

# Living Ambitions Limited West Scotland (Forth) Housing Support Service

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

**Completed on:**  
3 March 2025

**Service provided by:**  
Living Ambitions Ltd

**Service provider number:**  
SP2003000276

**Service no:**  
CS2023000245

## About the service

Living Ambitions Limited West Scotland (Forth) is a combined housing support and care at home service. It is registered to provide a service to people with learning disabilities, autism or mental health support needs in their home and in the community.

The service registered with the Care Inspectorate in August 2023.

The service is managed by a registered manager, with the support of a deputy manager. It has its main office in Glasgow, with a further hub space in Hamilton. It is registered to operate across Forth Valley, South Lanarkshire and the West of Scotland. At the time of this inspection the service supported 18 people.

People receive support ranging from around 13 hours a week to 24-hour support. Some people live alone or with one other person. At the time of this inspection three people lived in a "house of multiple occupancy" (HMO). This is accommodation where people have their own tenancy within a shared house and share some facilities and staff.

## About the inspection

This was a short notice announced inspection which took place between 26 and 28 February 2025. The inspection was carried out by an inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included registration information and information submitted by the service.

In making our evaluations of the service we:

- Visited eight people in their homes.
- Spoke with leaders and staff in a variety of settings.
- Observed staff practice and interactions with people.
- Reviewed survey responses from 10 people who received support from the service, 11 members of staff, and one external professional.
- Checked support plans, health recordings, quality assurance documents, staff recruitment files, and a variety of other documents.

## Key messages

- People had very good health outcomes.
- The service was led well.
- Staffing levels were generally very good, and staff worked well together.
- Assessment and care planning was good but could be enhanced.

## 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 good is our leadership?	5 - Very Good
How good is our staff team?	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 made an overall evaluation of very good for this key question as there were major strengths in supporting positive outcomes for people. There were few areas for improvement.

### Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

Relationships between staff and people were warm, respectful, and positive. People appeared happy and relaxed in their surroundings. We had informal conversations with some people who received support from the service. Everyone we spoke with was happy with the with quality of their support and the staff providing it.

Staff had received training in key areas to support people with their health and wellbeing. This included medication administration, moving and assisting, basic life support and adult protection. Staff who supported people with specific health needs had received appropriate training and guidance. This included how to safely support people with conditions such as dysphagia. Leaders carried out regular observations of staff practice to ensure safe staff practice. This included the safe administration of medication. This meant people could be confident that they were supported by skilled staff who had the necessary training and guidance.

Training could be further enhanced by having a stronger focus on future care planning. Please see the assessment and care planning section of this report for more details of future care planning in the service.

We received positive feedback from people and their family members. Some comments included:

- "I like where I live and feel safe."
- "Staff make you feel good and take me out."
- "You get good healthy food ! Nice holidays."
- "Care is excellent and staff are very supportive when on trips out."

People's health and wellbeing benefited from their care and support. Staff we spoke with were knowledgeable about people's current health needs. People benefited from having access to multi-disciplinary health support. Leaders liaised with external professionals when required, including sharing any concerns with the appropriate people. This meant people were supported to have access to the right health care at the right time.

People were supported to access relevant health screenings. Staff worked hard to support people to overcome barriers they had accessing health care. Staff also advocated for people to ensure they had access to the right health care. This approach had led to improved health outcomes for people supported by the service.

Although we were satisfied that people were supported to attend health screenings, records of the screening could be improved to ensure the information was readily available if needed, and to keep track of when the next screening was due. We discussed this with leaders. They were receptive to our feedback and discussed the services' upcoming move to a digital system of support planning, which they anticipate will improve record keeping. We will check progress in this area at our next inspection.

Medication administration procedures were well managed. The recording of as required medication was generally good although it could be further enhanced by ensuring the outcome of the medication is recorded. We discussed this with the manager and were satisfied they would ensure that moving forward this would be done.

The quality of health and support information in current support plans was generally good. Plans would benefit from taking more of a strengths-based approach, where emphasis is placed on what people can do rather than what they cannot do. Please see the assessment and care planning section of this report for more details.

People experienced very good support with their emotional health and wellbeing. There were several examples of improved wellbeing since people started using the service. Staff placed a strong emphasis on reducing social isolation. People were very well supported to engage in community activities which enhanced their quality of life.

### How good is our leadership?

**5 - Very Good**

We made an overall evaluation of very good for this key question as there were major strengths in supporting positive outcomes for people. There were few areas for improvement.

#### Quality Indicator 2.2 Quality assurance and improvement is led well

The service was led by the registered manager with the support of a deputy manager. They promoted responsibility and accountability within the larger staff team. Champion roles were well used, with support staff taking on additional responsibilities in areas such as medication and health and safety.

We received positive feedback about leaders in the service. People and staff felt leaders were supportive and visible. Staff we spoke with felt the service had improved since the current manager took up post. Staff were proud of the service and recognised the important role it played in people's lives. Some comments made by staff included:

- "We have a great staff team who work well together in the best interests of our clients."
- "We have a great management team."
- "We are good staff members who work well together and contribute to giving the best care."
- "We have great management who are always on hand if needed."

Improvement was led well. The provider had developed a very good system of quality assurance. These activities took place on a regular basis, with a tiered approach whereby support staff undertook some of their own quality assurance. This was then checked by leaders in the service, which was in turn checked by external managers. This approach helped ensure quality assurance was effective and used to drive improvement.

Quality assurance activities contributed to an overall service improvement plan. This gave the manager an understanding about what was working well and what improvements were still needed. We evaluated that the service improvement plan could be enhanced by ensuring it captured overarching themes for quality assurance activities, with more detail on actions needed to see improvements through to completion. We discussed this with the manager, who was receptive to our feedback. We will check progress at our next inspection.

## How good is our staff team?

**5 - Very Good**

We made an overall evaluation of very good for this key question as there were major strengths in supporting positive outcomes for people. There were few areas for improvement.

### Quality Indicator 3.1 Staff have been recruited well

Safe recruitment of staff was in-line with current legislation and guidance. All appropriate checks were carried out prior to new staff commencing work in the service. New staff received a safe induction. This included appropriate training relevant to their role. Staff had the opportunity to work one shadow shift during their initial training period. This allowed them to link training to practice from the outset of their employment. Once initial training was completed, staff worked further shadow shifts until they felt confident and competent in their role. This meant people could be confident that staff had been recruited well and received a safe induction.

People using the service had sometimes had the opportunity to be involved staff recruitment. We discussed how this could be enhanced further by developing a strategy so that people could be involved in recruitment in more planned way, along with more opportunities to give feedback on staff performance during their probationary period. Leaders had already identified this as a key area and had plans in place to involve people in a meaningful way. We will check progress in this area at our next inspection.

### Quality Indicator 3.3 Staffing arrangements are right and staff work well together

We recognise the current staffing challenges across social care nationally. Leaders worked hard to ensure they had the right numbers of staff with the right skills to meet people's needs. Leaders placed a strong emphasis on providing a consistent staff team for people. Staff we spoke with were flexible in their approach and put the needs of people experiencing care first. Staff worked well together and there was a warm and friendly atmosphere in every area we visited. This approach had contributed to improved outcomes for people.

Staffing levels allowed for much more than basic care needs to be met and supported people to get the most out of life. A particular strength was the support people had to access their local and wider community. Many people had also been supported to go on holiday over the last year. There was good evidence of people being supported to identify and achieve their personal goals and outcomes.

## How well is our care and support planned?

**4 - Good**

We made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes. However improvements were required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

### Quality Indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes

People benefitted from a well-planned assessment process. The provider had its own assessment team who supported the registered manager in completing person-centred assessments. This process informed any further training needs staff may require. People could be confident that they would be safely introduced to the service, with staff having the right information and training to meet their needs and wishes.

Reviews took place at least every six months, or earlier when people's needs changed.

People had appropriate risk assessments in place when required. Reviews demonstrated that people were well supported to achieve their goals and outcomes. We discussed with leaders that review records could be further enhanced by ensuring action plans were completed that detailed how leaders and staff would go about supporting people to achieve their individual goals.

Support plans generally covered key areas of people's support needs. Support planning would be improved by having more a strengths-based approach, where emphasis was placed on things people can do, rather than things they cannot do. We evaluated that support plans currently took a deficit-based approach and tended to list the things people were not able to do. This meant opportunities to promote people's independence or develop/maintain skills were not being maximised. We made an area for improvement about this. **(See area for improvement 1)**

Several peoples' support needs were changing as they aged or developed health conditions. Leaders and staff should take a more planned approach to future care planning. This means anticipating what people's future needs might be, and ensuring staff are equipped with the right skills and training to meet those needs. It may also include environmental changes and having discussions around the right staffing levels. We made an area for improvement about this. **(See area for improvement 2)**

### Areas for improvement

1. In order to fully support people's independence and opportunities to develop or maintain skills, the provider should ensure support planning takes a strengths-based approach. Support plans should detail what people can do for themselves, along with areas where they need some staff support, and areas where they need a high degree of staff support.

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

"I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6)

and

"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).

2. In order to support people's health and wellbeing now and in the future, the provider should develop a strategy around future (anticipatory) care planning. This should include improving staff knowledge and understanding around the principles of future care planning to ensure it is embedded in support plans and a regular discussion point during reviews.

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

"My future care and support needs are anticipated as part of my assessment" (HSCS 1.14)

and

"I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

## 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 good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.1 Staff have been recruited well	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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