

# ARK Grangemouth Care Home Care Home Service

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Grangemouth  
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Telephone: 01324 474115

**Type of inspection:**  
Unannounced

**Completed on:**  
28 February 2020

**Service provided by:**  
Ark Housing Association Ltd

**Service provider number:**  
SP2003002578

**Service no:**  
CS2003011479

## About the service

Ark Grangemouth registered with the Care Inspectorate in April 2011.

Ark Grangemouth is part of Ark Housing Association, which provides support and housing across 13 Scottish Local Authorities.

The service is registered as a Care Home and provides support to a maximum of 10 people, who have learning disabilities. At the time of our inspection, the service was full.

The aim of the service is "to promote the rights and aspirations of people with learning disabilities by providing socially inclusive and flexible opportunities for housing, support and other services".

## What people told us

Comments from people using the service and those involved with it were mainly positive. They included:

"I am happy here"

"The staff all help me"

"I like going out with staff"

"My relative is very happy there"

"I have no concerns with the service"

"I think the staff are burnt out".

## 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 leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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?

**3 - Adequate**

Ark Grangemouth is a care home provided in a large two storey building centrally located within the town. Some of the bedrooms had en-suite showers, with others sharing facilities. There was no lift access in the service. At the time of our inspection, we felt the strengths of the service outweighed weaknesses, but

improvements were needed by addressing areas of practice that were not contributing to positive experiences and outcomes for people.

There were some good interactions between staff and people living in the service. These were warm and it seemed staff knew people well. We saw that service users felt safe, comfortable and relaxed. People were encouraged to be involved with daily household routines they enjoyed, and there was enough space for people to relax and take part in their own activities and interests.

We did however, see some practice that was lacking in terms of ensuring people experienced compassion, dignity and respect. On some occasions we saw that staff did not speak about people in a way that was courteous and respectful, and some approaches taken by management and staff showed a lack of empathy or understanding. This led to practice that did not show respect or value people. (See area for improvement 1)

We saw people going out and taking part in activities in the local community which they enjoyed, as well as spending quality time with their families. We heard about events that had happened recently, including two people going on holiday, and trips to see rugby matches. We heard positive feedback that people had been well supported to settle into the service, and their confidence had increased as a result.

In our previous inspection report, we stated the service should develop its 'key worker chats' by moving on from relying on verbal communication. These conversations are an important means of ensuring people are fully involved in directing their own care in a way that meets their needs and wishes. These have now stopped completely and have not been replaced with a meaningful alternative, Therefore limiting opportunities for people to lead their own support in a way that suits them. (See area for improvement 2)

Outing planning appeared to be spur of the moment, and choices for trips out were somewhat repetitive. We felt the service would benefit from having an activity coordinator champion, who could plan activities ahead. This would help ensure people could choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.

The service had a number of important strengths in supporting people to have positive health outcomes. Annual health checks were up to date and some people had been supported to have specific health screenings. Although it was good, we would like the service to move forward with ensuring all people are supported to have access to relevant screenings.

There were strong links with various health professionals including, occupational therapists; district nurses and learning disability nurses. The service could call upon these people when needed, and we were confident any health concerns were addressed promptly. Care plans contained good information about people's health needs and the service had been pro-active supporting people with medication changes.

When sampling medication procedures we saw some gaps in administration records, which could lead to poor health outcomes for people. The service should ensure it has robust quality assurance processes in place, which would both minimise the risk of errors and quickly identify if any mistakes had been made.

## Areas for improvement

1. The service should ensure all aspects of care and support are delivered in a manner that promotes dignity, compassion and respect. Consideration should be given to values-based learning opportunities for workers, and more opportunities to reflect on practice.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that 'I experience care and support where all people are respected and valued'. (HSCS 4.3)

2. The service should develop opportunities for people to regularly contribute to service development and communicate their needs, wishes and opinions. The service should also consider communication training to support people who do not use speech as their primary means of communication.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that 'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs' (HSCS 2.8) and 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve'. (HSCS 4.8)

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

This key question was not assessed.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

**4 - Good**

Care planning within the service was of a good standard and there were a number of important strengths which had positive impact on people's experiences. Personal support plans contained good detail and were up to date. It was clear from the information in them that they had been written by staff who knew the person, as there was good reference to support needs, as well as people's likes and dislikes.

Care reviews were happening regularly, attended by the person receiving support and their key worker. Family members and professionals were also invited. We heard positive examples of people being supported over a period of time to attend the whole meeting, enabling them to be in control of their lives as much as they could be.

There were also detailed risk assessments which were being reviewed and updated on a regular basis. They were of a good quality and captured appropriate risks for people coupled with measures to manage the risk.

We did not see a strong outcome focus in both support plans and the review process. Although, people had stated in their reviews that they were happy with how things were going, the service should have outcomes in place that demonstrate high aspirations and an innovative approach. This would help ensure people get the most out of life and are supported to achieve their potential.

The service had good in-house arrangements for looking after people's money, but a number did not have formal financial appointees in place. This is an important safeguard for protecting people's financial affairs, and we would like the service to work towards supporting everyone to achieve this. (See area for improvement)

### Areas for improvement

1. The service should ensure that arrangements are in place to safeguard people's finances, including financial appointees where appropriate.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.' (HSCS 2.5)

## 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	3 - Adequate
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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