

Living Ambitions Edinburgh and the Lothians Housing Support Service

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Type of inspection:
Unannounced

Completed on:
27 February 2026

Service provided by:
Living Ambitions Ltd

Service provider number:
SP2003000276

Service no:
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 follow up inspection which took place between 24 February and 26 February 2026. 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 seven people using the service
- spoke with 11 staff and management
- observed staff practice
- reviewed documents
- contacted social care professionals

This inspection was carried out specifically to follow up on the six requirements and two areas for improvement made in the inspection report dated 15 December 2025. These related to people's health and wellbeing, quality of care planning, quality of leadership, issues relating to staff conduct and medication systems.

Key messages

- A restructure of the leadership team had improved oversight of the quality of care delivered, with a new manager helping to drive improvements across the service.
- here were significant improvements in the quality and person centredness of people's support plans.
- The quality of medication systems had improved protecting the safety of people experiencing care.
- The leadership team and staff had received extensive support from senior management to strengthen their knowledge and skills.
- Staff received training in positive behavioural support to help them understand people's needs, focussing on proactive and preventative strategies to reduce the risk of distress.
- The service continue to work on improving staff communication and professional conduct, supporting the team to build respectful and positive working relationships.

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

When we inspected Living Ambitions Edinburgh and the Lothians in October 2025 we made three requirements around factors that impacted the wellbeing of people experiencing care. During this inspection we found significant improvements in the quality of care as a result of the input from the senior management team.

As the improvements had reduced the risk of harm to people and improved wellbeing, we re-evaluated from "Weak" to "Good" in Key Question 1 - How well do we support people's wellbeing?

Please see the section, "What the service has done to meet any requirements made at or since the last inspection" for further information.

How good is our leadership?

4 - Good

When we inspected Living Ambitions Edinburgh and the Lothians in October 25, we made two requirements relating to the quality of leadership. Team leaders had received substantial training and mentoring to helping them develop in their roles.

Due the extent of improvements made, including the recruitment of a proactive manager we re-evaluated from "Weak" to "Good" in Key Question 2 - How good is our leadership?

Please see the section: "What the service has done to meet any requirements made at or since the last inspection" for further information.

How good is our staff team?

4 - Good

When we inspected Living Ambitions Edinburgh and the Lothians in October 25, we made one requirement and an area for improvement in relation to the quality of staffing. This included supporting staff to understand the importance of respecting people's homes and conducting themselves in a professional manner. While we noted significant improvements as a result of the input from the leadership team, the service continues to work on improving staff communication, investigating any staff conduct issues and promoting effective working relationships (see area for improvement one).

Due the extent of improvements made we re-evaluated from "Weak" to "Good" in Key Question 2 - How good is our leadership?

Please see the section: "What the service has done to meet any requirements made at or since the last inspection" for further information.

Areas for improvement

1. To promote people's safety and wellbeing, the service should continue to monitor staff communication and relationships through supervision, practice observations, meetings and feedback from people supported.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I experience care and support where I live, people respect this as my home' (HSCS 3.2).

How well is our care and support planned?

4 - Good

When we inspected Living Ambitions Edinburgh and the Lothians in October 2025 we made an area for improvement relating to developing effective and consistent communication with people and their representatives. During this inspection we found significant improvements in the quality of communication. The registered manager had been proactive in meeting people supported and involving their representatives in care planning discussions. The provider had met with the local authority to plan reviews of people's care and support needs. Annual health care reviews were also being organised for people supported.

Due the extent of improvements made we re-evaluated from "Adequate" to "Good" in Key Question 5 - How well is our care and support planned? Please see the section: "What the service has done to meet any areas for improvement made at or since the last inspection" for further information.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 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).

This requirement was made on 15 December 2025.

Action taken on previous requirement

Coaching and mentoring sessions were delivered to the leadership team and staff, focusing on support planning, positive behavioural support, and effective supervision. These sessions supported a full review of support plans, which were more person-centred and placed greater emphasis on positive risk-taking and proactive approaches. This strengthened staff skills and confidence and contributed to a more consistent, dignified and compassionate standard of care.

Team meeting minutes were reviewed and validated, with actions recorded to support clear communication. Supervision records were also checked to ensure actions were documented appropriately. Meetings were held to reinforce good practice, including personalisation and choice within care planning.

The service continued to address concerns about staff communication and carried out practice observations to monitor and improve how staff interacted with each other and with the people they supported.

This remained an area requiring further improvement, with ongoing work focused on ensuring open, effective and constructive communication across the team, as well as actively investigating any concerns raised about staff conduct when supporting people in their homes and in the community.

This requirement has been met in full.

See area for improvement 1 in the How good is our staff team? section of this report.

Met - within timescales

Requirement 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).

This requirement was made on 15 December 2025.

Action taken on previous requirement

Personal support plans had been reviewed and updated to reflect each person's strengths, preferences. Support plans were updated when needs changed and the service was in discussion with the local authority to jointly review needs.

Staff had been given clear guidance on how to record information in the electronic care planning system, ensuring that actions taken were documented consistently. Positive behavioural support plans were detailed and focused on proactive and preventative strategies to promote well-being and reduce distress.

Support plans included clear information on medical conditions, physical needs and the actions to take in an emergency. Staff had easy access to these plans and understood how to respond appropriately. Records showed that when situations arose, or when changes in health were identified, staff took the necessary actions without delay.

Plans also reflected continence needs and provided step-by-step guidance on safe mobility support. Daily interventions, including skin integrity monitoring, had been embedded within the care planning system.

Monitoring devices and other technologies were reviewed regularly to ensure they remained appropriate, with the rationale for their use clearly recorded.

This requirement has been met in full.

Met - within timescales

Requirement 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).

This requirement was made on 15 December 2025.

Action taken on previous requirement

Medication records were clear, accurate, and kept up to date, reflecting what people had been prescribed. All medication was accounted for and stored securely where required.

PRN (as-required) protocols aligned with the prescribed instructions and clearly described when and how each medication should be given. Allergies and emergency medications were highlighted at the front of the records, with clear guidance for staff.

Emergency protocols, including epilepsy care plans, were stored electronically in the care planning system. Copies were also kept in people's bags when they went out and in the medication folders in their homes, ensuring staff could access them quickly when needed.

Staff demonstrated good knowledge of these protocols and were able to respond appropriately when required.

This requirement has been met in full.

Met - within timescales

Requirement 4

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).

This requirement was made on 15 December 2025.

Action taken on previous requirement

The recently appointed manager had already made an impact on the quality of care and support people experienced. Team leaders had received extensive support to help them to develop effective leadership skills. Additional supports and mentoring had been organised to improve the quality of staff supervision and to ensure that any actions arising from team meetings/consultations were planned for and addressed. There was a renewed focus on staff learning and development and a focus on delivering person centred care in line with people's support plans. Quality assurance systems had been improved through increased recorded observations of staff practice and communications with people experiencing care. Staff had access to regular supervision and we heard positive feedback about the way they were being supported to reflect on their practice and plan for any learning and development goals. This requirement has been met in full.

Met - within timescales**Requirement 5**

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).

This requirement was made on 15 December 2025.

Action taken on previous requirement

The provider had made timely notifications and continued to maintain contact with the Care Inspectorate about any issues affecting the safety and wellbeing of people supported. Staff and leaders had received guidance and training in adult protection and procedures to follow whenever they identified people being at risk of harm. Staff were knowledgeable about whistleblowing procedures should they have any concerns relating to people they support. There were clear channels of communication for staff to follow should they have any concerns to report. Senior management had carried out extensive quality audits across the service. This included regular financial audits to check that people were being supported well with their finances. Staff received additional training to help them record any transactions in line with the organisation's finance procedures.

Met - within timescales

Requirement 6

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).

This requirement was made on 15 December 2025.

Action taken on previous requirement

There was improved oversight of the effectiveness of team working and internal communications. Team meetings and supervisions were used as opportunities to provide guidance and direction about standards of practice and to highlight the importance of adhering to the organisation's values and professional codes of practice. Many staff were providing compassionate and caring support and had taken time to familiarise themselves with people's updated support plans. There was increased focus on observations of staff practice. Effective monitoring systems were in place to ensure that people received the support hours allocated to them. People's overnight support needs were clearly detailed in their plans with reviews scheduled to assess whether current arrangements meet their needs. This requirement has been met in full.

Met - within timescales

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

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).

This area for improvement was made on 15 December 2025.

Action taken since then

Positive Behavioural Support Plans (PBS) had been developed and improved, clearly reflecting people's strengths, preferences and individual needs. They were personalised and focussed on proactive and preventative strategies to support wellbeing, promote positive experiences and reduce the risk of distress. The service was in the process of delivering high quality training around PBS, and were supported by a designated PBS lead within the organisation to guide and strengthen practice. This area for improvement has been met.

Previous area for improvement 2

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).

This area for improvement was made on 15 December 2025.

Action taken since then

Following the last inspection, the service communicated the findings clearly and openly (in easy read format for those who needed it), sharing outcomes with people who use the service and their representatives. People were encouraged to contribute their views and feedback. This helped to promote transparency and involvement in service improvement. Since coming into post, the service manager has communicated well with relatives, welcoming contributions to care planning, providing updates and maintaining regular contact

to ensure they feel informed and included in their family member's care and support. 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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	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
3.2 Staff have the right knowledge, competence and development to care for and support people	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
5.2 Carers, friends and family members are encouraged to be involved	4 - Good

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