

Real Life Options East Dunbartonshire Service Housing Support Service

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Unannounced

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Service provided by:
Real Life Options

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About the service

Real Life Options East Dunbartonshire Service provides a housing support and care at home service for adults with learning disabilities and/or autism. The service is provided to people in their own homes and in shared tenancies. Part of the service is known as the supported living service and part of the service is known as outreach, providing care at home and community based support. The service supports individuals with learning disabilities and complex needs to be as independent as possible, working together to achieve their personal goals and aspirations, through promoting person centred support and enablement values.

At the time of inspection there were 23 people accessing the service.

About the inspection

This was an unannounced inspection which took place on 3 and 4 March 2026 between the hours of 10.30am and 16.40pm. The inspection was carried out by 1 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:

- met with 3 people using the service and 4 of their family members
- spoke with 5 staff and management
- observed practice and daily life
- reviewed documents
- consulted with 2 visiting professionals
- reviewed survey results from 7 family members, 1 external professional and 21 staff

Key messages

The service were providing a very good level of support to people. Support was enabling people to stay safe, healthy and active in their local communities.

Some records could have been more clearly documented and dated, however, this had not impacted on outcomes for people.

Staffing levels were appropriate and supports were provided by consistent and experienced staff teams.

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?	5 - Very Good
How good is our staff team?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We met with some people at home who were happy, safe and well supported. One person told us they were very happy, and we met some others who were receiving person-centred support from staff who knew them well. We witnessed warm and positive interactions and saw that supports were very clearly based around people's needs and wishes. We heard about effective support that enabled people to attend activities, voluntary jobs and college. This included being active members of their local communities and maintaining relationships with family and friends.

We received very positive feedback from relatives by telephone and by returned survey results, hearing that people were thriving and well-supported. External professionals were enthusiastic about the service, managers and the supports that were provided, citing that the service had a positive value base. The management team had an effective overview of the service and of the people who were being supported.

People's care plans reflected a very good level of detail, covering health, communication and interests. Fire evacuation plans were easily accessible and reflective of actions required should an emergency occur. Six-monthly reviews were taking place routinely, were supporting people to set their own goals and reflected back on achievements that they had made. We found that some records relating to restrictive practice could be improved, but the provider had already identified this and had begun to explore remedial action. We were assured that this work was already underway and did not find any overuse of restrictive practice within the service.

People were very well supported with their prescribed medication and effective checks and audits had been taking place.

(See "Outstanding areas for improvement" later in this report).

The service actioned any health or wellbeing concerns quickly and appropriately. The service made relevant referrals to external professionals and made the required notifications to us.

Within people's care plans we found that some risk assessments were no longer valid and sampled some hospital passports and high risk alerts that were not dated and did not always reflect changes in support needs. There was an outstanding area for improvement relating to reviewing documents which we have now replaced with a new area for improvement specifying these particular areas.

(See "Outstanding areas for improvement" later in this report and new area for improvement 1).

However, it was very positive to note that these documentation gaps had not led to any poor outcomes as staff were aware of how to safely support people.

Overall, people's health and wellbeing was being very well supported by the service.

Areas for improvement

1.

To effectively ensure that information relating to people's health and wellbeing is up-to-date, the provider should ensure documents relating to risk assessments, hospital passports and high-risk health alerts are dated and routinely checked for accuracy.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We met management and staff who were experienced and knowledgeable, with many staff being in post for a number of years. Survey results returned by staff were positive about the support that was being provided to people. Training statistics were high and staff supervision sessions were in place to enable reflection on practice and identify development areas. Team meetings took place and management had carried out observations on staff competencies, giving feedback on practice. Staff told us that they had confidence in the management team and in their colleagues.

Effective support was being provided by staff who knew people well and we could see that there were positive and enabling relationships with people. The service were able to provide stable and consistent staff and relatives were very positive about this aspect. Services were supported by the appropriate number of staff, with relief or senior staff able to fill in if required. There had been very minimal use of agency staff and this had been by regular agency staff and only where this had not involved lone working.

Shift leaders were effective and provided front line support to staff, whilst we also heard that managers were approachable. Communication channels were in place and staff were aware of how to raise concerns if needed. The staff we met had a very good working knowledge of the people they were supporting. We were assured that staffing levels were right and staff worked well together.

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

The service should ensure records relating to medication are clear, specific and reviewed at regular intervals. This should include details of covert medication, the service's own assessments and MAR (Medication Administration Record) sheets.

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

'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 8 November 2024.

Action taken since then

The manager of the service had actioned the issues once they had been made aware at our last inspection. Those actions had been prompt and effective, ensuring that medication records were clear and evidenced that regular reviews had been taking place. The medication documentation that we sampled had been effectively recorded and audited.

This area for improvement has been met.

Previous area for improvement 2

The service should ensure that documents in use are regularly reviewed in a meaningful manner, and that actions required are clearly documented, dated and recorded as completed.

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 processes' (HSCS 4.19).

This area for improvement was made on 8 November 2024.

Action taken since then

Risk assessment documents did not clearly capture dates of when they were reviewed. There were some tracking documents which referred to risk assessments being reviewed but these were vague and made it difficult to track changes. The tracking document showed that some risk assessments had been reviewed but did not reflect that the assessed activities were no longer taking place. We sampled some hospital passports for people that were not dated and did not always reflect changes in support needs.

Records reflected people's desired outcomes but we found that these documents were not always updated in a timeous manner. We shared some specific examples with the service. Some other documents had been effectively reviewed so we have named specific documents in an updated area for improvement.

This area for improvement is no longer in place and has been incorporated into a new area for improvement under key question "How well do we support people's wellbeing?".

Previous area for improvement 3

The service should ensure that actions agreed at people's reviews are specific, measurable, achievable, realistic and have a time frame for completion.

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

' My personal 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) and

'my needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23)

This area for improvement was made on 1 May 2023.

Action taken since then

People's six-monthly reviews were routinely taking place. The review paperwork that we sampled showed that there had been reflection on previous actions and followed up on goals with people and their representatives.

This area for improvement has been met.

Previous area for improvement 4

The service should ensure that the use of as required medication is monitored and evaluated. This should include detail of any alternative strategies attempted before administration of the medication as well as a note of the effectiveness of the medication and any side effects experienced.

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)

This area for improvement was made on 1 May 2023.

Action taken since then

The medication administration records that we sampled were clear and had been audited by senior staff. There was an established method in place to monitor the administration and effectiveness of as required medication. The service were appropriately actioning any issues that had occurred and staff were actively recording any side effects for people.

This area for improvement has been met.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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