required' medications were detailed and staff demonstrated a clear understanding of when to give these medications. Whilst records detailed when people had taken 'as required' medication, one person's records did not detail the outcome of taking that medication. This meant that staff could not monitor that medication's effectiveness. The provider assured us this will be a focus for future medication audits. We will review this at future inspections.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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