Living Ambitions Edinburgh and the Lothians Housing Support Service

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Unannounced

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Service provided by:
Living Ambitions Ltd

Service provider number:
SP2003000276

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CS2019377103

About the service

Living Ambitions Edinburgh and the Lothians is registered to provide a housing support and care at home service. The service supports people with a range of complex needs including learning disabilities, autism, acquired brain injuries, physical disabilities and mental health issues. The provider is Living Ambitions Limited which is part of the Lifeways group of companies.

The service provided care and support to people in their own homes in Edinburgh. People's care and support arrangements varied from 24 hour packages of support to visiting support in their homes. Some people had shared living arrangements while others had single tenancies.

At the time of the inspection 15 people were experiencing care and support.

About the inspection

This was an unannounced inspection which took place between 22 and 29 October, 2025. 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people experiencing support
- spoke with four relatives
- spoke with thirteen staff and management
- observed practice
- reviewed documents
- contacted involved professionals
- reviewed electronic feedback from five people experiencing support/relatives
- reviewed electronic feedback from nine staff.

Key messages

- Some staff provided support in a caring and compassionate way but improvements in staff practice were needed to ensure everyone experienced a consistently high standard of care.

- Staff had access to a range of learning and development opportunities but further competency checks and observations of staff practice were needed.

- There had been a number of staff misconduct issues and poor communications leading to people's rights to be treated with dignity and respect being compromised.

- Management and leadership arrangements needed to be stabilised, sustained and developed to promote improved outcomes for people supported.

- Internal staff relationships needed improvement to promote effective team work and communication.

- People's personal plans needed a comprehensive audit to ensure they reflected their current health and wellbeing needs well.

- Medication audits had been ineffective in picking up on medication issues identified during inspection.

- The provider had recognised improvements required prior to inspection and a detailed 12 week action plan was in process.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
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? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

There were a number of staff misconduct concerns which had compromised people's wellbeing, feelings of safety and rights to be treated with dignity, compassion and respect. Although the organisation had clear policies and guidance for staff to promote care values these were not always evident in practice. There were some positive interactions between people and their support staff but these were undermined by the level of staff misconduct concerns. This meant that people could not be assured that they would at all times experience dignified and respectful care. The misconduct concerns were being dealt with by the provider as per the organisation's policies and procedures along with full investigations (see requirement one).

A shared living flat was being used on a weekly basis to hold a music group. There were no consent forms in place giving people or their legal representative's agreement to the activity being held in their homes. Senior management had been unaware that this group was taking place in people's homes. We were concerned about the suitability for all involved. There were no risk enablement plans nor evaluations of outcomes for people (see requirement one).

People were being supported to redecorate their homes and this was improving their living environment. There were documents on display and lying in communal areas of people's homes which related to staff guidance/contact details. These needed removed from people's homes or stored more appropriately. Further action was needed to ensure no unnecessary documentation was left or displayed in people's homes.

People received varying levels of support with their finances. Some people were supported with food and daily living budgets. Staff maintained records of any transactions and the provider had recently carried out a full audit of financial records. People's support with banking and shopping could have been more individualised in line with their personal preferences and choices. The provider agreed to review people's arrangements to ensure they are personalised and right for them.

People were supported and encouraged to lead active lives. There were some examples of meaningful engagement including people going on holidays abroad, attending football matches and on day trips to different places. We received mixed feedback from relatives about the variety of opportunities for people and suggestions for activities not being taken forward. Comments from relatives included: 'He always seems happy with his staff and is involved in lots of activities' and 'promise a lot but don't always deliver'. This meant that outcomes for people were variable.

Some personal plans did not detail people's health and wellbeing support needs in sufficient depth to promote safe, person centred care. There was not enough detail in a person's mobility support plan to guide staff as to how to safely support them with all transfers and their mobility equipment. The critical needs section of an electronic plan did not reflect that the person had epilepsy and did not give detail about epilepsy medication. This put people at risk of harm (see requirement two).

People were supported to attend a range of health appointments and this was well documented in communication books/diaries. A relative told us that it had been agreed that they would be informed of health appointments so they could attend with them but this was inconsistent. We were concerned that no follow up information was available about concerns noted on a body map relating to skin damage. This

meant that we could not be assured that people's skin integrity plans were right for them (see requirement two).

Some people received support to manage their continence. Personal plans and records of support contained conflicting information. Continence products had not been ordered in line with people's care plans. There was a lack of detail in people's plans about their overnight continence needs despite evidence that overnight support may be required. Some nutrition/menu planning documents lacked dates so it was unclear if people were receiving the correct dietary support (see requirement two).

Some people experienced restrictions to their freedom which were implemented to keep them safe. Some of these restrictions included video surveillance, cancellation of activities, door sensors and locked cabinets. There was insufficient information in people's care plans to show that the principles of the Adults with Incapacity Act (Scotland) 2000 (AWI) had been considered. We were not confident that all restrictions were of benefit to the person or the least restrictive option available. Consideration should be given to the impact of restrictive practices on others in the shared living environment (see requirement two)

People received varying levels of support during night time hours. Some people used technology to access staff. However, care plans did not contain sufficient detail to determine if these methods were safe and effective. We were concerned that there may be risks to people due to a lack of review of people's overnight care and support needs. This meant that people's health, safety and wellbeing needs were compromised as personal plans did not fully detail their health and support needs (see requirement two).

Some people experienced periods of distress that could lead to behaviours that could cause concern. People had Positive Behaviour Support (PBS) plans in place to provide staff with a consistent, proactive, personalised approach to promote positive wellbeing and decrease periods of distress. The quality of information was variable between people's plans. The language used throughout the plans was poor and suggestive of the person being at fault during incidents. We reviewed records of incidents where people had experienced behaviours of concern and noted instances where appropriate staff intervention might have de-escalated the situation and prevented the incident. This had not happened, suggesting a lack of staff understanding. This meant that people could not rely on the service to support them effectively through periods of distress (see requirement two).

People received a varying quality of support with their medication. We sampled Medication Administration Records (MAR), body maps, medication storage and care plan information. Medication was generally well managed, however there were some instances of poor practice that put people's health at risk. For example, in house guidance did not match prescribed instructions. There was out of date medication and medications on MAR charts that were no longer in use. We were concerned that people did not consistently receive safe and effective support with medication (see requirement three).

Requirements

1. By 12 January 2026, the provider must ensure that people are treated with dignity and respect and feel safe with all staff who support them.

In order to achieve this the provider must, at a minimum:

(a) Ensure that staff have the knowledge and communication skills to deliver dignified compassionate care.

(b) Ensure documentation uses respectful person centred language.

(c) Ensure that activities taking place in people's homes are evaluated and consent is obtained and recorded.

This is in order 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:
'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).

2. By 12 January 2026, the provider must ensure that people are receiving the right support to meet their assessed needs.

In order to achieve this the provider must at a minimum:

(a) Ensure people's personal plans and records reflect people's current health and wellbeing needs over a 24 hour period.

(b) Ensure that all personal plans are reviewed every six months or when people's needs change.

(c) Ensure that people's mobility support plans contain sufficient detail to support them safely in line with agreed professional guidance.

(d) Ensure that when skin damage is noted there is a prompt follow up with relevant health professionals and people's skin integrity plans are reviewed and updated accordingly.

(e) Ensure that people's continence support plans reflect their current needs over a 24 hour period.

(f) Ensure that any technologies in use are regularly assessed to meet people's current support needs and wishes.

(g) Ensure people's positive behaviour support plans (PBS) plans are based on people's strengths and skills and are personalised with an emphasis on proactive and preventative strategies to reduce the risk of distress.

This is in order to comply with Regulation 4(1)(a) and (b)of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and:

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).

3. By 12 January 2026, the provider must ensure that people receive their medication safely. This is to include people who have prescribed medication to manage epilepsy.
In order to achieve this, the provider must, as a minimum:

a) Ensure all medication administration records are clear and accurately reflect people's current prescribed medication.

b) Ensure as-required protocols match people's prescribed medication administration requirements.

c) Ensure people have an up to date epilepsy care plan that is reviewed regularly.

This is in order 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:
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our leadership? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Management and leadership arrangements lacked stability. The depute manager had resigned and the introduction of more team leaders to improve visibility and oversight within services was being support by continuing with the deputy manager role. This was to maintain continuity of leadership while changes were effectively embedded. The provider had recognised concerns within the current leadership team which had impacted on improvement and recommendations that had been recognised within the provider's 12 week action plan. This had also prompted the 5 tier approach for oversight and increased presence from the senior leadership team.

The provider was actively recruiting with a view to having four team leaders in post under the new management structure. There were two team leaders actively working at the time of inspection. Team leaders needed further support and development to enable them to affect change and develop the necessary leadership qualities required to drive quality improvement. Internal communications between leaders and their line managers needed to improve to ensure consistently safe and effective care and support for people. Relatives and staff expressed concern about the instability in management and leadership arrangements as well as high staff turnover. A new registered manager was appointed during the inspection. It would take time for them and the new team leadership arrangements to embed effective quality assurance systems into practice and ensure improvements were made and sustained. This would give people and their relatives confidence that their service was well led and managed.

The organisation had well established quality assurance processes and had provided us with a targeted regulatory action plan which was being delivered over a 12 week timescale. There was a 5 tier approach to quality assurance with responsibilities defined at each level in the organisation's management and staffing structure. This was a risk based approach which meant that a regulatory action plan had been established as it was recognised that the standard of care was not meeting with the organisation's expected standards. This targeted approach involved senior managers, clinical and quality assurance leads and the regional

director. The recently appointed area manager had already begun to focus on areas identified as being high risk for people supported.

The organisation had an auditing system to quality assure a wide range of aspects relating to service delivery and compliance monitoring. The provider advised that there had been an element of trust in the information provided to them by managers and leaders which upon reflection was not an accurate representation of the quality of current service provision. There were a number of issues that are detailed under 'How well do we support people's wellbeing' section of this report which quality assurance systems had not picked up. This had led to the potential for detrimental outcomes for people supported.

The quality of supervision documentation and team meeting minutes was variable. Please see 'How good is our staff team' section of this report for more information. We received feedback that the skills and experience of line managers was also variable. It was evident through the language used in service documentation that person centred practice was not being promoted effectively and staff conflicts were not being resolved. The service needed improve the quality of leaders knowledge and skills to effectively fulfil all aspects of their roles (see requirement one).

There had been several delays in reporting notifiable event including staff misconduct and protection concerns to the Care Inspectorate. There needed to be clearer accountability and effective internal communications to ensure that notifications were made within the required timescales. There had also been delays in dealing with staff misconduct issues promptly and effectively due to the instability of leadership arrangements. A new area manager had been appointed in June 25. We heard that the plan was for them to have more dedicated time to support the Edinburgh and the Lothians service. Some of the staff misconduct investigations were still to be concluded. This meant that people could not have confidence that their care provider had shared important information about their health and wellbeing with relevant agencies promptly.

(See requirement two).

Requirements

1. By 12 January 2026, the provider must have effective management and leadership arrangements in place. To achieve this the provider must ensure at a minimum:

(a) Leaders receive appropriate training, development and mentoring to enable them to carry out all aspects of their role.

(b) Monitor and improve the quality of supervision, staff team meetings and practice observation documentation.

This is to comply with Regulation 4(1)(a) (Welfare of Users) 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 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).

2. By 12 January 2026, in order to keep people safe and protected, the provider must ensure that leaders follow protection and notification procedures. In order to achieve this, the provider must at a minimum:

(a) Ensure timely notifications and updates are made in line with the Care Inspectorate's 'Adult care services: Guidance on records you must keep and notifications you must make' (March 2025).

(b) Ensure leaders receive appropriate training and guidance to follow key protection procedures including, but not limited to whistleblowing.

This is to comply with Regulation 4 (1)(a) (Welfare of Users) 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 different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

How good is our staff team? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Staff had access to a range of training opportunities. However we were not confident that training had impacted on staff practice. Knowledge gained through training needed to be regularly assessed to ensure that it promoted consistently positive outcomes for people. Staff were supported to achieve appropriate professional registration, however there was one instance where a member of staff needed to be registered with the Scottish Social Services Council (SSSC) under the correct category for the role they were performing. The provider took action if registration was not evident.

Staff lacked sufficient training and development around Positive Behaviour Support (PBS) which meant that people were not adequately supported to improve their quality of life through a reduction of stress and distress. Some staff had not received appropriate training to support people with specific needs, including communication techniques. This meant that people could not be fully confident that all staff had the necessary development to support their individual care and support needs (see area for improvement one).

Staff attended regular team meetings and received one-to-one supervision sessions with their manager. Some staff did not find them useful as they had tried to raise issues a number of times to no effect. Supervision records showed little evidence of staff development. Recorded observations of staff practice were of similar quality. Some staff told us they had lost confidence in the line management structure which had led to staff reluctance to use the organisation's whistle-blowing procedures (see requirement two under 'How good is our leadership').

People had a mixed experience of the quality and stability of their staffing arrangements.
The provider had started to address issues with internal staff communications and poor interactions with people. They had held individual and group staff meetings to discuss expected standards and review their duties and responsibilities under their professional codes of practice. At the time of inspection this was still in its early stages and further work was needed to ensure people benefitted from their staff working well together. People's support arrangements during night time hours had not been reviewed so we were not confident that people's staffing arrangements were right for them (see requirement one).

The systems to inform people of their staffing arrangements were not being followed consistently. This meant that people did not always know who would be providing their support and when. There were ongoing concerns where staff had left their shift early. People and their families told us there was a lack of communication and consultation around staffing arrangements (see requirement one).

Requirements

1. By 12 January 2026, the provider must ensure that people's staffing arrangements are right for them and staff work well together.

To do this, the provider must, at a minimum:

(a) Ensure the quality of staff practice is regularly observed and assessed to ensure staff are working well together.

(b) Ensure effective communication and consultation with people and their representatives to provide feedback on their support.

(c) Ensure staff are on shift at agreed times and people are aware of who will be providing their support and when.

(d) Ensure people's night time support arrangements are regularly reviewed and meet their health and support needs.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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 is consistent and stable because people work together well' (HSCS 3.19); and
'My needs are met by the right number of people' (HSCS 3.15).

Areas for improvement

1. To promote positive outcomes for people the provider should ensure that staff have the right knowledge and skills to meet their needs.

This should include, but is not limited to, ensuring all staff receive Positive Behaviour Support (PBS) training and practice development.

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

How well is our care and support planned? 3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

The registered manager had made some progress in improving communications with relatives and involved health and social care professionals. There were some positive examples of practice where the manager had involved relatives in improving a person's engagement in their local community and giving them more purpose to their daily lives. We heard positive feedback about the manager but several comments were made suggesting that some staff could be more proactive in keeping in contact.

Relatives told us that they felt confident that they would be informed of anything of importance regarding their relative's care and support. However there were several relative's contacted who expressed that communication could be improved so they felt more involved and informed about their loved one's care.

One relative said:

'Communication is the one thing that hasn't been as good recently. Doesn't seem to have been a review meeting for a while. Used to be twice a year.'

Recent staff changes had impacted on the regular flow of information with relatives.
Some review meetings were overdue. Actions to be worked on following review meetings were not recorded well or shared with the relevant people. This meant that the quality of communication between the service and people's representatives was variable and further improvement was needed so that people felt more fully involved and informed about their relative's support (see area for improvement one)

Areas for improvement

1. In order to ensure effective communication with people and their representatives, the provider should develop a communication strategy to identify and address any shortfalls.

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).

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 provider should ensure prompt and effective communication with people's loved ones and partner agencies when there are communication needs or cognitive impairment affecting their ability to do so. In order to achieve this the service must undertake the following:

a) Keep involved individuals up to date with significant events.
b) The views of involved individuals are sought and taken into account with significant decision-making.
c) Contact by involved individuals is promptly responded to.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:
'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

This area for improvement was made on 29 March 2023.

Action taken since then

This area for improvement was originally made on 29 March 2023 and continued following the inspection 13 August 2024. Involved professionals were kept up to date with events and the manager had begun the process of building effective communication with relatives but had now left post. Relatives and involved professionals consulted expressed confidence that they would be kept informed of significant events and involved in any significant decision making. There were some aspects of this area for improvement relating to improving communication with people's relatives and communications being responded to. We considered this area for improvement to have been met but have made a separate area for improvement relating to improving communication systems and actioning outcomes of review meetings. (See 'How well is our care and support planned?' in relation to this new area for improvement.

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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	2 - Weak

How well is our care and support planned?	3 - Adequate
5.2 Carers, friends and family members are encouraged to be involved	3 - Adequate

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