Ark Edinburgh
Housing Support Service

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Type of inspection:
Unannounced

Completed on:
2 February 2026

Service provided by:
Ark Housing Association Ltd

Service provider number:
SP2003002578

Service no:
CS2004073934

About the service

Ark Edinburgh is registered to provide a housing support and care at home service for adults with learning disabilities, physical disabilities and mental health conditions.

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

At the time of the inspection was providing care and support to 37 adults.

About the inspection

This was an unannounced follow up inspection which took place on 29 January 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 information
- information submitted by the service
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- met with three people using the service
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents

This inspection was carried out specifically to follow up on one requirement and one area for improvement made in the inspection report dated 24 October 2026. These related to medication management and promoting outcome focussed practice.

Key messages

- Medication administration recording had improved but further progress was needed to ensure consistency of approach across all parts of the service.
- Legal documents for those who require support to manage their medication had been updated.
- People had been supported to have epilepsy reviews.
- The provider was working with health professionals so that 'when required' epilepsy medication protocols could be updated.
- Administration of prescribed creams to promote people's skin health had improved but consistency was needed in recording of prescribed cream application and in how body maps were being completed.
- The provider was still to organise training for staff on developing person led outcomes for service users.

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

Requirements

Requirement 1

Requirement 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).

This requirement was made on 24 October 2025.

Action taken on previous requirement

The provider had made good progress in addressing the requirement made at the previous full inspection of the service. However further improvement was needed to fully evidence that all areas of the requirement have been met.

Effective systems were in place for recording of seizure activity with date, type, time and duration. This supported monitoring people's health and wellbeing outcomes.

Progress had been made in organising epilepsy reviews for people. The service was waiting for the updated epilepsy protocols to be issued by the relevant epilepsy specialists. Once received the provider would be able to evidence that people's prescribed 'when required' medications were being administered in line with their most current epilepsy protocols. The provider was actively addressing this at the time of the follow up inspection. Further time was required to gather the necessary information from specialists who had carried out people's epilepsy reviews.

Further improvements were needed with medication recording. When a prescribed 'when required' medication needs to be administered staff must record times of administration. This would provide clarity for staff and ensure that any medication they administer is compliant with the prescription and protocol. Where a medication is required to be administered before food this could be better recorded. This is to ensure that staff are administering medication in line with the prescription. Making these adjustments to current recording arrangements will support evidencing that people are being supported well with all aspects of their medication plan and any potential risks minimised.

There was clear Information in people's personal plans explaining what each medication was used for and potential side effects. This meant that staff received relevant information to understand the medication they were supporting people with. It was positive to see that the provider had introduced standardised approaches to medication management across the service. This included improved systems for medication stock control procedures. People now had individualised files to maintain all information pertaining to their medication support. Further auditing and observations of practice/spot checks will support consistency in staff practice. This meant that people could be assured that their care provider was actively improving the way staff were supporting them with their medication.

There was noted improvement in Adults with Incapacity Section 47s being updated so that the legal basis for staff administering medications was clear and current. The flowcharts in place were also helpful to staff. This meant that there were safeguards in place to check that people's capacity to manage their medications and other health needs was being regularly reviewed.

There remained some issues with consistency in recording of people's medication. There were medications in Medication Administration Records (MARs) that were not signed as being administered but there was nothing to indicate that these had been been discontinued. Some of the MARs were seen to be completed well and in line with the organisation's medication policy and procedures, however there were some practices such as handwriting on the MARs and scoring out of one medication to insert another which was not in line with best practice. There was also a lack of notes on the back of the MAR sheets when entries had been scored out or when there were gaps in the MARs. We noted that a medication had been left on top of a cabinet. This should have been locked away after use to promote people's safety. This was promptly rectified by one of the team leaders. This meant the people could not be assured that all staff supporting them were following the organisation's medication procedures.

Some topical creams for promoting people's skin health lacked opening dates so further auditing was needed to improve staff practice. There had been improvements made to the way people's skin health was being promoted but there remained inconsistencies in how body maps were being completed and notes about where to apply topical creams did not correspond with a body map in one case. Some staff were recording people's prescribed creams well but we noted that a steroid cream had not been administered in line with the prescription and had been applied for longer than the period prescribed. This meant that people could not be fully assured that their medication arrangements were consistently safe for them.

We concluded that the provider had made good progress in meeting this requirement but further auditing and support to staff was needed to improve consistency in practice across all parts of the service.

This requirement had not been fully met within the timescales set. We were assured that the leadership team were committed to building on improvements made. We have agreed an extension to 16 March 2026.

Not met

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 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 had continued to work with staff to improve the quality of daily record keeping. This was to develop staff's understanding of people's outcomes and how the support provided can help people achieve their outcomes. The provider expressed that the focus had been on addressing the requirement made at the full inspection of the service (see inspection report dated 24 October 2026). The provider confirmed that the staff team had not yet completed training around person led outcomes but this was being planned for as part of their wider improvement plan.

This area for improvement has been continued. Progress will be considered at the next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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