

# Supporting Positive Paths C.I.C. Housing Support Service

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

**Completed on:**  
26 January 2026

**Service provided by:**  
Supporting Positive Paths CIC

**Service provider number:**  
SP2013012039

**Service no:**  
CS2020380483

## About the service

Supporting Positive Paths C.I.C. provides community based support for adults with learning disabilities, across three projects; the life service; the future service; and the short breaks service. Each project has its own team leader, with an overall manager responsible for the whole service.

There is a hub based in Leith and a further one utilised in the Merchiston area of Edinburgh, where people meet and people are supported to access their local communities and community based groups.

At the time of inspection, approximately 98 people were supported by the service.

## About the inspection

This was a short notice announced inspection which took place between 20 and 21 January 2026. We visited the registered office on 20 January, sampled documentation and met with members and staff at the hub in Leith. On 21 January we met members and staff at the hub in Murchison. We provided feedback to the manager on the 26 January 2026.

The inspection was carried out by one 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:

- Spoke with a number of members at both hubs.
- Observed them participating in the group activities taking place.
- Received comments from 27 relatives through our online inspection questionnaires.
- Spoke with seven staff and management. Plus, received comments from a further eight staff via our online questionnaires.
- Observed staff practice and daily life.
- Reviewed a range of documents.

## Key messages

- We observed warm, respectful, and natural interactions between staff and the individuals they support.
- People praised the quality of the staff who supported them.
- Members were supported to maximise their experiences and opportunities for enjoying a variety of activities within the community. Building friendships with others.
- A positive and inclusive service was experienced by all.
- Personal plans were of a good standard, offering clear guidance to staff on how to meet people's care needs and achieve agreed outcomes. However, we identified the information to guide staff could be further improved.
- Staff, as well as some supported individuals and their relatives, expressed that communication with management could be improved.
- Following high staff turnover in the past year, there were gaps in key training; knowledge and skills to fully meet people's care needs. Improvement was required.
- As part of this inspection, we reviewed the service's self-evaluation of key areas. We found the service had begun to use self-evaluation, however, further work was required to develop this approach to support improvement.

## 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 good is our staff team?	3 - Adequate
How well is our care and support planned?	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 evaluated this key question as good. While there were notable strengths which had a positive impact, further improvements are needed to ensure people consistently experience the best possible outcomes.

We spent time observing how people interacted with one another and with staff. People told us they found staff to be very kind and polite. Throughout our visit, we saw many positive interactions that showed people were treated with dignity, respect, and genuine warmth.

Members told us they enjoyed taking part in a range of meaningful activities, including drama, swimming, and arts and crafts. There was a strong emphasis on helping people develop new life skills, such as serving in the café, building confidence, and learning practical skills like baking. One relative told us:

"The staff at Positive Paths have all been extremely positive when it comes to my daughter's care and attention to her needs. The Support Workers have gone above and beyond to support her and ensure she gets the best out of her activities and experiences whilst with them. The friendships she has made with other members has been ongoing and very important in advancing her social skills".

People spoke positively about attending the service, particularly the opportunity to see their friends and familiar staff. Staff were enthusiastic and motivated, ensuring members enjoyed the activities and recognising when someone might need additional support, including emotional wellbeing.

People could feel assured that robust systems and processes were in place to support their health and medication needs. When medication was required due to a sudden change in health (for example, epilepsy), detailed protocols guided staff to ensure it was administered safely and accurately. Medication records were well maintained, and the introduction of electronic medication administration records enabled effective auditing by the manager.

There was also a strong focus on supporting people who may experience stress or distress behaviours. Staff were able to refer to members' care plans, which outlined positive behaviour support strategies. While some plans contained helpful information, including known triggers and recommended approaches, we identified that further improvements were needed. Additional staff training in specific specialist areas, would help ensure the service fully meets its aims and supports members to achieve the best possible outcomes. More detail on this can be found in Key Question 3 (Staffing) and Key Question 5 (Care Planning).

## How good is our leadership?

4 - Good

We evaluated this key question as good. While there were notable strengths which had a positive impact, further improvements are needed to ensure people consistently experience the best possible outcomes.

Leadership was supportive, responsive, and visible, which enabled staff to raise concerns, share ideas, and explore ways to build resilience. Staff felt their contributions were valued and recognised by the management team, helping to maintain motivation, adaptability, and a strong focus on delivering high quality care and support.

Robust systems were in place to record complaints, accidents, incidents, and other care related

documentation. We were impressed with the structure and accessibility of these records, which allowed quick access to key information.

Regular observations of staff practice were carried out, including how staff interacted with people, how care needs were met, and whether any reflective practice or training needs were identified. Records of these observations were well maintained.

There was an established level of governance within the service, supported by a range of audits, self evaluation activities, and a mock inspection, all of which contributed to action plans for ongoing improvement.

Some relatives and staff told us that communication could be improved. The manager had already identified this as an area for development and was exploring ways to strengthen communication further.

At our previous inspection, we highlighted the need to improve engagement with members and their relatives to gather feedback and involve them in shaping the service. Although some progress has been made, and further open days are planned, this remains an area requiring continued development. Please see Area for Improvement One.

### Areas for improvement

1. To ensure that people's views and experiences are the primary driver for change, the provider should involve people who experience care in developing the service and shaping its future direction.

This should include but not be limited to, incorporating regular feedback from people into improvement and action plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I can be meaningfully involved in how the organisations that support and care for me work and develop'. (HSCS 4.6)

### How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate. While there were strengths which had a positive impact, several key areas required improvement.

Staff had been recruited in a way that ensured they were safe and suitable to care for people. Recruitment practices were robust, clearly documented, and supported by the completion of all relevant checks.

The staff we spoke with were committed, flexible, and dedicated to providing the best possible service to the people they support.

Staff reported feeling well supported in their roles and described management as approachable. Overall, morale was described as good, resulting in enthusiastic staff to support people with their chosen outcomes. One relative said to us:

"Staff care about users and support them in every way".

Regular supervision was used constructively to support both personal and professional development. Clear records demonstrated ongoing and planned reflective practice and learning, helping to inform development for each staff member. Staff understood their responsibilities for continuous professional development to meet registration requirements. The manager monitored supervision frequency to ensure consistency across the team.

Over the past year, there had been a high turnover of staff, particularly within the support worker group. Although many newly recruited staff had experience in social care and held relevant qualifications, including SVQ 3, we identified gaps in key areas of knowledge essential to fully achieving the service's aims and objectives, in supporting people with learning disabilities.

These gaps included, but were not limited to: learning difficulties, acquired brain injury, mental health first aid, autism, ADHD, and de-escalation or positive behaviour support training. A stronger focus was needed on the Keys to Life Strategy; Improving Quality of Life for People with Learning Disabilities (Scottish Government guidance) - to ensure staff have a solid foundation of training to meet members' care and support needs. (Please see Requirement One)

## Requirements

1. By 30 April 2026 to promote the safety and wellbeing of people, the provider must ensure that staff receive essential training and development opportunities, to enable them to be competent in their roles. To do this the provider must at a minimum:

- a) Undertake a training needs analysis to identify what training and development is required for each role.
- b) Training delivered to have a greater focus on supporting people with learning disabilities and associated complex support needs. Including but not limited to positive behaviour strategies, autism, ADHD and other relevant subjects.
- c) Source and deliver appropriate formal training, utilising external providers as appropriate.
- d) Maintain an accurate record of all staff training, including refresher training.
- e) Implement quality assurance systems to evaluate the effectiveness of training and development opportunities and ongoing competency of staff.

This is to comply with section 8(1)(a) 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: '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?

**4 - Good**

We evaluated this key question as good. While there were notable strengths which had a positive impact, further improvements are needed to ensure people consistently experience the best possible outcomes.

Since our last inspection, there had been an increased focus on identifying the outcomes members wish to achieve, with action plans agreed and reviewed every six months. We particularly valued the keyworker's quarterly summary of achievements, which supported the review process effectively, leading to meaningful six monthly reviews for people. One member told us: One member told us:

"I love my time with Positive Paths".

We sampled a number of care plans and associated documentation. The quality and level of detail within personal plans were inconsistent. While some plans were written to a good standard in collaboration with members, others required further development to better reflect individuals' life histories and to provide clearer guidance for staff.

A more detailed level of information in people's care plans would be achievable once staff have completed specialist training in areas such as, learning disabilities and autism (as reported on in Key Question 3). With improved knowledge and understanding, staff would be better equipped to add meaningful detail, resulting in clearer guidance, more personalised strategies, and more accurate reflections of each person's needs. As staff gain confidence through specialist training, care plans would naturally become stronger tools for delivering consistent, person centred support and improving outcomes for members. Please see area for improvement one.

### Areas for improvement

1. To ensure care and support consistently informs all aspects of the care and support people experience and in the way the person prefers and needs, the manager should ensure there is sufficient detail to inform and guidance staff on meeting peoples care needs. This includes, but not limited to positive behaviour strategies and guidance in relation to Autism, ADHA and other relevant health needs.

This is to ensure care and support is consistent with the Health and Social Care Standards: (HSCS) which state: "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) "My care and support meets my needs and is right for me". (HSCS 1.19) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected". (HSCS 1.23)

## 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

Personal outcomes agreed and monitored in peoples' plans – KQ1.

To ensure people are supported to get the most out of life, the provider should ensure that planned activities promote people's outcomes.

This should include but not be limited to, ensuring that people's outcomes are clearly identified in their personal plans, alongside a plan of how support provided will help achieve these. Progress toward meeting outcomes should be reviewed and recorded on a regular basis.

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

state: 'I can maintain and develop my interests, activities and what matters to me in the way that I like'. (HSCS 2.22)

**This area for improvement was made on 28 March 2024.**

### Action taken since then

Since our last inspection, improvements have been made to meet this area for improvement.

### Previous area for improvement 2

Seeing people's views about the service and giving feedback – KQ2.

To ensure that people's views and experiences are the primary driver for change, the provider should involve people who experience care in developing the service and shaping its future direction.

This should include but not be limited to, incorporating regular feedback from people into improvement and action plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I can be meaningfully involved in how the organisations that support and care for me work and develop'. (HSCS 4.6)

**This area for improvement was made on 28 March 2024.**

### Action taken since then

The manager was aware this was an outstanding area for further development. Plans were in place to encourage involvement from members and relatives at forthcoming events. We have therefore repeated this area for improvement.

### Previous area for improvement 3

Staff training on values and equalities – pos involving clients too – KQ3.

To ensure people who experience care are confident that staff continue to promote their rights, the provider should arrange development sessions for all staff exploring equalities and values, and how these can be implemented in practice.

This should include, input from people who experience care where this is possible. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me'. (HSCS 1.19)

**This area for improvement was made on 28 March 2024.**

### Action taken since then

Although this specific area of training has been delivered to staff, and therefore this area for improvement has been met, a requirement has been made for more specialist training. Please see section Key Question 3 of this report for further information.

### Previous area for improvement 4

Improve the quality of personal plans – KQ5.

To ensure that people are enabled to lead and direct their own care and support, the provider should continue to improve personal plans.

This should include but not be limited to:

- a) Developing plans so they are aspirational and build on people's strengths and abilities.
- b) Providing clear information about how people prefer to be supported.
- c) Ensuring that risk assessments reflect the culture of risk enablement within the service, by enabling people rather than restricting actions or activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am fully involved in developing and reviewing my personal plan which is always available to me'. (HSCS 2.17)

**This area for improvement was made on 28 March 2024.**

#### Action taken since then

The manager was aware this was an outstanding area for further development. We have there is 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](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 good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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