

# Real Life Options Falkirk Outreach Housing Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
6 February 2026

**Service provided by:**  
Real Life Options

**Service provider number:**  
SP2003001558

**Service no:**  
CS2017359686

## About the service

Real Life Options Falkirk Outreach service provides individualised support to people who have learning disabilities, physical disabilities, mental health conditions or dementia. The support is provided in people's local communities.

The Real Life Options organisational vision is: "To be recognised as leaders in enabling people to achieve their potential, and our purpose is to provide excellent social care and support."

This service registered with the Care Inspectorate on 14 December 2017.

## About the inspection

This was a short notice announced inspection which took place on 02 and 03 February 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 people using the service, and received feedback from some of their family representatives
- spoke with staff and management
- observed practice
- reviewed documents

## Key messages

People were treated with warmth, dignity and respect, and benefited from seeing familiar staff who knew them well.

The service needed to improve on individual care planning, to ensure people's outcomes were being met.

The provider needed to establish robust quality assurance processes, to better improve outcomes for people and to keep them safe.

The service needed to improve on arrangements for staff training including record keeping.

## 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?	3 - Adequate
How good is our staff team?	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 visited the service to understand how well it supports people's health, wellbeing and daily experiences. Overall, we found that people were treated with warmth, dignity and respect, and we evaluated this area of the service as good.

People told us they felt well-supported by staff, describing them as kind, caring and reliable, and said they felt listened to and valued. Staff were observed adapting activities, so that they were meaningful and enjoyable, helping people stay connected and engaged.

During our inspection we met some people while they received their support. We saw that staff responded sensitively and appropriately, followed individual support protocols, and involved other professionals when it was right to do so.

Although these positive interactions had a clear and beneficial impact on people's wellbeing, we found that the service's care planning and review processes were not always consistent. The service was not able to evidence care plans for individuals, and although most people had a daily diary about the support received, it was not clear how regularly information was checked for accuracy or updated. Without clear and accessible guidance, people could not be confident that their support was consistent or well-co-ordinated.

Staff submitted monthly keyworker reports, but the actions agreed with individuals were not always recorded or tracked reliably. This meant that it was difficult to see how people's views and goals were followed through, or how progress was reviewed over time.

Because this could impact on people, we made an area for improvement to support continuous improvement around people's outcomes. (See area for improvement 1).

### Areas for improvement

1. The service should improve the quality, consistency and accessibility of care planning, and review processes to ensure that people experience well-co-ordinated, personalised support. Care plans should be up-to-date, clearly recorded and readily available to staff, so they can understand individual's needs, wishes and preferred outcomes. Action plans from reviews and keyworker meetings should be clearly documented, monitored and reviewed, to ensure progress is tracked effectively and contributes to improved outcomes for people.

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

"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).

"I experience high-quality care and support, because people have the necessary information and resources." (HSCS 4.27).

## How good is our leadership?

## 3 - Adequate

During our inspection, we looked at how well the service is led, and how effectively management supports staff to deliver safe, consistent care. We evaluated this key question as adequate, where strengths only just outweighed the weaknesses.

Staff told us they generally felt supported in their roles, and that they could contact the management team by telephone if needed. However, several staff said they had little or no direct contact with the manager. This meant that many relied on each other for day-to-day problem solving, and some described the service as "ticking along" without regular leadership presence.

We found that keyworker reports were being completed to monitor aspects of people's support, but there was no clear system in place to analyse them, or check whether planned outcomes were being achieved. Without this oversight, it was difficult to see how the service evaluates progress, or uses information to drive improvement.

There was a lack of clarity around staff roles and responsibilities. Senior staff with specific duties around supporting others did not always have protected time, training or equipment to undertake their duties, and this meant that staff were not always receiving the right support in their roles. Team meetings were not taking place regularly. We reviewed supervision records for the staff team, and found that there had been no regular supervisions for a significant length of time. Although we heard that the management team speak with staff informally, no records were provided to demonstrate this. Structured, recorded supervision is important for staff development, accountability and ensuring high-quality care.

The service improvement plan did not clearly identify actions for the staff team, or link to findings from any audits or staff monitoring. This meant the plan did not show how improvements would be achieved, or how these would make a difference for people using the service. Because this could impact on outcomes for people, we made a requirement about this. (See requirement 1).

Oversight and learning from accidents and incidents was not robust, and the service had not always informed or involved partner agencies when necessary. Although guidance was provided during the inspection, agreed follow-up actions were not completed. This meant that people could not have confidence in the service's governance and safeguarding arrangements, and we made an area for improvement about this. (See area for improvement 1).

## Requirements

1. By 11 May 2026, the provider must ensure people are safe, and receive care and support that is well-led and managed, and which results in better outcomes for people. This should be achieved through establishing a culture of continuous improvement, with robust and transparent quality assurance processes.

This must include, but is not limited to ensuring that:

- a) the systems of quality assurance and audits are consistently completed
- b) effective action planning takes place within reasonable timescales, which addresses identified areas for improvement

c) information from quality assurance processes is communicated to the appropriate people, when necessary.

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).

## Areas for improvement

1. The service should make sure that people are kept safe, and benefit from organisations working together, by:

a) reporting notifiable events to the relevant organisations, following guidance and timescales

b) follow-up of any reported concerns with the appropriate authority, to ensure the care and support provided is current.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I benefit from different organisations working together, and sharing information about me promptly where appropriate." (HSCS 4.18).

## 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.

The service had safe recruitment processes in place. All required checks, including professional registration, references and disclosure checks were carried out before staff began work. This helped ensure that people were supported by staff who were suitable for their roles.

We found a small and stable staff team that supported consistency for people using the service. People benefited from familiar staff who knew them well. Sometimes staff changes meant that people did not attend their preferred activities, and this impacted on people's routines and wellbeing. Staff described a supportive team environment where colleagues help one another and shift leads provide some guidance. Some staff told us they found it challenging to complete the volume of online training required, although they felt they could ask for help when needed.

We identified issues with the accuracy of the service's training records. This included gaps in recording key areas of training, such as medication competency and infection prevention and control. Accurate training records are important to ensure staff have the knowledge required to support people safely. Because this could impact good outcomes for people, we made an area for improvement about this. (See area for improvement 1).

## Areas for improvement

1. The service should ensure that staffing arrangements and training systems are robust, well-organised and consistently support positive outcomes for people. This includes maintaining accurate and updated training records, ensuring staff have the right skills and competencies and planning staffing in a way that promotes continuity, safety and wellbeing. This will help ensure people receive high-quality support from staff who are confident and knowledgeable in their roles.

This is to ensure care and support is consistent with the Health and Social Care Standards:

“My needs are met by the right number of people.” (HSCS 3.15).

“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).

## 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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