

# Ark Tayside Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 June 2024

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

**Service provider number:**  
SP2003002578

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CS2004073962

## About the service

Ark Tayside provides a service for people with learning disabilities, autism, neurodiverse and mental health needs. The service also supports young adults through their transitioning journey ensuring people feel safe, included, have meaningful, fulfilled, and interesting lives in their own homes and in the community.

The support is provided by 4 staff teams located in Perth, Blairgowrie, Forfar and Arbroath.

The stated aims and objectives of the service are:

"Our organisation aims to support vulnerable adults to have choice and control over the direction of their support in meeting personal outcomes and having a fulfilled life".

At the time of inspection 137 people were being supported by the service.

## About the inspection

This was an unannounced inspection which took place between 30 May and 04 June 2024. 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 three people using the service and three relatives of other supported people. We also spoke with five staff and five members of the management team. We informally observed interactions between staff and those they supported and also spoke to three professionals associated with the service.

We reviewed many documents including but not limited to:

- Eight Care Plans (incl. Outcomes and Reviews);
- Staff Deployment Records;
- Observations of Practice;
- Feedback forms (Professionals and Family);
- Staff survey;
- Recruitment Records;
- Training Records;
- Service Development Plan.

## Key messages

- Staff were good at developing meaningful relationships with people.
- Staff looked for opportunities to promote the independence of those they supported.
- Management and staff were passionate about improving the quality of care.
- The digital method of recording and storing of information had been adopted.
- There were good examples of technology being used for care and support.
- Documents continued to be person-centred and there was good use of photographs.
- There was a good Service Development Plan but it needed to be given a higher profile across stakeholders.

## 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?	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 saw, through informal observations, that staff in the service understood their role in supporting people's access to healthcare and addressing health inequalities. However, it is probably more accurate to identify that supported people are subject to the same difficulties of getting a GP appointment as everyone else. This does not mean that people are not supported at such times, and access to other avenues of health care were identified as necessary. From our observations, it was through the relationship between staff and supported person that this scenario was prevented from being a bigger issue.

We saw that the service had a very effective way of monitoring health through its 'Good Life Support Plan' and 'Good Health Recording Forms'. This provided perfect tools for when staff recognised changing health needs and enabled them to share this information promptly with colleagues, on the online system, and with other professionals when required.

Several of the areas within support plans were health-related such as 'eating and drinking', 'general health' and 'medication', while 'keeping well and staying healthy' was also one of the outcomes met by activities and interactions. This showed us that people were fully involved in making decisions through their personal plans about their physical and emotional wellbeing. This was evident, for example, in daily planners, 'It is important for me to be supported to ensure I have something for my lunch' and also within Good Life reviews, 'Staff have set me up with a personal trainer who I see once a week, I'm really enjoying this'.

We read how staff used creative ways to promote and support people's choices while also maintaining their health and well-being. One such example was highlighting the negative impact alcohol may have on the effectiveness of medication so that low alcohol options would be chosen. This approach enabled people to make informed health and lifestyle choices that contributed to their positive physical and mental health. Ultimately, the decision remained theirs.

People were enabled to have control of their own health and wellbeing through access to necessary technology and other specialist equipment. We saw evidence of how the service promoted digital inclusion and how people were using technology, such as smart watches, games machines and voice activated controls, to promote their independence and help with their wellbeing. We liked that voice activated technology could reduce anxiety when used to inform people who was coming to provide support.

We found, through support plans, that people had as much control as possible over their medication, and we were impressed that this service looked for opportunities to maximise this control. For example, we read that secure medication storage was being relocated to a more accessible position to give more control and less restriction.

We read, in many personal plans, that people benefitted from the support of community healthcare practitioners. These were pertinent to individual need and included general practitioners, psychiatrists, psychologists, dentists, and community psychiatric nurses. There were also records of any specialists that offered more specific support, e.g. drugs/alcohol. The service had also been proactive in promoting the 'Care About Physical Activity' initiative which had brought measurable improvements in mobility.

We also noted that this service recognised that health and well-being was influenced by simple interactions and relationships. Friendships and associations were supported to minimise isolation and it was

appreciated that this is a major factor in promoting positive mental health. This service recognised that simple actions can have big impacts.

## How good is our staff team?

## 5 - Very Good

People using the service, and staff, benefitted from a warm atmosphere because there were good working relationships. There was effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people. We read minutes of meetings and examples of professional discussions which were all focussed on improving outcomes. The computer based recording system accommodated changes to practice to ensure that working towards outcomes was consistent across the staff team.

This service worked hard to evidence that staffing arrangements for the service were determined by a process of continuous assessment. This included calculations of deployment across all areas of the service. Staff told us that they felt there were 'perhaps a couple' of vacancies, but they were confident that management were doing what they could to recruit. They were also aware that relief or agency staff could be deployed at times of unplanned absence. Staff we spoke to had no concerns around management oversight of staff deployment.

We heard how the organisation had also created a post which would ensure that staffing levels were appropriate across all services. It will also ensure staff are informed and there is transparency across staffing and recruitment. Ultimately, this aims to meet the requirements of Safe Staffing legislation and retention targets.

From what we read and from what supported people, their relatives, and associated professionals told us, we found that, generally, the right number of staff with the right skills are working at the right times to support people's outcomes. This meant that staff had time to provide care and support with compassion and engage in meaningful conversations and interactions with people. We heard, for example, when a supported person was experiencing grief and trauma they were supported by staff to attend bereavement counselling. This illustrated that the service referred to allied professionals when expert, specialised input was required.

Staff told us that sometimes they may work within another team, depending on need, but this was not often. Staff understood their role and responded flexibly to changing situations. Consistency was strived for but, inevitably, could be impacted by unplanned absence. Management strived to minimise this impact.

Staff were confident in building positive interactions and relationships with people. There was photographic evidence throughout the service's office, and within individual review documentation which showed, very clearly, the positive activities and reaction to meeting objectives. These were further enhanced by linking these photographs to how National Care Standards were met.

The service had produced a comprehensive Service Development Plan which used the format of the Care Inspectorate Quality Improvement Framework and self-evaluation key questions. We thought this was a very good piece of work which, over time, will ensure that agreed improvements are made. There was mixed awareness from staff, relatives and other stakeholders around the Service Development Plan and we suggest that the service raises the profile of this invaluable piece of work and celebrates it, visually, within appropriate communal spaces.

## 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 keep people safe and promote their wellbeing, in relation to medication management, the provider should improve the auditing and oversight of medication administration records. This may involve, but is not limited to, review of policy, specific training, and learning identified from audits.

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

"I use a service and organisation that are well led and managed". (HSCS 4.23)

**This area for improvement was made on 16 January 2023.**

#### Action taken since then

The service had compiled a 'CI Action Plan' to cover this Area for Improvement and made significant changes to medication training and how learning was confirmed and implemented into practice. We saw that there had also been 'tightening up' of audit processes across all areas of responsibility.

We had no hesitation in recording this area for improvement as met.

### 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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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