

## Inspired Independent Living Support Service

Core Space  
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**Type of inspection:**  
Unannounced

**Completed on:**  
10 April 2025

**Service provided by:**  
West Park Supported Living LLP

**Service provider number:**  
SP2012011861

**Service no:**  
CS2012309379

## About the service

Inspired Independent Living is a care at home service for adults and older people with physical, mental and/or learning difficulties living in their own homes and in the wider community. The provider is West Park Supported Living LLP.

The service operates from an office base in Kilmarnock.

The aim of the service is to enable individuals to secure and maintain their own tenancy and as such, become a complete and valued member of their local community.

At the time of this inspection there were three people receiving support from this service.

## About the inspection

This was an unannounced inspection which took place from 2 to 4 April 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, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three people using the service and three of their family
- spoke with five staff and management
- received eleven completed questionnaires
- observed practice and daily life
- reviewed documents

## Key messages

- People experienced compassionate, respectful, and person-centred care and support, delivered by a consistent staff team who knew them well.
- The service was well led, by a skilled and highly motivated manager, who helped the service to achieve significant improvements since the previous inspection.
- The regular assessment and planning of staffing was up-to-date, person-centred, and focussed on people's needs and wellbeing.
- Families felt well informed and included in healthcare decisions This supported people's rights and ensured significant decisions were supported by those who knew them best.
- People's care and support plans demonstrated the service's person-centred approach, but needed more focus on regularly evaluated personal outcomes.

## 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 evaluated this key question as good, with several strengths positively impacting outcomes for people and clearly outweighing areas for improvement.

We observed strong evidence of effective support for people's healthcare and received positive feedback from individuals regarding the service's role in promoting the health of the people they supported.

Staff we spoke with demonstrated a clear understanding of the importance of good healthcare support and their personal role in facilitating it. New care plans had been established to support people's general health and manage existing conditions. This enhanced ongoing health support, making it more measurable and evidence-based.

The service managed medication robustly, ensuring accurate and reliable recording of both regular and 'as required' medication. This process was reinforced by effective, routine medication audits conducted by senior staff.

We identified areas where the service could further improve the monitoring and documentation of specific health concerns. Potential enhancements included the use of validated pain assessment tools and nutritional risk assessments (**see Area for Improvement 1**).

Observations and conversations with individuals receiving care, their families, and staff highlighted that people enjoyed strong relationships with their core staff team. Low staff turnover ensured that staff knew each person well, facilitating effective communication and personalised care for both mental and physical health needs.

The service enabled people to make informed, healthy choices regarding food and activities. Where necessary, staff supported people in accessing external health professionals, ensuring appropriate care for both acute and long-term health conditions, as well as proactive health promotion.

Families reported that the service kept them well-informed and involved. However, some social workers expressed a desire for more frequent updates and engagement, and we passed this feedback on to the manager. Overall, we found that the service had made significant improvements and demonstrated a strong commitment to keeping people informed and meaningfully involved.

### Areas for improvement

1. To support people's health and wellbeing, the provider should ensure the consistent and robust use of validated assessment tools.

This should include, but is not limited to, the use of pain assessment tools that match the individual persons abilities to communicate their pain status and nutritional risk management tools, such as MUST.

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

'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9)

and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

## How good is our leadership?

4 - Good

We evaluated this key question as good, as the service had several strengths that positively impacted outcomes for people and clearly outweighed areas for improvement.

The new manager had a strong understanding of the service's strengths and areas needing improvement, which was reflected in the service's comprehensive action plan. As a result, the service met five previous requirements and made significant improvements across multiple areas, including quality assurance (**see section: What the service has done to meet any requirements we made at or since the last inspection**).

It was encouraging to see that the manager prioritised conversations with people receiving care, their families, and staff as part of the service's improvement work. As a result, people felt better informed, more involved, and more confident in the service.

People told us that this open and inclusive approach helped them to better understand the standards they should expect and how the service worked to maintain them.

Engaging more junior staff, service users, and families in quality assurance could provide more diverse perspectives, strengthen person-centred care, and promote continuous improvement, leading to better outcomes. We discussed with the manager that future improvements should include greater involvement of people receiving care, their families, and staff in quality assurance. This could be achieved through regular sharing of quality assurance findings and actions, as well as by delegating appropriate tasks (**see Area for Improvement 1**).

If any issues arose, the service had a clear and transparent complaints policy. This policy was proactively shared with people to ensure they knew how to raise concerns formally. Staff told us they felt confident in reporting any concerns to the manager or senior staff. This helped to maintain safety and high standards of care.

## Areas for improvement

1. The provider should explore and develop ways to promote and enhance participation in quality assurance and service development. This should include, but not be limited to, the use of data over time to illustrate performance and involving people in service development planning.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## How good is our staff team?

4 - Good

We evaluated this key question as good, as the service had several strengths that positively impacted outcomes for people and clearly outweighed areas for improvement.

The service carried out a training needs analysis for all staff, and the results informed a clearly structured yearly training plan. The training subjects reflected the service's focus on providing staff with a range of learning opportunities designed to support good outcomes for people. As a result, the service met a requirement for staff training we made at a previous inspection (**see section: 'What the service has done to meet any requirements we made at or since the last inspection'**).

Staff spoke positively about the variety and quality of their training. They also appreciated the combination of online and face-to-face learning, which effectively supported different learning styles.

The service introduced a schedule for regular observations of practice. These observations were meaningful, enabling managers to gain valuable insights into staff competence and the effectiveness of training. Feedback from families and external professionals about staff quality and competency was positive.

Managers ensured staff had regular supervision meetings, providing a confidential space to discuss their work, wellbeing, and learning needs. As a result, the service met a requirement for supporting staff supervision and reflective practice, we made at a previous inspection (**see section: 'What the service has done to meet any requirements we made at or since the last inspection'**).

Managers continuously assessed the staffing arrangements to ensure they met people's needs. The establishment of a stable core team for each person receiving care demonstrated the service's commitment to matching staff effectively to individuals, aiming to achieve good outcomes and continuity of support.

There was strong evidence that staffing arrangements were transparent and well-communicated. People receiving care and their families were informed of staffing schedules in advance and notified of any necessary changes. This helped to build confidence in staffing arrangements and reduced uncertainty and stress.

People receiving care, their families, and staff benefited from the open and supportive atmosphere created by the manager. This improved communication, supported staff wellbeing, and encouraged open discussions about how best to support the ongoing development of the service.

## 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.

People should benefit from dynamic, innovative, and aspirational personal planning that consistently informs all aspects of the support they experience. There should be strong involvement of people and their representatives, and all that should be supported by strong leadership and quality assurance.

People's care and support plans were up-to-date and person-centred. People confirmed to us that they had regular opportunities to review care and support plans with senior staff. This helped to ensure that people's care and support plans were dynamic and centred on people's needs and experiences. We assessed a previous requirement for care and support plans and found that it was met (**see section 'What the service has done to meet any requirements we made at or since the last inspection'**).

The service had improved people's positive behaviour support plans. This was done with participation and involvement of external professionals and families. As a result, the service met a previous requirement

(see section 'What the service has done to meet any requirements we made at or since the last inspection'). The new positive behaviour support plans provided staff with clear and easy to navigate information that helped them to understand a behaviour and possible causes, triggers or precursors, and which guided them towards providing the right support at the right time.

Personal outcomes describe what a person wants to achieve and the difference this would make to their life and wellbeing. Realistic personal outcomes give meaningful direction to care plans for daily support and activities. Regular evaluations of the care plans are important for measuring progress, acknowledge achievements and initiate timely changes, where necessary. We found that the service should improve the integration of people's personal outcomes in their care plans (**see area for improvement 1**). This should ensure that people's daily support is focussed on their personal outcomes and that the effectiveness of the plans is regularly evaluated.

The service demonstrated a strong commitment to keeping people, their families, and social workers involved and informed. This was evident in the care plans, care reviews, and feedback received from individuals. The service facilitated regular reviews of people's care. These reviews were well prepared and documented. This ensured that people and their families or representatives had regular opportunities to discuss the quality of care and to be involved in decision making.

People's care and support plans included detailed information about their healthcare needs. This supported people's safety and wellbeing, by providing staff with clear guidance on how to facilitate regular health checks and treatment, and on what to do in a physical or mental health crisis.

People's personal risk assessments were complete and up-to date. Risk assessments and plans to promote people's safety were not overly restrictive and enabled people to be active and to make valuable experiences. This promoted people's sense of wellbeing, as well as their skills and confidence.

People felt that their rights were respected, and legal documentation was in place to ensure that staff were aware of who held legal rights for the people they supported. This helped to keep people safe and ensured that decision-making was inclusive and transparent.

## Areas for improvement

1. To ensure ensure that effective care plans drive consistently good outcomes for people, the provider should ensure that care plans plans, regular reviews and daily documentation are focussed on clearly defined, measurable, personal outcomes, with regular evaluations that reflect the impact of planned actions on people's experiences.

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)

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

### Requirements

#### Requirement 1

By 3 January 2025, the provider must ensure that positive behaviour plans benefit people's health and wellbeing by being clear and concise. They must provide staff with the information they require to support someone, minimising stress, and distress behaviour.

This is to comply with Regulation 4(1)(a) and (c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This ensures care and support is consistent with the Health and Social Care Standards, which state: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

**The timeline was extended on 8 January to 3 March 25**

**This requirement was made on 30 October 2024.**

#### Action taken on previous requirement

The service reviewed and improved all positive behaviour support plans. This was done with participation and involvement of external professionals and families.

The plans were therefore up-to-date and accurately reflected the person's support needs and aims. The plans provided staff with clear and easy to navigate information that helped them to understand a behaviour and possible causes, triggers or precursors, and which guided them towards providing the right support / intervention at the right time

This meant that staff have been provided with effective positive behaviour support plans that can help to avoid and limit episodes of stress and distress.

**Met - within timescales**

#### Requirement 2

By 3 March 2025, the provider must ensure that improvement and quality assurance for the service is responsive and is carried out effectively to show good governance that contributes to high quality care.

To do this, the provider must, at a minimum:

- a) implement or put in place an improvement plan that enables the service to evaluate its quality and performance based on evidence.
- b) ensure quality audits are kept up-to-date and any actions identified are addressed.
- c) management ensure that they have an overview of service delivery and use this to keep all necessary actions up-to-date.
- d) ensure that people using the service and other stakeholder's experience of the service is sought and used to improve service delivery.



This is 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 ensures care and support is consistent with the Health and Social Care Standards, which state:

“I use a service that is well led and managed.” (HSCS 4.23).

**This requirement was made on 30 October 2024.**

#### Action taken on previous requirement

Managers had reviewed the service’s quality assurance and improvement processes and were able to demonstrate that these were now more robust, effective and responsive. A particular example of effectively using a quality assurance process to achieve improvement over time was the medication audit process. Medication audits were carried out regularly and robustly. Findings were captured and shared with staff, together with clearly formulated improvement actions. As a result the service was able to demonstrate that practice and therefore audit results improved over time.

Consequently, managers had a good overview and understanding of the service’s strengths and weaknesses. This knowledge was used to inform a detailed and up to date service improvement plan. Families and staff confirmed that managers consulted with them extensively to gain their opinions. This feedback also unanimously showed that people appreciated this and that it strengthened their confidence in the service and the management.

**Met - within timescales**

#### Requirement 3

By 3 March 2025, the provider must improve upon approaches to all staff supervision. Support and supervisions must take place in accordance with the organisational policy and explore reflective practice.

This is to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

This ensures care and support is consistent with the Health and Social Care Standards, which state:

“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 30 November 2024.**

## Action taken on previous requirement

The service established a robust system for organising regular supervision and appraisals. Planning and completion were regularly monitored. Managers could produce compliance reports at any time. The supervision process was linked to regular observations of practice, called 'spot checks'. The spot checks were scheduled and completion was monitored. If a planned spot check could not be carried out, the reason for this was documented and the spot check was re-scheduled.

Staff had the opportunity to discuss their training needs during their supervision session.

Reflective practice was included on every supervision agenda. We sampled supervision records which showed that reflective practice was discussed.

## Met - within timescales

### Requirement 4

By 3 March 2025, the provider must ensure that staff receive training that meets the needs of people they support.

To do this, the provider must, at a minimum:

- a) carry out a training needs analysis which includes knowledge and skills required to support people's specific conditions.
- b) ensure that people are cared for by staff who are equipped with the required knowledge and skills to meet their needs. Paying particular attention to autism, stress and distress, de-escalation techniques, communication and practical moving and assisting.
- c) provide mandatory training for all staff and ensure that they comply with this.

This is to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

This ensures care and support is consistent with the Health and Social Care Standards, which state:

"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 30 October 2024.**

## Action taken on previous requirement

The service carried out a training needs analysis. This led to a detailed training plan for the current year. The training plan included appropriate training subjects, such as creating social stories, recording information, communicating effectively, and Makaton.

The training topics specifically included in this requirement were all covered by the training plan. The service's quality assurance system alerted managers to any due or overdue mandatory training.

## Met - within timescales

### Requirement 5

By 3 March 2025, the provider must ensure that personal plans contain up-to-date information about people's needs, wishes, choices and outcomes to enable staff to deliver care and support effectively.

To do this, the provider must, at a minimum:

- a) ensure people or where relevant, their representatives, are fully involved in developing the personal plan
- b) ensure that personal plans reflects the current assessed needs of each person supported
- c) ensure personal plans are person centred, outlining abilities and promoting people's choices
- d) ensure that personal plans are updated following the outcome of reviews.

This is in order to comply with Regulation 5(1), 5(2)(a), 5 (2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This ensures care and support is consistent with the Health and Social Care Standards, which state:

"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)  
and

"My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions" (HSCS 2.11).

**This requirement was made on 30 October 2024.**

#### Action taken on previous requirement

We assessed the personal plans of all three service users and found that the included information was up-to-date and person-centred. New plans for supporting people's healthcare needs were added.

Positive behaviour plans were reviewed and improved. These included good, useful detail, that used staff's good knowledge of the individual person.

People's six-monthly care reviews were well prepared and ensured meaningful involvement of people experiencing care and their families.

**Met - within timescales**

## 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
3.2 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
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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