

# Living Ambitions Limited - Aberdeen Services Housing Support Service

36 Regent Quay  
Aberdeen  
AB11 5BE

Telephone: 01224 548 240

**Type of inspection:**  
Unannounced

**Completed on:**  
12 March 2026

**Service provided by:**  
Living Ambitions Ltd

**Service provider number:**  
SP2003000276

**Service no:**  
CS2004068034

## About the service

Living Ambitions Limited - Aberdeen Services is registered to provide housing support and care at home to adults and older people with a learning disability, who may also have a physical disability and/or mental health problems. Living Ambitions is part of the Lifeways Group.

The people who are supported live in a purpose-built complex of three buildings in the Dubford area of Aberdeen. They live in either single or two-person accommodation with private back garden areas.

At the time of the inspection 24 people were receiving care and support.

## About the inspection

This was an unannounced inspection which took place on 10 and 11 March 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 and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- met 17 people using the service
- spoke to four family members
- met members of staff and the management team
- received feedback from three external professionals
- received online surveys sent out prior to the inspection. We received feedback from two family members, one external professionals and three staff members
- observed practice and daily life
- reviewed documents.

**Key messages**

- People were supported in a person-centred way, and staff knew them well.
- The new manager had been getting to know people and their families and had begun developing the service improvement plan.
- A range of quality assurance tools and processes supported the manager's oversight of the service.
- Staff said they felt supported and had access to the training they needed.
- Improvements were needed in some areas of the environment.
- There had been improvements to people's personal plans and daily records.

**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?	3 - Adequate
How good is our staff team?	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?

## 3 - Adequate

We evaluated different parts of this key question as good and adequate, with an overall grade of adequate. While several strengths impacted positively on outcomes for people, there were weaknesses which impacted on people's experiences.

People appeared well cared for and families told us they were happy with the support that their relative received. One family member told us that their relative is more "relaxed and happier" since living at the service, and another said their relative "was settled and happy" with the core group of staff who supported them. Families and external professionals said people were respected and listened to, and that they experienced compassion, dignity and respect. Staff spoke positively about the people they supported and knew people well.

The service supported people with a range of complex needs, and care was tailored to each person's individual needs. External professionals told us that people's health benefited from the care and support they received, that communication with the service was effective, and that staff were well informed about people's needs. One said the service "supports highly complex people well". This showed that the service worked effectively with other professionals, contributing to positive outcomes for people.

Each person had a detailed personal plan, providing staff with the information they needed to deliver safe and consistent support (see 'What the service has done to meet any areas for improvement made at or since the last inspection'). People and their families were involved in decisions about their service where appropriate and contributed to developing and reviewing their personal plans.

People who experienced stress and distress had clear, detailed plans in place, and staff followed professional guidance. One external professional told us that whilst some people can display "behaviours that challenge. The staff team are usually able to follow existing guidance, and use their professional skills to de-escalate situations, or to manage them safely" and that they believed this was one of the service's core strengths.

Procedures such as handovers and daily notes were in place to keep staff informed and up to date. This supported consistent practice and ensured staff had an understanding of people's current needs.

People received individualised support with their medication. There was an assessment in place which detailed what support people required and procedures in place to ensure people received the right medication at the right time. As a result, people received safe and effective support with their medication.

People were supported with their nutrition depending on their individual needs. This included menu planning, shopping and meal preparation. Personal plans detailed people's nutritional needs and support where this was required.

People were able to choose how they spent their time and were supported to maintain and develop their interests. People took part in a range of activities, which included shopping, swimming, going for walks and meeting friends. The service also supported people to maintain relationships with their families.

Some families told us they would like their relative to have more activities in place. While some external professionals said that people had timetables in place to support community participation, one professional felt that some people did not get out as much as they would like due to a lack of drivers and staff confidence. We discussed this with the manager during the inspection, who outlined plans to review and develop activities on offer. We shall review this at the next inspection.

We found that some areas of the environment were not clean, safe or well maintained, which did not support people's comfort or wellbeing. Families and external professionals also told us that some areas of the environment were not of a good standard, and we had identified similar concerns at the previous inspection. We found damaged flooring, chipped paintwork, woodwork and worktops, broken doors, windows and furniture, damaged shower chairs, broken bins, and old or unused items in people's gardens. These issues meant that some areas could not be cleaned effectively and posed a risk of contamination and infection which places people at risk.

The landlord was responsible for some of the maintenance and repairs of the building, with the provider being responsible for identifying and escalating concerns. We found that environmental checks and infection prevention audits had not identified several of the issues we observed, and some staff did not recognise the extent of the deterioration. Although staff had access to personal protective equipment and mostly followed safe practices, we did observe examples of poor practice, such as staff leaving people's flats wearing gloves, which increased the risk of cross contamination.

The manager was proactive and responsive during the inspection and arranged for several items to be removed immediately. However, the existing oversight and escalation processes had not been effective in ensuring timely action, and this increased the risk to people's health and wellbeing. During the inspection, the manager also made plans to complete a full audit of the environment to ensure all issues were identified, which increased our confidence in their capacity to make improvements. (see area for improvement)

### Areas for improvement

1. To ensure people experience care in an environment that is safe, well maintained and minimises the risk of infection, the provider should strengthen their environmental oversight and escalation processes. This includes ensuring that issues requiring attention are identified promptly and escalated appropriately with the relevant person/s.

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

'My environment is secure and safe' (HSCS 5.19) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

## How good is our staff team?

## 4 - Good

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

There was positive feedback from families and external professionals about staff. They said staff were welcoming and had enough time to support people.

The service benefited from a consistent and stable staff team, including regular relief staff who covered shifts when needed. This meant that people were supported by staff who knew them well.

Staffing levels were based on people's agreed hours. This meant that people's needs were met at the right times by the right number of staff.

Staff skills and experience were considered when allocating support. Staff gave examples of planning for significant events, such as new people moving in, and allocating experienced staff to support these transitions. This helped people feel well supported and helped staff feel confident and informed.

Staff worked well together and regular team meetings supported good communication across the service. The new management team had contributed positively to this, helping strengthen teamwork and consistency. One staff member told us, "The team have really come together this last year".

Staff spoke positively about their roles and most interactions we observed were warm and caring, and positive relationships had been built between staff and people.

There was a clear structure for learning and development for each role within the service. The manager had completed individual training needs analyses for each supported person. This helped to ensure that staff had the knowledge and skills required to support people safely and achieve good outcomes.

Staff received regular supervision and appraisal and had responsibility to prepare for these meetings, which encouraged reflection. At the time of the inspection, feedback from people using the service had not yet been incorporated into these processes, although the manager planned to introduce this.

The management team carried out observations of practice, including medication competencies, mealtime and dietary support, manual handling and infection prevention and control. This helped ensure training was applied consistently in practice.

## 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 develop their service improvement plan. This should include, but not be limited to, their own self evaluation of the service and the views of people and their families who use the service.

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

'I am actively encouraged to be involved in improve the service I use, in a spirit of genuine partnership' (HSCS 4.7);

and

'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 17 January 2025.**

#### Action taken since then

A new service improvement plan had been created when the manager took up post last year, and there were plans to involve people, families and staff going forward.

The manager had begun introducing discussions about quality indicators at staff meetings and intended to gather direct feedback from people being supported and their families about priorities for improvement.

A family open day was being planned to build relationships with the new management team and seek views on the service. Regular self assessments were also being completed using the quality framework.

While these actions showed that progress had been made, further work was needed to ensure the improvement plan was informed by meaningful consultation and involvement. We look forward to seeing how this progresses at the next inspection.

This area for improvement has not been met.

#### Previous area for improvement 2

To support people's health and wellbeing and improve the quality of their support, the provider should improve the quality of their paperwork and recordings so that they are all completed to the same high standard. This should include but not be limited to personal plans, daily notes and any other documentation related to people.

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

'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).

**This area for improvement was made on 17 January 2025.**

### Action taken since then

Since the last inspection the service had introduced an online care planning system, and all personal plans had been audited between November 2025 and January 2026 using a new audit tool.

The service had set a deadline to complete actions arising from these audits and work was well underway.

The plans we sampled were detailed and outcome-focused and an external professional described two recently reviewed plans as robust and reflective of professional guidance. Minor updates had been discussed with the management team who had agreed to update them accordingly.

Daily notes were also recorded in the new system. While we found some records lacking detail, this had been addressed with staff as a learning opportunity.

Although some actions remained in progress, we were confident that there were clear processes and oversight mechanisms in place to ensure ongoing improvements.

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](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
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
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
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

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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