

Ark Edinburgh Housing Support Service

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Type of inspection:
Unannounced

Completed on:
1 October 2025

Service provided by:
Ark Housing Association Ltd

Service provider number:
SP2003002578

Service no:
CS2004073934

About the service

Ark Edinburgh provides care and support for adults with learning disabilities, physical disabilities and mental health conditions.

The service consists of six teams which support people across the Broomhouse, Clermiston, Oxbgangs, Quartermile and Southhouse areas of Edinburgh.

At the time of the inspection, the service was offering care and support to 37 adults.

The service was registered with the Care Inspectorate on 20 July 2004 and the provider is Ark Housing Association Ltd.

About the inspection

This was an unannounced inspection which took place between 23 September and 1 October 2025. The inspection was carried out by three 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 10 people using the service
- spoke with and received electronic feedback from nine family members
- spoke with and received electronic feedback from 20 staff and management
- observed practice and daily life
- reviewed documents
- spoke with and received electronic feedback from seven involved professionals.

Key messages

- People benefitted from a responsive, accessible management team who had good oversight of the service.
- The service had improved stability in their management and staff teams.
- Staff training compliance in key areas had improved, with greater management oversight.
- People benefitted from a staff team who worked well together.
- The service needed to improve their medication administration practices and procedures, including auditing systems.

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?	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?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

People experienced flexible care and support from a staff team they mostly knew well. Recent recruitment had increased the stability of people's care and support, however some people were still getting to know their new staff. People and their families had noticed the increased staff team stability, could see positive improvement and were generally happy with the care and support provided. This meant that people could be assured that the service were committed to improving their experience of care and support.

People's medication and topical cream care and support was well managed in some areas of the service but required urgent improvement in others. We sampled a number of medication administration records and found many to be consistently and accurately completed, however in one part of the service we found significant concerns. We found incomplete or missing medication charts, including those for controlled drugs and topical creams. We found inadequate or missing stock control records. We were concerned with epilepsy protocols and record keeping. We discussed this with the service and asked for urgent review of medication practices and auditing procedures (see requirement one). This meant that some people did not experience safe and effective care and support with their medication but could be assured the service had agreed to take urgent action to remedy.

Most people experienced a varied and meaningful range of activities in their life. We heard numerous examples of people trying new things and gaining new skills which had in turn improved their quality of life. People's care plans detailed things people liked to do and what was important to them, however not all people were achieving or engaging with these outcomes. We discussed this with the service and asked that care plans contain more detail on what motivates a person and how best to support their engagement. The service agreed to progress this. This meant that people were being supported to improve and maintain meaningful activities but further work was needed to support all people to achieve these outcomes.

The service had made improvements to their moving and handling training and record keeping. We were able to clearly identify which level of training each member of staff had completed. There were clear records of competency checks, to ensure staff had embedded their learning into practice. The service were still working to improve training compliance with specific moving and handling techniques, such as wheelchair assistance, however all staff who supported people who used a mobile hoist had been, or were about to be trained and assessed as competent. This meant that people could be assured that their staff had training appropriate to their individual mobility needs and could have confidence that the service were continuing to improve staff practice.

People benefitted from strong practice leadership in positive behaviour support (PBS). The management team were well versed in PBS practices, with the manager holding an instructor role which included being a restrictive practice champion. The management team had a training plan in place to increase staff skills in planning, recording, reviewing and implementing a personalised PBS approach. We saw evidence that staff were employing a PBS approach but further training and support was needed to improve the quality of PBS recording. This meant that people could rely on the service to ensure staff were working to current, best practice approaches.

Records of people's daily support were much improved since the last inspection. The service had provided staff with training and development sessions and we saw numerous records that detailed information important to people's outcomes, health and wellbeing. The service recognised there were still improvements to be made and were continuing to champion best practice with the staff team. Staff had not yet received formal training to understand people's outcomes, how they are achieved and how to effectively record progress. The service had plans to implement this training as part of continued staff development. This was an area identified in a previous inspection as an Area For Improvement (see "What the service has done to meet any areas for improvement we made at or since the last inspection" section of this report for more information).

Requirements

1. By 1 December 2025, 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, dated and accurately completed, including details of any errors or notes.
- b) Ensure accurate medication and topical cream stock control procedures and record keeping.
- c) Ensure as-required protocols match people's prescribed medication administration requirements.
- d) Ensure body maps for the administration of topical medications are appropriately recorded and used.
- e) Ensure records of people's epilepsy care plan reviews are well documented with a record of actions taken.

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).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People benefitted from a strong leadership team who prioritised service development to improve outcomes for people. People, their families, staff and involved professionals told us they felt the management team were approachable, supportive and proactive. People, their families and involved professionals were confident that any concerns would be appropriately addressed, communicated and resolved. The service and management team had experienced a lot of instability over the last year, however this had been resolved and improved in the months prior to the inspection. People and their families told us they had confidence in the management arrangements now and felt they could see positive improvement to the service provided.

The service used a range of quality assurance audits to identify current standards and areas for improvement. We sampled records of audits undertaken and found them to be regular and detailed. We asked the service to expand their auditing remit to specifically include body maps and controlled drugs to ensure consistently good practice. We also asked the service to review their auditing procedures, which whilst they appeared to be robust, did not pick up on the medication concerns discussed under "How well do we support people's wellbeing?" section of this report. The service were committed to reviewing their auditing procedures to ensure more effective oversight of the quality of people's care and support.

The service had implemented a development plan in 2024, which was due for review later this year. The service had also implemented a specific action plan to respond to the requirements and areas for improvement raised at the previous inspection. The action plan was very clear, detailed and contained progress information at various intervals. The service had achieved the majority of the action plan with some areas still in progress. This meant that people could be confident that the service were committed to continuous improvement.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The service had made a lot of improvements to staff training compliance since the last inspection. The service had worked to improve specific areas, as discussed under "What the service has done to meet any requirements we made at or since the last inspection" section of this report. We sampled training records for adult support and protection, fire awareness, food hygiene, medication administration and moving and assisting people. We found high compliance for each course. Medication and moving and assisting people records had been split into theory, practice and competency to allow clear tracking. The service was aware that compliance in some areas, such as competencies or specific moving and assisting techniques had not been fully achieved, however a plan was in place to improve this. We also asked the service to consider and implement a procedure to assess and evidence manager's competence and ensure they have appropriate training to effectively support and develop their staff team. This meant that people could be assured that their staff had relevant training and development to provide safe and effective care and support and could have confidence in the service to monitor this.

Staff reported feeling well supported in their role, learning and development. Staff told us they received regular supervision and were encouraged to be involved in planning their own learning and development. We sampled supervision records and found them to be clear and detailed with actions agreed and carried forward. There was also a clear matrix that allowed managers to have an overview of the regularity of supervisions and plan future sessions. The previous inspection had identified staff supervisions as an area requiring improvement (see "What the service has done to meet any requirements we made at or since the last inspection" section of this report for more details). The service had made significant progress with this and staff told us they appreciated the regular formal support. Staff also attended regular team meetings which were well recorded and detailed. This meant that people experienced care and support from a staff team that were well supported and developed in their learning and development.

People were benefitting from a more stable staff team. Staff recruitment had been a focus for the service and there were a number of new staff in post. We sampled recruitment records and found safe recruitment practices in use. New staff we spoke to were complimentary about the recruitment and induction process, stating they felt welcomed, felt their training was appropriate and their manager and colleagues were

accessible and supportive. We sampled induction records and found clear, detailed recording and a clear pathway for staff to follow. New staff told us they particularly appreciated the shadowing experiences and the time they were afforded to get to know people and learn their job well. This meant that people could be assured that their staff were safely and appropriately recruited and trained to provide a good quality service.

We sampled rotas across all areas of the service. We noted a reduction in the use of agency staff compared to the previous inspection. We observed a clear plan to ensure appropriate staff numbers in each area for each day. Shift allocations were carefully considered to ensure people received the right staff to meet their needs. People told us of flexibility within their rotas to suit their changing needs or preferences. Whilst this was positive, there were some teams that still required more permanent staff and others that had less experience as a whole. The service was aware of this and were actively supporting teams to learn and develop, whilst continuing to focus on skill mix and recruitment. Overall, people's staffing arrangements were right for them and they could have confidence the service were actively continuing to improve.

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Care plans sampled were of good quality and contained clear detailed information including people's likes, dislikes and communication preferences. There was a good sense of the person in the care plans, not just tasks to be undertaken. We found clear information about any legal welfare or financial guardianships that were in place and the powers they covered. Where people needed support with their mobility, for example, there was clear, detailed guidance for staff to follow to ensure a consistent, safe approach. This was a significant improvement to findings during the previous inspection. This meant that people's care plans were right for them because they set out how their needs would be met, as well as their wishes and choices.

Whilst there were positive, important improvements to the quality of people's care plans, we did identify some further areas that we asked the service to review and develop. People had detailed plans for personal care, food and nutrition, moving and handling and communication, among others. We asked the service to ensure clear daytime routines were included in people's care plans to promote a consistent, personalised staff approach. We also asked the service to ensure detailed overnight care plans and guides were in place, including contingency planning and risk assessments to promote a consistent, safe approach. The service were committed to making these improvements. This meant that people's care plans were mostly right for them but people could be assured that the service were committed to developing them further to ensure they fully detailed people's needs and preferences.

People's care plans were regularly reviewed. People and their families told us they were involved in reviewing care plans and appreciated the involvement. We sampled records and could track reviews of each section with clear dates and details. The service had made a lot of improvements in this area, as noted in the "What the service has done to meet any areas for improvement we made at or since the last inspection" section of this report. Records of review meetings were detailed and clear, however we noted that not all actions were carried through to the end summary and not all previous actions were progressed. The service noted these observations and were committed to making improvements. This meant that people benefitted from regular care plan reviews to ensure their care and support continued to be right for them.

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

Requirements

Requirement 1

By 5 May 2025, the provider must ensure that essential staff training has been completed and repeated regularly. This must include but not be limited to:

- a) adult protection
- b) fire awareness
- c) food hygiene
- d) medication administration (which must have a practical element included, not just an e-learning module)
- e) moving and assisting people (which must have a practical element included, not just an e-learning module).

This is in order to comply with Section 8 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 states that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and 'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14).

This requirement was made on 5 February 2025.

Action taken on previous requirement

The service had made significant improvements to the compliance of staff training in the above areas. We sampled training records and found high percentages of completion. The management team had a clear overview of the staff who had not completed the training or who were overdue and had a clear understanding of the reasons, for example, long-term leave.

Records for medication and moving and assisting training had been divided into theory, practice and competencies. This allowed manager to have a clearer oversight of their staff training and allowed specific levels of training to be assigned to staff according to the needs of individuals they support. Further work was underway to ensure greater compliance in areas such as supporting people with wheelchairs or assisted walking and a clear plan was in place.

Met - within timescales

Requirement 2

By 5 May 2025, the provider must ensure that the staff team are adequately supervised to ensure that people experienced good quality care and support based on relevant guidance and best practice.

In order to achieve this the provider must adhere to the following:

- a) Ensure that staff have regular one to one supervision with staff including a written record and actions.
- b) Evidence a plan for maintaining future supervision sessions.

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

'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14).

This requirement was made on 5 February 2025.

Action taken on previous requirement

Staff were receiving regular supervision. Staff we spoke with and those we received electronic feedback from told us they received formal supervision regularly and appreciated the sessions. We looked at supervision records and noted the improvements made since the last inspection.

The service had implemented a supervision matrix that noted dates of all completed and planned supervision sessions. This allowed managers to track sessions and ensure staff did not wait longer than policy and procedure dictates. We asked the service to continue to focus on casual and night shift staff to make sure they receive equal support opportunities.

We sampled records of supervision meetings and found them to be clear and detailed. There was a standing agenda that included learning and development and updates of people's outcomes. We noted that some sections were not always completed and encouraged the service to ensure all areas are consistently covered.

The service had made significant progress with the areas in this requirement. Whilst the service continues with this development work, we consider the areas of this requirement to have been met.

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

The service should ensure that a record of daily support visits is undertaken. In order to achieve this the service should undertake the following:

- a) each visit should have a written record of the care and support experienced
- b) each visit should have an actual start and finish time recorded so that managers are able to compare this to the planned start and finish time.

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).

'People have time to support and care for me and to speak with me' (HSCS 3.16).

This area for improvement was made on 5 February 2025.

Action taken since then

The service had made significant improvements to the quality of their daily support visit records. We sampled numerous records and found the majority to be detailed and contained more information about the person's experience of the care and support provided. There were examples where the records were not as detailed. The service were still working to achieve a consistent quality of record keeping from all staff and had a clear plan to continue this improvement work.

All records we sampled had a clear planned start and finish time and the vast majority also had actual start and finish times. This allowed the management team to monitor the time spent with individuals and ensure people were receiving their commissioned/assessed care and support. We did note a couple of entries that did not have accurate actual start and/or end times but the service were aware of this and the reasons why.

We were satisfied that sufficient improvements had been made and the services plans to continue development were robust. We were confident the service would continue to develop this area.

This area for improvement has been met.

Previous area for improvement 2

To support people's health and wellbeing the provider should ensure that personal plans outline people's needs, wishes, and preferences and provide clear information to staff on how people are to be supported. This should include, but is not limited to, ensuring personal plans are reviewed and updated as people's needs change.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This area for improvement was made on 19 November 2024.

Action taken since then

The service had made improvements in this area. We sampled a number of personal plans and found them to be detailed and clear. We saw detailed and robust moving and assisting information and personal care information that promoted a consistent safe approach by staff. The service were continuing improvement work in this area and were aware of sections that still required more detail. We asked the service to include a section detailing information about people's daily and night time routines which should cross reference to other sections, such as communication preferences.

People's personal plans were now being regularly updated. We saw evidence that each section had been updated, the date of review and date of next review. The electronic care planning system the service used,

alerted managers to review dates to allow oversight and support. We could see that personal plans were being updated at least every six months and when people's needs changed.

This area for improvement has been met.

Previous area for improvement 3

To support people's health and wellbeing, the provider should ensure that welfare guardians are informed and consulted, where appropriate, when there are changes in people's health or decisions related to people's health and wellbeing need to be made. This should include, but is not limited to, ensuring people's personal plans have the details of the welfare guardian, the powers they hold, and provide guidance to staff on how and when to consult with guardians.

This is to ensure care and support is consistent with Health and Social Care Standard 2.24: I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.

This area for improvement was made on 19 November 2024.

Action taken since then

The service had reviewed people's legal capacity arrangements and updated personal plans to reflect these details. We sampled a number of personal plans and found detailed information about Guardianships and Powers of Attorney (PoA). The plans detailed which powers guardians/PoA had been granted and advised staff to consult with the legal representative in those situations.

This area for improvement has been met.

Previous area for improvement 4

To support positive outcomes for people, the provider should ensure that any concerns or complaints are responded to. This should include, but is not limited to, ensuring any complaints/concerns raised are investigated and acted upon with records kept to detail actions taken, any concerns and complaints are responded to, and staff understand their role in complaint handling and have a knowledge of the organisation's complaint policy.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This area for improvement was made on 19 November 2024.

Action taken since then

People, families and involved professionals that we spoke with told us that they were confident that the service would respond appropriately to any concerns or complaints they had. We heard feedback that improvements had been made and communication had improved. People and families were more confident that actions would be taken forward to make any improvements highlighted. People and families had found accessibility to the management team had improved and were encouraged with future developments.

We sampled the service complaints records and found them to be clear, detailed and robust. The management team had a clear overview of the progress of concerns/complaints and an electronic tracker contained full details, updates and future plans which was updated regularly.

This area for improvement has been met.

Previous area for improvement 5

To make sure service user's outcomes reflect their wishes and aspirations, we recommend that the provider implements guidance and training for staff on developing person led outcomes for service users.

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

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

'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 2 December 2020.

Action taken since then

The service was working with their staff team to improve the quality of daily record keeping (as detailed above). Part of this is to develop staff understanding of people's outcomes and how the support provided can help people achieve their outcomes. There is a section in staff supervision that prompts discussion on outcomes but we saw a number of examples where this topic was not discussed. The service confirmed that the staff team had not yet completed training around person led outcomes but still planned to do this as part of their wider improvement plan.

The service have focussed on areas requiring improvement from the last inspection and have therefore not made significant progress on this area for improvement.

This area for improvement has not been met and will be carried forward to the next inspection.

Previous area for improvement 6

To ensure that service users are receiving the correct medication to maintain their health and wellbeing, the provider should ensure that the outcomes of medical appointments and body maps for the administration of topical medications are appropriately recorded and used.

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 area for improvement was made on 2 December 2020.

Action taken since then

We sampled a number of people's records on the service's electronic care planning system. We found many examples of detailed notes explaining the outcomes of medical appointments and further actions taken, including informing relevant family members and updates to personal plans. We were satisfied that there was sustained improvement in this area.

We sampled a number of body maps for the administration of topical medications. We found some to have been well completed but others that were poor. There was a disparity of how body maps were used in different areas of the service and in one area they were not in place. We brought this to the manager's attention and asked that improvements are made and body maps are included in regular audits.

This area for improvement has been partially met. Concerns remain regarding people's support with topical medication administration and record keeping. As discussed in the "How well do we support people's wellbeing" section, this element of this Area For Improvement has now been issued as a requirement.

Previous area for improvement 7

To make sure people are confident that staff know how to support them to take their medication to maintain their health and wellbeing, the manager should progress the following and any other actions they feel necessary:

- a) Medication administration sheets (MAR) are appropriate to enable clear and effective recording
- b) Medication is given correctly and at the correct time, as prescribed
- c) Staff receive guidance on how to respond to and record medication errors
- d) Staff competencies are checked
- e) People can offer feedback about how well staff support them to take their medication.

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 area for improvement was made on 2 December 2020.

Action taken since then

We sampled a number of medication records. We found some examples that had been well completed, however we found some that were poor. Please see "How well do we support people's wellbeing?" section of this report for more information.

This area for improvement has not been met. This area for improvement now forms part of the requirement stated in the "How well do we support people's wellbeing?" section of this report.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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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