

# Ark Lothians Housing Support Service

Ark Housing Association Serenity  
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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
10 March 2026

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

**Service provider number:**  
SP2003002578

**Service no:**  
CS2004073974

## About the service

Ark Lothians provides Housing Support and Care at Home services to people living with learning, physical disabilities and mental health problems in their homes. This service is part of the larger Ark Housing Association Limited that offer a range of care and support services.

Ark Lothian has teams of support workers that deliver care in Edinburgh East, Linlithgow and Livingston. At the time of the inspection 41 people were being supported.

## About the inspection

This was a short notice inspection which took place on 26 Feb, 3, 4 and 6 March 2026. 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 and met fifteen people using the service and three of their relatives
- spoke with twenty staff and management
- observed practice and daily life
- reviewed documents
- received feedback from six professionals

**Key messages**

- People were supported by small core staff teams whom they knew well
- People were encouraged to be independent
- People enjoyed attending a variety of events and activities
- The service encouraged people and families to provide feedback about their service

**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 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 had varied levels of support from small core staff teams whom they knew well and who encouraged them to be independent. One family member commented 'service put relative first', and another said 'staff provide a committed, supportive service'. Some people lived alone whilst others lived in shared homes. The service regularly used agency staff. It aimed to only book shifts with staff who knew people to provide continuity and consistent care and support. We observed friendly and supportive interactions between people and staff, it was clear people knew each other well and had built positive relationships. People we met told us they 'knew the staff team that support them', 'staff are kind and caring', 'carers help us do what we want to do'. This meant people experienced compassionate and dignified care and had positive relationships with their staff.

People's support was centred around things important to them. The service held regular participation events and surveys giving people the opportunity to provide feedback on how they wanted the service to support them. People were involved and supported by staff with their household tasks, shopping, meal planning and cooking. People enjoyed a range of local community connections as well as some that were further afield. This included archery, attending music events, festivals or having meet ups at local coffee shops with friends or attending local tea dances. As a result people were involved in activities that were meaningful to them.

People's health and wellbeing was supported by the service who were able to be flexible to assist them to attend any hospital or health related appointments. Staff received regular training and updates to enable them to provide care and support to people who lived with a range of health conditions. People had support from a range of health professionals that included regular dental screening, podiatry. Staff knew people they supported well and referrals to other healthcare professionals were appropriate. Some people had their own personal trainer to keep fit whilst other people had regular physiotherapy support. This meant staff and professionals worked together to promote people's health and wellbeing.

Staff had regular training to support people who used specialist equipment. Equipment was regularly serviced and maintained. Staff also supported people, who lived alone, to report repairs to landlords. Maintenance was monitored with processes in place in people's shared homes. People were supported to keep their homes clean.

Where people were supported with medications, safer administration processes were in place and linked policies were updated routinely. Medication was kept securely in people's homes. Weekly audit checks were completed by staff. The senior team had oversight of these as well. This meant people had medication systems in place that were right for them.

Some people managed preparing their own meals whilst others had support. Staff supported people to shop, meal plan and cook. Personal plans contained relevant information in relation to people's preferences or any special diets. As a result people were supported to have meals they chose and enjoyed at home.

**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.

People had a small core group of permanent staff they knew that supported them. Agency staff were used routinely across all sites. Recruitment in the service was ongoing with some vacancies recently filled. Newly recruited staff had a period of induction, with an extended shadow and probation period. This meant people experienced support from a team that were safely recruited.

Training included on line and face to face learning for staff. Staff were supported to undertake additional vocational courses. The managers had oversight of training completed. Most staff told us supervisions were regular and that there was enough time allocated to have reflective discussions. These approaches meant people could be confident staff were trained and had time to reflect on their practice.

Rotas were prepared in advance but were flexible to changing situations. People had access to these if they wished. An out of hours on call process was in place to support staff. Daily communications included staff handover and updates via electronic systems. Staff told us communication and contact with the managers was good. As a result staff had up to date information to support people's health and wellbeing.

Staff said they had good working relationships with their colleagues. We observed positive interactions and communication between staff, colleagues and managers. The managers had recognised that team meetings needed to be more regular. The resource co-ordinator planned to schedule time for supervision and team meetings in the staff rotas moving forwards. This meant people experienced care and support from a team that had positive communications and working relationships.

**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.

People had a personal plan in place that detailed their care and support. The personal plans contained information about people's preferences and wishes. This included any additional risk assessments. Where people were not able to express their wishes, their loved ones or representative who had legal authority were involved in creating the personal plans. Where health professionals had been involved or provided care, then this had been recorded. The plans were all held on an electronic system. Staff could access these on a tablet provided by the service or their mobile phones. Managers undertook regular audits of the plans including finance and medication audits. This meant people had a personal plan in place that was right for them.

Any ongoing changes were updated when they occurred or at the regular reviews. Photo evidence was used for people's reviews, which took place regularly. One person we spoke with planned to discuss a change of times in their care and support at their next review. This meant that people and their representatives were involved in decisions about their care.

The daily notes contained some information about people's day but could be strengthened by documenting

interactions and activities in more detail. Management were currently providing training sessions to staff relating to this aspect of recording. This meant that people could be assured the care provider was committed to continually improving their health and wellbeing outcomes.

## 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	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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