

Real Life Options Fraserburgh Housing Support Service

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Type of inspection:
Unannounced

Completed on:
29 January 2026

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.

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

About the inspection

This was an unannounced follow up inspection which took place between 27 and 28 January 2026. 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 03 and 04 November 2025 and evaluated how the service had addressed these 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 four people using the service and three of their family
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- Staff continued to treat people with more dignity and respect.
- People no longer experienced unnecessary restrictions on their lives.
- People did not always receive prompt care when their health needs changed.
- Some people needed more support to maintain safety in their homes.
- Leaders conducted investigations following unplanned events, however further improvement was needed when investigating complaints.
- Most care plans were detailed; however, some plans lacked the information needed to provide consistent care and support.

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
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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 evaluated this key question as adequate, while improvements were evident, these continued to be only just outweighed by weaknesses.

Staff interacted with people respectfully and people appeared comfortable with staff. Additional training and supervision helped improve staff understanding of Health and Social Care Standards (HSCS) and the Scottish Social Services Council (SSSC) codes of practice. The provider should continue to embed these changes to ensure the staff team continue to work well together, for the benefit of the people they support. **(See "What the service has done to meet any requirements we made at or since the last inspection")**

People experienced fewer restrictions and had clearer care plans to reduce restraints or restrictions. Although staff had training, some staff still needed support to recognise restrictive practice. **(See "What the service has done to meet any requirements we made at or since the last inspection")**

People did not always receive prompt care when their needs changed. Some people experienced prompt support to access health, such as referrals to the GP and dietician. However, one person was not supported to access health care when their skin deteriorated. This could have resulted in unnecessary discomfort. **(See requirement 1)**

People did not always receive the support they needed to maintain a safe environment. People who required support to clean their homes, did not always have a clean environment. We observed one occasion, where items that posed a risk were not removed from a person's room, despite clear risk assessments and permissions being in place to do so. Improvement was needed to ensure staff followed agreed plans to keep people safe. **(See requirement 1)**

Requirements

1. By 20 April 2026, the provider must ensure people's health, safety and wellbeing needs are met. This should include, but is not limited to, ensuring timeous access to healthcare and support to maintain a safe living environment. To do this the provider must, at a minimum:

- a) Ensure staff understand their role in assessing, and responding to, changes in people's health.
- b) Ensure people receive prompt care and support when people's health needs change.
- c) Ensure care plans are updated when their health needs change.
- d) Ensure leaders have sufficient oversight of people's health and wellbeing needs and take prompt action when this does not meet expected standards.
- e) Ensure people who require support to maintain a safe living environment, receive the care they need, as detailed in their care plan.

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

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

Requirements

Requirement 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)

This requirement was made on 2 December 2025.

Action taken on previous requirement

Leaders undertook investigations, following unplanned events, more frequently. Many of these investigations were clear, person centred, and focussed on learning from the event. For example, leaders referred one person to external professionals following an episode of stress and distress. Leaders had begun discussing unplanned events, and any lessons learned, at staff meetings. This should result in a culture of continuous improvement.

While most investigations were detailed, some complaint investigations were not thorough. One investigation did not focus on improving a person's experiences. The provider should ensure that all investigations evidence what action was taken to improve people's safety and wellbeing.

This requirement had not been met, and we agreed an extension until 20 April 2026.

Not met

Requirement 2

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 continued to be respectful, and people appeared comfortable around staff. One person said, "I get on well with all the staff that I get regularly." Staff records about people were written respectfully. Leaders continued to review 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. One person's core team of staff, had received additional bespoke training, which should ensure those staff have the necessary skills to support a person with more complex needs.

Staff had more opportunities to discuss their practice, with more regular supervision and team meetings. We observed a team meeting, which included discussions of SSSC codes of practice and also reflected on unplanned events that had happened recently. Leaders had completed more observations of staff practice, focussing on staff's interaction with people. Leaders should continue to embed staff observations and reflective practice, which should result in an ongoing culture of improvement.

Staff demonstrated an improved understanding of working relationships, and how they can affect people. One staff member told us, "We are all working better together, we are all making the people's needs our priority". Staff were working better together.

Met - outwith timescales

Requirement 3

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

People who previously experienced unnecessary restrictions, continued to report that this had improved. Care plans for restrictions were clearer, and people participated in decisions about safety measures, including the use of monitoring devices. The service responded promptly, with additional staffing, when a monitoring device was found to be ineffective. The provider had made progress in reducing unnecessary restrictive practices, whilst maintaining people's safety.

Although all staff had received training, some staff still required support to recognise restrictive practice. However, the provider demonstrated a commitment to continuing to improve staff understanding in this area. This should result in a more consistent and supportive culture around restrictive practice. We will review this at future inspections.

Met - outwith timescales

Requirement 4

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

Staff had attended additional training to ensure they were confident in accessing digital care plans. People could still access printed copies in their homes, meaning care plans were more accessible.

People benefitted from more regular reviews, including regular monthly meetings with their keyworker. Records of both monthly and six-monthly reviews were available. While this was positive, these could be more person focussed. The provider agreed to review how monthly reviews can be more meaningful to people. We will review this at future inspections.

While care plans were mostly detailed, some plans did not contain sufficient detail. For example, one person's communication guidance wasn't clear, and another person's positive behaviour plan did not highlight risks to their safety. This may result in inconsistent care and support. **(See key question 1 "How well do we support people's wellbeing? Requirement 1)**

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 1, 'How well do we support people's wellbeing?'.

Met - outwith timescales

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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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