

## Ark Moray Housing Support Service

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Forres  
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**Type of inspection:**  
Unannounced

**Completed on:**  
18 April 2025

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

**Service provider number:**  
SP2003002578

**Service no:**  
CS2014334024

## About the service

Ark Moray is registered with the Care Inspectorate to provide 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 people living in Buckie and Forres.

## About the inspection

This was an unannounced follow up inspection which took place between 15 and 17 April 2025. 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 people using the service
- spoke with five of their family/friends/representatives
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- The service had improved systems to monitor the impact of changes to people's support packages.
- Some people felt they were not receiving enough support.
- The service had ensured people supported and/or their representatives were more involved in decisions around changes to support packages.
- People were supported to access advocacy services.

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

### Requirements

#### Requirement 1

By 31 January 2025, the provider must ensure that people's outcomes are not impacted by changes to their care and support. In order to do this, you must:

- Ensure that people, their legal representative or nominated person, are involved in the discussion and consultation process when considering changing people's support package.
- Ensure that people are aware and supported to access advocacy services. This is in order to help support people make informed decisions.
- Ensure that staff monitor and report any changes to people's outcomes as a result of the changes to their care and support.
- Managers must ensure, that if there are changes to support packages, that there is a system in place to ensure that there is ongoing monitoring of the impact on people's health and wellbeing.

This is to comply with Regulation 4(1)(a) (Welfare of service users) 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: 'My care and support meets my needs and is right for me' (HSCS 1.19); and 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

**This requirement was made on 11 October 2024.**

## Action taken on previous requirement

The service had recognised that the reduction in some people's support packages was having an impact on their outcomes.

Staff had been encouraged to give feedback in relation to these impacts and the leadership team had been monitoring this more closely. Regular meetings had been held with the wider multi-disciplinary team and this had ensured that discussions around people's support packages were facilitated. As a result, the service had started to discuss with people receiving support and/or their representatives potential changes to their support packages.

The service had identified where people may benefit from the input of an independent advocacy service. The service had made appropriate referrals and supported people to access this service.

Some people didn't feel fully involved when the service was considering changes to people's support packages. The service should continue to ensure meaningful consultation takes place with those experiencing support and their representatives. This will be reviewed at future inspections.

## 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

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 carried out reviews with most people receiving support and had sought some feedback around people's experiences. A 'suggestions box' had also been implemented to encourage continuous feedback.

However, the service had not yet fully incorporated this within the quality assurance of the service and, therefore, should continue to develop this. We will review this at future inspections.

**This area for improvement has not been met.**

## Previous area for improvement 2

To ensure staff have the most up-to-date information to inform their practice and the right support from management to carry out their role confidently, the manager should ensure communication between management and staff, as well as communication within the staff teams, is effective, informative, and supportive.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience a warm atmosphere because people have good working relationships' (HSCS 3.7); and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 10 July 2023.**

### Action taken since then

The leadership team had supported staff to give feedback around communication within the team. This had identified some areas of improvement and the service should ensure that these are progressed.

All staff had access to the required support plans and any associated guidance which ensured they had the most up-to-date information to deliver people's support. Team meetings were held and this supported the exchange of information and the opportunity to discuss practice and share experiences.

**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](http://www.careinspectorate.com).

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