

Ark Edinburgh Housing Support Service

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Type of inspection:
Unannounced

Completed on:
17 May 2024

Service provided by:
Ark Housing Association Ltd

Service provider number:
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Service no:
CS2004073934

About the service

Ark Edinburgh North is a combined housing support and care at home service, which has been registered with the Care Inspectorate since April 2011. The service consists of six teams which support adults with a range of support needs in five areas of Edinburgh: Oxfgangs, Southhouse, Broomhouse, Hoseasons and Quartermile.

Ark's charter states the following:

1. Being supported and valued as an individual ARK promises to recognise and value that people are individuals with different needs, wishes and dreams. ARK will respect this and support you to develop the way you want to.
2. Being supported to have choice and control over your life and relationships ARK promises to support you in a way that allows you to have control over your life, to encourage your independence and to provide choices in all areas of your life.
3. Being supported to be part of the community ARK promises to provide you with the choice and support to get involved in the local community and to make sure that it is safe for you to do so.
4. Having a say in ARK and the decisions it makes ARK promises to support you to take part in decision-making in ARK if you want to. You will also have the chance to tell us what you think about your housing and support.
5. Your housing and your housing support If you get your housing from ARK we promise, as a minimum, to meet the outcomes identified by the Scottish Social Housing Charter.

About the inspection

This was a follow which took place on 2 May 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 two staff and the management team and reviewed training records, medication competency assessments, induction packs and supervision records.

Key messages

Staff felt supported and were appropriately trained for their role
 Staff were supported to improve practice
 The manager felt supported and able to develop effective leadership skills

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

Requirements

Requirement 1

By 11 December 2023, the provider must ensure that the staff team are adequately supervised to ensure that people are supported to achieve their full potential.

To do this, the provider must, at a minimum:

- a) ensure that managers can effectively guide employees through the probationary process, set out clear objectives and align them with the behaviours described in the competency framework.
- b) ensure that managers are supported to provide structured supportive supervision which supports best practice and professional development.
- c) hold regular formal supervision with all support workers in accordance with the Performance Management policy and evidence a plan for maintaining future supervision sessions.

This requirement was made on 21 September 2023.

Action taken on previous requirement

This requirement had been extended to support the manager who was new to the role.

We initially visited the service in December 2023. While we could see improvements had been made, the new manager needed more time to settle into the role. We could see the manager was supported and mentored by their manager. The manager needed more time to learn the new role. This included developing a structure for their leadership objectives.

We looked at the manager's appraisal and supervision records and were satisfied they had made significant progress within their role. The manager told us they felt more confident, and they were supported by senior management.

The support workers we spoke with talked about their manager positively and told us they received good management support.

The manager's appraisal we looked at identified the manager learning progression. They were working towards an additional management qualification in accordance with the SSSC registration requirements. The appraisal and supervision records evidenced the manager received effective, regular support and opportunities to reflect on leadership practice. The manager was effectively guided and supported in their role.

The manager told us they worked closely with their manager and felt confident in their role. They described examples of when they led and supported staff to support best practice and were able to confidently guide the team.

The operations manager we spoke with told us they recruited new staff and had observed the manager inducting new staff with confidence.

The induction packs and supervision records supported what the management team told us. We could see the records were more detailed and detailed effective discussions which facilitated reflection in practice and set goals for progression and development.

Met - outwith timescales

Requirement 2

By 11 December 2023, the provider must ensure that the staff team are adequately trained to ensure that people are supported with their health and wellbeing. To do this the provider, must at a minimum ensure:

- a) all staff who administer medication receive medication training and ongoing refresher training, this must include completion of the medication competency assessments.
- b) ensure each support worker has an individualised training plan to meet their specific needs and learning gaps.

This requirement was made on 21 September 2023.

Action taken on previous requirement

We extended the time to allow the new manager time to set up training and competency assessments.

Training requirements and responsibilities had been discussed with the staff team in their supervision sessions. The manager had facilitated supportive discussions on the need for professional development with individual support workers. The appraisals and supervision records we looked at identified individual learning needs and agreed action plans to achieve them.

Discussions had taken place regarding the importance of completing essential training.

The supervision records evidenced that staff who administer medication had received training. This included detailed competency assessments which were discussed in supervision sessions.

Met - outwith 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

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 in order to comply with Health and Social Care Standard 1.9 which states; "I am recognised as an expert in my own experiences, needs and wishes" and Health and Social Care Standard 2.17 "I am fully involved in developing and reviewing my personal plan, which is always available to me".

This area for improvement was made on 2 December 2020.

Action taken since then

This area for improvement was not considered at this follow up inspection

Previous area for improvement 2

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 in order to ensure that care and support is consistent with the Health and Social Care Standard 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice".

This area for improvement was made on 2 December 2020.

Action taken since then

This area for improvement was not considered at this follow up inspection

Previous area for improvement 3

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

The Health and Social Care Standards, specifically standard 1.9; "I am recognised as an expert in my own experiences, needs and wishes" and Standard 2.17 "I am fully involved in developing and reviewing my personal plan, which is always available to me" reflect this recommendation.

This area for improvement was made on 2 December 2020.

Action taken since then

This area for improvement was not considered at this follow up inspection

Previous area for improvement 4

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:

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

This area for improvement was made on 2 December 2020.

Action taken since then

This area for improvement was not considered at this follow up 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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