

# Living Ambitions Limited - South Lanarkshire and West of Scotland Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
26 January 2026

**Service provided by:**  
Living Ambitions Ltd

**Service provider number:**  
SP2003000276

**Service no:**  
CS2008186247

## About the service

Living Ambitions Limited - South Lanarkshire and West of Scotland is registered with the Care Inspectorate to provide a housing support and care at home service to adults with learning and/or physical disabilities and mental health problems living in their own homes. The provider is Living Ambitions Limited.

People are supported to live in their own homes or shared homes, and some have additional shared communal facilities that are used to hold events and social gatherings.

At the time of the inspection the service supported 16 people.

## About the inspection

This was an unannounced inspection which took place between 22 and 26 January, 2025. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service and three of their family
- spoke with nine staff and senior management
- observed practice and daily life
- reviewed documents including personal plans, quality assurance tools and the service improvement plan
- spoke with one visiting professional.

Prior to the inspection we distributed questionnaires and received feedback from 10 people who use the service. They were supported by family and/or staff to complete the questionnaires. We also received eight responses from staff members.

## 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.
- People were supported to be active participants within their communities.
- 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - 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?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

People were supported in a variety of settings including living on their own or within multiple occupancy accommodation with communal and shared areas. We attended a mixture of these living settings. Accommodation and support were based on people's individual strengths and needs. Managers were working to integrate new staff to ensure people receive a high level of care and support.

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 means including the use of specially adapted Makaton. 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 holidays, social clubs, swimming, bowling, following their football team, attending music events as well as weekly trips to the hairdressers / barbers. They were encouraged to be involved within their communities including support to attend their place of worship. Support was in place which engaged most people in achieving the goals and outcomes of their choice, promoting independence and self-esteem. Staff were working with a small number of people who were being supported to engage more meaningfully with agreed routines to benefit their health and wellbeing.

Management planned to review how best to support progress in these services.

People were supported to attend regular health screening appointments. Staff were responsive in supporting people to address identified issues and offered a high degree of flexibility to support people to engage with relevant health professionals and help reduce their anxiety when attending appointments. Staff were sensitive to changes in people's mood and capabilities over time. People could be confident that health needs were progressed.

Feedback from an external health professional confirmed timely referrals to appropriate health agencies, knowledgeable staff and robust follow up on treatment and care advice. This helped to keep people well and safe.

Overall, medication managed well. However, staff did not always follow best practice or organisational guidance when supporting or recording "as required" medication. The provider was prioritising this to ensure consistency in supporting all medications according to prescribed instructions and organisational guidance. Protocols should reflect associated support plans including alternative strategies and interventions used to alleviate stress and distress for example. Records should be kept of any intervention used and its effectiveness. An area for improvement has been put in place to support a more consistent approach (See area for improvement).

Personal plans detailed 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.

People were supported to be involved in activities of daily living and were encouraged to develop or maintain skills which promoted independence and wellbeing such as attending to their own personal care and meal preparation. People were regularly being offered choices. This maximised decision-making skills and encouraged independence.

Meaningful engagement was not always reflected in daily recordings. The provider planned to review effective recording as part of service improvement planning to ensure it evaluated individuals experience, mood or level of engagement in an activity to inform the planning of future daily living activities.

### Areas for improvement

1. The provider should ensure staff follow good practice when administering and recording medication prescribed on an as required basis. This should include strategies and interventions used prior to administering, if appropriate, and recording effectiveness of medication.

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

'I receive high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

### How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

People can expect to use a service that is well led and managed. The service had benefited from a consistent management team who had a visible presence and good oversight of key areas of service delivery. People using the service knew who the manager was, and staff confirmed they were accessible.

Feedback confirmed the management team's supportive approach and genuine commitment to people using the service and the staff team. This ensured people felt valued and listened to.

Families had confidence in the management team and highlighted good communication, accessibility and timely responses to any queries and concerns raised.

Comments included "the manager brings with her a calmness" and "we can access the management team easily and they always listen to us".

People should benefit from a culture of continuous improvement. The management team and the wider organisation had an established process of auditing and monitoring key areas of service delivery. This included allocated areas of responsibility for front line staff which helped develop their skills and confidence.

This offered assurance that the quality of the service was monitored and evidenced oversight of personal planning, accidents/incidents, staff training and development as well as health & safety functions and infection, prevention and control (IPC) practices.

The provider planned to review quality assurance to ensure all identified issues are actioned and the positive outcomes recorded in terms of improvements and benefits to people using the service.

There was a service improvement plan in place and the provider planned to progress this to take account of all audit findings and the views of people using the service and their families.

## How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

The management team had worked hard to recruit permanent and sessional care staff. This had reduced the use of agency workers. The service was supporting new staff to develop confidence and skills appropriate to their role whilst also supporting people to adjust to changes to their staff teams. This will support long term consistency and stability.

We received a number of positive comments from people who used the service and their relatives.

This included "the staff are smashing" , "I'm always listened to" and "XXXX has developed skills here with staff support independently of the family" and "XXXX wee flat has never looked better... and with wee care team in place she is living a good life".

Staff recruitment followed good practice with robust pre-employment checks in place and competency-based interviews. This helped ensure people with a good value base were recruited into the service. The service recognised that the recruitment process would be strengthened by involving people who use the service. This formed part of the service improvement plan.

Staffing schedules and observations confirmed appropriate levels of staff were on duty to meet the needs of people. Support was flexible and could be adjusted in response to need. For example, on return from hospital or when experiencing periods of distress. This ensured support was person led.

Staff confirmed training and learning opportunities and feedback following observations of practice were available to ensure they were confident in their role. The provider agreed to review requests to improve equipment and access to training sessions following feedback. Staff confirmed they would benefit from more opportunities to come together and reflect on practice. This would promote understanding and strengthen consistent practices.

## How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

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.

Personal plans incorporated guidance for staff to best support people according to current needs and wishes.

These plans included a good level of detail to support people with daily living and managing stress and distress. In particular, communication plans were extensive and highly personal giving the reader a real sense of the complexities around an individual's communication style and preferences. This ensured people would be heard and understood.

The provider planned to review the need for inclusion of particular support plans as well as existing secondary back up folders. This will help focus more on the individual.

A clear organisational plan was in place to achieve full conversion to electronic format with a recognised validation tool to guide the transition. This includes input from staff and family members/carers and will help to ensure that the appropriate level of detail is present within plans and that they continue to reflect and express people's current needs and preferences. There was a commitment to ensuring a clear focus on supporting, progressing and evidencing people's goals and aspirations.

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.

## 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 involve people in all decisions about their care and support, capture their views and aspirations in a genuine way and review personal plans to highlight any changes in support needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 23 October 2022.**

#### Action taken since then

The organisation planned to review all personal plans to ensure they are aligned with electronic assessment and support planning developments. This process will include people who use the service and their families if appropriate. The new system will help identify changes in peoples needs and preferences, their involvement in decisions made and progress made as a result of changes.

This area for improvement will be continued and reviewed as part of the next inspection.

#### Previous area for improvement 2

The service should ensure that information is gathered from quality assurance processes and that this is used, as part of an improvement plan, to improve practice.

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

'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 23 October 2022.**

### Action taken since then

The organisation was prioritising improvement planning that was relevant and of meaning to this service specifically and ensuring people who use the service were fully involved in this process. Their input would be used alongside findings from quality assurance audits/tools to help improve practice and outcomes for people.

This area for improvement will be continued and reviewed as part of the next inspection.

## 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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