

## Real Life Options Angus Outreach Housing Support Service

First Floor, Angus Carers Centre  
8 Grant Road  
Arbroath  
DD11 1JN

Telephone: 07770378742

**Type of inspection:**  
Unannounced

**Completed on:**  
12 January 2026

**Service provided by:**  
Real Life Options

**Service provider number:**  
SP2003001558

**Service no:**  
CS2015342019

## About the service

Real Life Options Angus Outreach provides housing support and care at home for people with learning disabilities, physical disabilities, and mental health conditions.

At the time of the inspection, 25 people were using the service.

## About the inspection

This was an unannounced follow up inspection which took place on 7, 8 and 9 January 2026. The inspection was carried out by two inspectors 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 three people using the service and two of the families;
- spoke with three staff and management;
- observed practice and daily life;
- reviewed documents.

## Key messages

- People were protected by safe medication management policies and practices.
- Quality assurance processes were contributing to improvements within the service.
- People's personal plans were detailed and person centred.

## 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 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?

4 - Good

The service had an outstanding requirement which we had made at our last inspection. This was to ensure that people are protected by safe medication management policies and practices. We have reported our findings under: 'What the service has done to meet any requirements made at or since the last inspection'.

Sufficient improvement had been made to meet this requirement. We changed the evaluation of this Key Question to good.

## How good is our leadership?

4 - Good

The service had an outstanding requirement which we had made at our last inspection. This was to ensure that quality assurance and improvement processes are carried out competently and effectively. We have reported our findings under: 'What the service has done to meet any requirements made at or since the last inspection'.

Sufficient improvement had been made to meet this requirement. We changed the evaluation of this Key Question to good.

## How well is our care and support planned?

3 - Adequate

The service had an outstanding requirement which we had made at our last inspection. This was to ensure people's personal plans were up to date and reflected their needs, outcomes and associated risks. We have reported our findings under: 'What the service has done to meet any requirements made at or since the last inspection'.

Sufficient improvement had been made to meet this requirement. We changed the evaluation of this Key Question to adequate.

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

### Requirements

#### Requirement 1

By 1 December 2025, the provider must ensure people are protected by safe medication management policies and practices. To do this, the provider, must at a minimum; ensure that people who experience care

have their level of capability assessed for administration of medications.

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 state that:

'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24).

**This requirement was made on 10 September 2025.**

#### Action taken on previous requirement

The service had worked in consultation with the Health and Social Care Partnership to undertake medication assessments for all people who required assistance with their medication. This ensured that appropriate support was provided and minimised the risk of incorrect care. Staff members who assisted with medication underwent competency assessments and had their skills observed.

This requirement has been met.

#### Met - within timescales

### Requirement 2

By 1 December 2025, the provider must ensure that there are robust and consistent quality assurance systems in place to monitor all aspects of the service provided.

To do this the provider must, at a minimum:

- a) Ensure effective quality assurance systems are in place; this should include but not limited to implement an ongoing quality assurance system for reviewing and evaluating personal support plans and daily records to ensure recording standards are maintained.
- b) Clear action plans with timescales are devised where deficits and/or areas for improvement have been identified.
- c) Actions plans are regularly reviewed and signed off as complete once achieved by an appropriate person.
- d) Ensure meaningful analysis of adverse events, accidents, and incidents where actions to be taken to prevent reoccurrence are identified and implemented.
- e) Observations of staff practice take place regularly, the outcomes recorded.

This is in order to comply with regulations 3 and 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 state that:

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

**This requirement was made on 10 September 2025.**

## Action taken on previous requirement

Quality assurance systems were in place and had directed improvements. The manager completed a monthly review of the service. This included checking all accidents, incidents, complaints, and compliments. We found some action plans had been developed which contained actions, and timescales, where areas for improvement had been identified. This helped the service spot patterns, keep people safe, and improve quality.

The service had an improvement plan in place which gave us confidence that they were committed to drive improvement forward.

Staff completed accident and incident forms when things went wrong. Some forms were analysed and recorded actions to reduce risk and keep people safe. Other forms did not include this information, which meant there were missed chances to learn from them. People did not experience poor outcomes because of this. In the future, leaders should ensure incident and accident records are fully completed.

Formal observation of staff practice had been introduced. The leadership team took regular checks to assess staff performance. Outcomes from these were discussed which helped to highlight good practice as well as areas for improvement.

This requirement has been met.

## Met - within timescales

### Requirement 3

By 1 December 2025, the provider must ensure that people's personal care plans are up to date and reflect their individual needs, intended outcomes and associated risks.

To achieve this the provider must, at a minimum, ensure that:

- a) Each person has an accurate and sufficiently detailed personal plan which reflects a person centred and outcome focussed approach, directing staff on how to meet people's care and support needs.
- b) Personal plans are reviewed at least every six months, or when there is a change in circumstances.
- c) Relevant risk assessments are completed and used to inform the personal plan.
- d) Daily notes are in place for all people which are sufficiently detailed, evaluative and reflective of the person's views, feedback and presentation.

This is to comply with Regulation 5(1) and (2) (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 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 requirement was made on 10 September 2025.**

### Action taken on previous requirement

We found personal plans were well written, and personalised. Plans included good detail around people's life stories, choices, preferences and indicated their desired support outcomes. This meant staff had essential information required to provide person centred support.

Most people's care had been reviewed within the regulatory timescales, with people and their families participating in these meetings. A family member told us that they "felt listened to" during the review. This meant people received care and support tailored to their needs and wishes.

Where a risk had been identified, a risk assessment had been completed and detailed in the person's personal plan. This helped to ensure risks for people were properly managed.

Daily notes have been introduced for all people. Staff had completed an awareness session on effective and professional note writing. We found notes were informative and contained details about the support people receive, how they presented and outcomes met. A family member shared that they found the daily notes "very helpful", as these provided clear information about their relative's activities and wellbeing.

This requirement has been met.

### Met - within timescales

## 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 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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