

Ark Moray Housing Support Service

16 Wellside Court
Forres
IV36 1NT

Telephone: 01309 675 763

Type of inspection:
Unannounced

Completed on:
12 March 2026

Service provided by:
Ark Housing Association Ltd

Service provider number:
SP2003002578

Service no:
CS2014334024

About the service

Ark Moray provides a combined housing support and care at home service to people with learning disabilities, physical disabilities, and mental health conditions living in their own homes.

At the time of the inspection, the service was supporting 29 people living in Buckie and Forres.

About the inspection

This was an unannounced inspection which took place on 9 March 2026 and 10 March 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 and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service
- spoke with eight staff and management
- had contact with 19 people through the Care Inspectorate survey
- had contact with eight staff through the Care Inspectorate survey
- had contact with two professionals through the Care Inspectorate survey
- had e-mail contact with one professional
- had e-mail contact with two family members
- observed practice and daily life
- reviewed documents.

Key messages

- People were supported with dignity and warmth, which meant they felt respected and valued.
- People took part in activities that were meaningful to them, which meant they enjoyed their days.
- People experienced calm and reassuring support, which reduced stress and improved emotional wellbeing.
- Leaders were visible and responsive, which meant people had confidence in how their care was managed.
- Quality assurance processes were effective, which meant people experienced safe and reliable care.
- Staff were knowledgeable and confident, which meant people experienced safe and skilled support.
- Personal plans reflected what mattered to people, which meant care aligned with their choices and wishes.

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?	4 - Good
How well is our care and support planned?	5 - Very 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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were treated with dignity and warmth. Many people spoke positively about their support, with one person saying, "I love my staff, they really understand me," whilst another rated their support "a thousand out of ten." People were encouraged to communicate for themselves and staff ensured people were not spoken over. As a result, people felt respected, heard and meaningfully involved in their support.

People were supported to eat and drink safely. Those who required modified diets were supported exactly as described in their eating and drinking plans. Meals were paced well, prepared safely and offered in a calm and reassuring way. Some people were supported to go shopping, make food choices and prepare their own meals, with staff offering guidance when needed. This meant people had the nutritional support they needed whilst maintaining as much independence as possible.

People were supported to manage stress and anxiety. Staff used early reassurance, simple explanations and familiar communication to help people stay calm. Someone who became anxious at particular times was supported with a slower pace and gentle prompts, which helped prevent distress. Another person who found sudden changes difficult was supported with clear, step-by-step information to help them feel prepared. Due to this, people experienced greater comfort and reduced anxiety.

People were supported to maintain good health and wellbeing. Someone who found health appointments difficult was supported to prepare in advance and attend with familiar staff, which helped them cope well. Staff also noticed early changes in people's wellbeing and arranged GP visits or increased monitoring quickly. The service also had positive links with social workers, community nurses and other professionals when extra support was needed. This meant people received timely care that protected their health.

People took part in things that were meaningful to them. Many people spoke enthusiastically about going for lunches, attending clubs, joining art groups, exercising, taking day trips and going on holiday. One person told us, "I love getting out with my friends, it makes my week." People were also supported to build independence through daily routines such as cooking, cleaning and planning their days, as well as working towards personal goals. Consequently, people experienced enjoyment, confidence and a sense of achievement.

People maintained important relationships. Some people spent time with family members, whilst others enjoyed contact with neighbours or close friends. Staff supported relationships in ways that balanced people's choices with clear boundaries and safety considerations, ensuring everyone involved felt comfortable. This meant people enjoyed valued connections whilst feeling safe and supported.

Technology helped some people stay safe. Examples included bed, chair and door sensors used as part of daily routines, and personal alarms adapted to people's individual needs. One person told us their new alarm "works much better for me." People therefore remained safe whilst continuing to live independently. Furthermore, staff understood their role in keeping people safe. They were clear about what to do if they were worried about someone's safety, including who to contact and how to record concerns. Due to this, people were protected by prompt and confident action when risks arose.

People were supported to communicate in ways that suited them. This included first sound prompts, visual symbols, singing and gentle pacing. People were also supported to join conversations at a pace that felt comfortable for them. People's views were therefore heard and reflected in everyday decision making. Furthermore, people had a say in how the service developed. Accessible meetings and clearer communication helped people understand changes and share their views. One person said, "We get to say what we think and they listen." As a result, people felt included and connected to decisions that affected them.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Leaders were visible, approachable and known to people, staff and families. People and staff said they could contact leaders easily and felt listened to. A relative told us there had been lots of positive improvements within the service. As a result, people experienced a stable and reassuring leadership presence that strengthened their confidence in the support provided.

Leaders promoted a culture of improvement. The service improvement plan included clear actions, timescales and progress updates. Areas previously identified for development had been addressed, and ongoing improvement work was evident. This meant people benefitted from a service that was reflective and focused on improving people's experiences.

Quality assurance processes were improving outcomes for people. Weekly audits, accident and incident records and reviews of practice were maintained. Medication and finance audits were accurate, up-to-date and fully reconciled. Leaders monitored this information and acted when required. Consequently, people experienced safe and well-governed support.

Information flowed well across the service. Leaders used meetings, shared documents and regular communication to ensure staff remained informed about updates, changes and expectations. As a result, people experienced consistent support from a team who understood their needs and the requirements of the team's role.

Staff demonstrated trust and confidence in leadership. Staff described leaders as supportive, approachable and open to feedback. They felt able to raise issues safely and believed their views were taken seriously. Due to this, the service benefitted from a motivated and engaged staff team focused on delivering good outcomes for people.

Overall, leaders demonstrated strong oversight, clear communication and a commitment to continuous improvement. These strengths ensured quality assurance processes were effective and supported consistent standards of care and support across the service.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff demonstrated genuine commitment to positive outcomes for people. People spoke warmly about staff and described them as caring and helpful. One person told us, "They always make time for me, even when it's busy." Another said, "Staff help me feel confident to do things on my own." Staff enjoyed their work and were passionate about supporting people to remain independent, stay connected and achieve their goals. This meant people benefitted from a compassionate and motivated team who helped make their lives meaningful.

People experienced prompt and responsive support. Staff said they had enough time to support people without rushing, and people told us staff came quickly when needed. Staff adapted their approach to match people's communication needs and pace, which helped build trust and reduce stress. As a result, people experienced support that felt calm and suited to their individual needs.

Staff worked well together as a team. Staff felt supported by their colleagues and described a positive and collaborative working culture. Information was shared easily, staff asked questions when needed and they helped one another during busy periods. Staff were also consistent in following people's plans and worked flexibly to meet changing needs. Consequently, people experienced co-ordinated and reliable support.

Staff were knowledgeable and confident in their roles. Staff clearly described how they supported people in various aspects of their day-to-day lives, including eating and drinking, communication, complex health needs and daily routines. Their explanations reflected what we saw in people's plans and in practice. This meant people were supported by staff who were skilled, well-informed and able to provide safe care.

Staff were trained and supported to carry out their roles. Staff completed relevant training, including bespoke training for people who required specialist support. They received regular supervision and attended team meetings. Staff told us they felt listened to by managers and supported in their roles, which contributed to a positive and open team culture. People were therefore supported by staff who were confident and able to deliver consistent care.

Staffing levels supported people's needs well. Vacant posts had been filled and, although a few positions remained, these were covered by relief staff who were already known to people. The service no longer used agency workers, which meant support was now provided by familiar staff who understood people's routines. Although this consistency was relatively new, it had already begun to make a positive difference to people's experiences. Furthermore, the introduction of the new "background worker" role had strengthened staffing arrangements and contributed to improved continuity of care. As this development was new, the service was continuing to monitor how well the role embedded and the impact it had on people's experiences. We will follow up on progress around staffing, including consistency, recruitment and the impact of the background worker role, at future inspections.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Personal plans reflected people's needs and preferences. Plans included important information about communication, health needs, eating and drinking, safety and daily routines. High risk information, such as swallowing risks or changes in mental health, were clearly highlighted. This meant staff had quick access to essential information and could support people safely and consistently.

Plans were person-centred and captured what mattered most to people. People's preferences, interests and relationships were recorded alongside how best to support them in their daily lives. For example, plans described how people liked to communicate, who they wished to spend time with and what helped them feel calm or motivated. As a result, people were supported in ways that reflected their choices and promoted meaningful experiences.

Plans provided clear and practical guidance for staff. Positive behaviour support plans, risk assessments and crisis information set out early signs of distress, step-by-step de-escalation strategies and when to seek additional help. Staff were able to describe these confidently, and what they told us matched what we saw in people's plans and in practice. Where people required additional monitoring, such as around medication, finances or specific health needs, plans contained clear instructions supported by regular audit checks. Consequently, people experienced support that was safe and delivered in a consistent and well-coordinated way

People were involved in their care planning and reviews. Review meetings took place regularly and included people, relevant professionals and, where appropriate, family members. People were supported to express their views using methods that suited them, such as visual prompts or conversations at their preferred pace. This meant people had a genuine voice in decisions about their care and felt included in planning their support.

Plans supported independence and positive outcomes. Information about goals, routines and preferred activities were included, along with guidance on how staff could help people build confidence and learn new skills. People told us they were supported to work towards the things that mattered to them, such as travelling independently, maintaining their home or taking part in community activities. As a result, people experienced support that helped them develop confidence and independence.

Overall, personal plans were thorough, up-to-date and meaningfully used by staff. These strengths ensured people received care and support that was well-informed and tailored to their individual needs.

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

Improvements should be made to the quality assurance processes to ensure that they include the experiences of people and this is then used to inform the improvement of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7); 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).

This area for improvement was made on 11 October 2024.

Action taken since then

The service had strengthened how people's experiences were included within quality assurance. Most people had taken part in recent reviews, and the service had sought feedback on their experiences in a variety of ways. A suggestions box had been introduced to encourage ongoing input, and the creation of the new background worker role had been developed in direct consultation with people, ensuring their views shaped decision-making. People were supported to express their opinions using communication approaches that suited them, and the service used this feedback to influence improvements. This demonstrated a stronger commitment to involving people in shaping how the service develops.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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