

# Living Ambitions Limited Glasgow (Clyde) Housing Support Service

Lifeways  
Block 1 Unit B3  
Templeton Business Centre, 62 Templeton Street  
Glasgow  
G40 1DA

Telephone: 0141 320 1901

**Type of inspection:**  
Unannounced

**Completed on:**  
9 January 2026

**Service provided by:**  
Living Ambitions Ltd

**Service provider number:**  
SP2003000276

**Service no:**  
CS2023000237

## About the service

Living Ambitions Limited Glasgow (Clyde) is registered to provide a housing support and care at home service to people with learning and physical disabilities, mental health support needs, and people who are autistic, in their own home and in the community. The provider is Living Ambitions Limited.

Part of the stated aims of the service is to, "Provide high-quality, person-centred support that promotes the achievement of individualised goals and positive outcomes."

At the time of the inspection, the service supported 18 people living in their own home or in a home shared with others. The service provided this support in six locations across Glasgow, and East and West Dunbartonshire.

## About the inspection

This was an unannounced inspection which took place on 6, 7 and 8 January 2026. The inspection was carried out by three inspectors from the Care Inspectorate.

Feedback was provided to the senior management team on 9 January 2026.

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 14 people using the service,
- spoke with five family representatives,
- spoke with 13 staff and management,
- observed practice and daily life,
- reviewed documents.

## Key messages

- People were supported with respect and compassion by staff whom they trusted.
- Staff knew people well and were sensitive to people's changing health needs, acting promptly to address these.
- Support engaged people in achieving the goals and outcomes of their choice, promoting independence and self-esteem.
- The encouragement of family involvement benefitted people's care and support.
- The provider planned to strengthen the leadership team to support ongoing development of the service.
- An electronic personal planning system was being implemented to support improved consistency and planning of people's 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?	5 - Very Good
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?

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.

Interactions between staff and people supported were respectful, warm, genuine and compassionate. People placed trust in those supporting them. Staff were sensitive and responsive in supporting people to communicate as they wished, enabling communication through additional questions and prompts. People were supported by staff who knew them, their needs and their wishes well, which had a positive effect on their health and wellbeing.

People were involved in a wide variety of activities of their choice including social clubs and supported employment. People were supported to attend their place of worship if they wished. There was support to plan and to go on holidays. Support was in place which engaged people in achieving the goals and outcomes of their choice, promoting independence and self-esteem.

People were supported to attend regular health screening appointments. Staff were responsive in supporting people to address mental health issues. Relevant health professionals were involved to guide staff interventions. Staff were highly sensitive to changes in people's mood and capabilities over time. They arranged appointments appropriately to investigate any potential health needs. People could be confident that any health needs were addressed promptly.

Personal plans were detailed as to people's communication needs, including how people expressed themselves non-verbally to make choices or to express how they were feeling. This enabled staff to understand and support people to make informed choices such as what they would like to eat, or clothes they would choose to wear, which promoted independence and a sense of control.

Plans provided details on how to support someone sensitively according to their needs and wishes, and highlighted triggers for anxiety. More detail would have been of benefit in some plans as to the precise nature of support and reassurance staff should offer if people were distressed. This was also the case with some as required medication, which would benefit from further detail as to the precise circumstances in which medication would be needed. Whilst more detailed information should be included it was clear that staff working in established teams knew people very well. People could be confident staff worked to keep them safe.

Plans clearly laid out the level of support people needed to be involved in activities of daily living. They also stated the degree of involvement people wished and were able to have in managing their finances. A strength-based approach meant people were encouraged to maximise or develop their skills which promoted independence and wellbeing.

Risk assessments helped keep people safe. Detailed guidance was present on maintaining safety at home and in the community.

Records showed people regularly being offered choices. This maximised decision-making skills and encouraged independence. Notes were however largely task-focussed and would benefit from evaluation of a person's experience, mood or level of engagement in an activity to inform the planning of future activities.

The service was in transition from paper-based personal plans to electronic versions. Some parts of the service were more advanced in their journey than others and some elements of personal plans were ahead of others in being captured electronically. A clear plan was in place to achieve full conversion to electronic format. This will involve input from staff and family members/carers. This will help to ensure that the appropriate level of detail is present within plans and that they continue to reflect and express people's goals, needs and wishes. When complete, the electronic plans should be made available to people and their family or carers in an accessible format, if they wish to have access to them.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

A new manager had recently been appointed and the service was recruiting team leaders to support them in their role. Family told us that communication with the service had been good but that they were hopeful that this would improve with the recruitment of a new management team, improving outcomes for their loved one.

Families confirmed the service were responsive to feedback about particular elements of care and family told us that the responses had substantially improved care for their family member.

The level of family contact and involvement varied between individuals. Where family chose to be regularly involved, this had been facilitated by the service. Family were involved in attending health appointments with their loved one. People were supported in visits to family. Holidays and new activities were arranged with family involvement. Some family were in contact regularly by phone or social media platforms. Where families expressed a preference not to attend appointments, staff updated them on any outcomes for people, ensuring they were as involved and informed as they wished to be.

Minutes of reviews demonstrated active partnership-working with families. Where there was not family representation at reviews it was not always clear as to the reason for this. The service should note in reviews who has been invited and any reasons for them not attending. This would clearly confirm family having the degree of involvement with people's care and support that they wish.

Review minutes reflected outcomes that people had achieved. Whilst future goals were agreed at reviews it was not always clear and specific what actions would be taken, by whom, and within what timescale. The service should establish and state timescales and responsibilities when recording goals in order that progress can be clearly monitored. This will ensure that any achievements, or any challenges to achievements which result in alterations to goals, are captured and inform discussion of future goals. This clarity would be of benefit to family in understanding progress towards people's desired outcomes.

The service had issued feedback questionnaires to family. Following the conclusion of this engagement process, the service's development plan should incorporate any suggestions for service improvements raised by family members.

## 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How well is our care and support planned?	4 - Good
5.2 Carers, friends and family members are encouraged to be involved	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
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