

# Enable Scotland (Leading the Way) North-East Support Service Support Service

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Unannounced

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**Service provided by:**  
Enable Scotland (Leading the Way)

**Service provider number:**  
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CS2025000146

## About the service

Enable Scotland (Leading the Way) - North-East Support Service is a newly established service that began operating on 1 April 2025. It is a branch of the national care provider Enable Scotland (Leading the Way).

The service took over the delivery of care and support from a previously operating provider and continues to provide services across both Aberdeenshire and Dundee. The existing staff team transferred to the new service, ensuring continuity of care and support for people.

The service offers care at home and support in the community for children, adults and older people. Personal assistants support people with learning disabilities, physical disabilities, mental health issues and additional needs.

At the time of the inspection, the service was supporting 98 people.

## About the inspection

This was an unannounced inspection which took place on 19 - 21 May 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 16 people using the service and 10 of their family and friends
- spoke with 28 staff and management
- observed practice and daily life
- reviewed documents
- spoke with professionals.

## Key messages

Staff were kind and caring in their interactions, which helped people feel comfortable and at ease.

People were positive about their personal assistants, when staff had sufficient time to support, indicating that some people were satisfied with their care.

Quality assurance systems and processes were not always effective in improving outcomes for people.

Some people experienced cancelled support visits without alternative cover, which led to dissatisfaction with aspects of their support.

People, families and professionals sometimes struggled to communicate with the service, which meant people did not always receive timely responses or updates, potentially impacting the quality of care.

Care planning, paperwork, daily recordings and reviews were inconsistent in quality and completion, which meant care and support may not have been delivered as intended.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 3 - Adequate

We evaluated this key question as adequate. There were some strengths but these were just outweighed by weaknesses. While the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

People mainly experienced warm and compassionate support. Personal assistants were kind and respectful. We saw staff smiling and engaging warmly with people in their homes and in the office base, creating a welcoming and supportive atmosphere. One person told us, "They're always nice and helpful" whilst another said, "They make me feel comfortable when they help me to wash". These interactions helped people feel valued, contributing positively to their mental health and wellbeing.

People were sometimes supported to maintain their independence. For example, people told us that staff encouraged them to take part in household tasks such as, folding laundry or tidying up. This helped people retain important life skills and feel involved in their daily routines. As a result, some people felt more in control of their lives.

Staff communicated well with some people, using an approachable manner that helped build trust. Staff were seen adjusting their communication styles to suit people's needs. This included, using visual aids, gestures or simpler language. This thoughtful approach helped some people feel more confident, which had a positive impact on their wellbeing.

People's overall experiences of support were mixed. Those receiving longer visits generally described meaningful interactions. However, some people felt that personal assistants were rushing. Staff also shared that time pressures sometimes limited their ability to provide unhurried, person-centred care. Furthermore, in some instances, visits were cancelled at short notice without alternative arrangements. As a result, support for some people was unreliable, which had a negative impact on their wellbeing. (See 'How good is our staff team?' and Requirement 1)

Personal assistants supported some people with their medication. However, management oversight was at times insufficient, which led to shortcomings in the consistency and quality of medication auditing processes. For example, one person's medication records had not been reviewed for several weeks and missing signatures on documentation were not followed up with explanations. Although Enable had robust medication policies and procedures in place, these had not yet been fully implemented. As a result, some people could be at risk of not receiving their medication safely and as prescribed. (See 'How good is our leadership?' and Requirement 1)

The service supported people with varying levels of decision making capacity. In some cases, legal arrangements were in place to assist with decisions. However, staff were not always clear about who had the ability to make their own choices and this information was often missing or unclear in care records. The absence of clear records around legal responsibilities placed people at potential risk of harm. Improvements were needed to ensure that people who lack capacity were consistently supported in a safe, lawful and person-centred way. (See 'How well is our care and support planned?' and Area for improvement 1)

Furthermore, no care notes had been recorded for some time for a person who lacked capacity, and management were unaware. This raised concerns about oversight, auditing and safeguarding, as there was no evidence of care during this period. This could place people at risk of unsafe support and reduced confidence in the service's oversight. (See 'How good is our leadership' and Requirement 1)

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate. There were some strengths but these were just outweighed by weaknesses. While the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

A Service Improvement Plan (SIP) was in place to guide future developments, with clear actions and outcomes. It was encouraging to see that the service planned to involve people and their families in future changes. However, some members of the management team were unaware of the SIP, which could limit its impact. Ensuring that all relevant staff are familiar with the plan could strengthen accountability and help drive meaningful improvements. If fully implemented, the SIP could enhance the overall quality of care. **(See Requirement 1)**

Supervision was not consistently used to support staff development. While some staff shared positive experiences, many said it was infrequent and lacked depth, often limited to brief phone calls. One staff member noted, "My supervision keeps getting cancelled. I have a group one this week. But I don't get one-to-ones". This highlighted a lack of consistent, reflective support. It was encouraging to hear that group supervision had recently taken place with generally positive feedback. However, the limited and inconsistent one-to-one supervision could mean staff are not fully supported or developed, potentially impacting the quality of care provided. **(See Requirement 1)**

Auditing and oversight processes did not always support improvements. It was positive to note that some oversight activities had taken place. For example, management had reviewed certain daily notes and observed aspects of staff practice. However, there were still significant gaps. In several cases, daily notes and medication records had not been reviewed for many weeks. (See 'How well is our care and support planned?') As a result, care was not being consistently monitored in a way that could support learning, drive improvement or enhance the overall quality of care. **(See Requirement 1)**

Concerns were raised about communication with management. Several staff members described difficulties receiving timely responses to emails, even when raising important issues, which left them feeling unsupported. Others said they only heard from management when something had gone wrong, with little recognition of good work. One staff member commented, "We are only ever really spoken to if something hasn't been done". This lack of positive feedback contributed to low morale and a perception that staff were not valued. People using the service, their families and professionals also reported challenges in reaching both the office and management as well as delays in receiving updates. These communication issues affected people's sense of being heard and reduced trust in the service, impacting relationships and satisfaction with care. (See 'How good is our staff team?' and Requirement 2)

## Requirements

1. By 19 August 2025, the provider must ensure they improve their quality assurance systems and processes to support positive outcomes for people and to strengthen management and leadership.

To do this the provider must, at a minimum:

- a) Quality assure the service's performance through effective audits. This must include but is not limited to, medication, care plans, daily notes, risk assessments and staff observations.
- b) Ensure all staff receive regular, meaningful and recorded supervision that supports reflection, professional development and improved outcomes for people.
- c) Ensure complaints, incidents and accidents are accurately recorded and analysed, demonstrating a proactive approach and promoting a culture of improvement.
- d) Ensure the Service Improvement Plan (SIP) is actively used, regularly reviewed and clearly led by management, with contributions from staff and where appropriate, from people using the service and their families.

This is to comply with:

Regulation 4(1)(a) (Welfare of users) and Regulation 15(b)(i) (Staff training) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

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

## How good is our staff team?

## 3 - Adequate

We evaluated this key question as adequate. There were some strengths but these were just outweighed by weaknesses. While the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

Staff were warm, kind and respectful in their interactions with people. Many people spoke positively about staff. For example, one person described their personal assistant as, "kind and engaging" while another said, "They make me feel comfortable". A family member also praised a personal assistant's communication noting, "Sometimes they understand what my relative is trying to communicate better than I do". These comments reflected strong, trusting relationships and highlighted the compassionate nature of most staff, which helped promote people's emotional wellbeing.

A training programme was in place and training records were being reviewed to identify gaps. A tracker was used to monitor completion. While some training was out of date, there were clear plans and actions in place to address this. This supported staff to develop the skills and confidence needed to meet people's needs. In practice, staff appeared knowledgeable and demonstrated an awareness of person-centred approaches, helping to ensure that some care was tailored to people's preferences.

Care and support worked well for some people. Several individuals and families told us they had consistent personal assistants whom they knew well. This consistency helped build trust and showed that some people were happy with their support. However, not everyone had the same experience. One family member shared, "They cancel at short notice and there isn't much we can do". In another case, a full-time carer lost a planned respite break due to a late cancellation. These interruptions in care, even when they did not involve personal care or medication, disrupted daily routines and had a negative impact on the wellbeing of people and their families. **(See Requirement 1)**

People were sometimes unsure who would be supporting them and when. Rotas were not provided in advance. One person said, "We never know who is coming, and we never know when they're coming". This uncertainty caused anxiety for some people. People's experiences of visits also varied depending on the length of support. Those receiving longer visits generally spoke positively. However, others felt that personal assistants were under pressure. Several described staff who appeared rushed, arrived late or left early. One person shared, "Sometimes I feel like I'm a nuisance. They're in such a hurry, I don't want to hold them up". Staff also reported having limited time between visits. This contributed to hurried care and, in some cases, shortened visits. As a result, personal assistants were not always able to provide relaxed and person-centred care. **(See Requirement 1)**

People experienced difficulties communicating with the service. People using the service, along with their families and professionals, described challenges in reaching both office staff and management. Many said they received updates only through their personal assistants, rather than directly from the service. Professionals raised concerns about unanswered emails and phone calls, while personal assistants also reported struggling to contact the office, even when urgent changes were needed. This lack of effective communication created delays in responding to changing needs and had the potential to negatively impact outcomes for people. **(See Requirement 2)**

## Requirements

1. By 19 August 2025, the provider must ensure that people's care and support needs are met effectively and that staffing arrangements are supporting positive outcomes for people.

To do this the provider must, at a minimum:

- a) Ensure in advance that staffing arrangements can cover support visits.
- b) Ensure other support is in place when regular workers are off due to annual leave, sick leave or any other absences.
- c) Ensure support workers have long enough during visits, to sufficiently meet people's assessed needs.
- d) Ensure visit schedules are issued in advance so that people know who will be supporting them and when.

e) Implement a system for staff to log in and out of visits to monitor care delivery accurately.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Section 7 of the Health and Care (Staffing) (Scotland) Act 2019 Section 7(1)(a) and 7(1)(c).

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

'People have time to support and care for me and to speak with me' (HSCS 3.16); and

'My care and support is provided in a planned and safe way, including if there is an emergency or unexplained event' (HSCS 4.14); and

'If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative' (HSCS 4.22).

2. By 19 August 2025, the provider must ensure that communication with relevant others is effective, timely and supports safe, person-centred care.

To do this the provider must, at a minimum:

a) Ensure timely and responsive communication with families, carers and professionals involved in people's care.

b) Provide clear and consistent updates to relevant others about changes in care arrangements or support needs.

c) Establish systems that enable people using the service and their representatives to easily contact the service and receive prompt responses.

d) Ensure staff are supported to share relevant information with others involved in care, while maintaining confidentiality and respecting people's preferences.

This is to comply with:

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Section 7 of the Health and Care (Staffing) (Scotland) Act 2019 Section 7(1)(a) and 7(1)(c).

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27); and

'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17); and

'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs' (HSCS 2.8).



## How well is our care and support planned?

## 3 - Adequate

We evaluated this key question as adequate. There were some strengths but these were just outweighed by weaknesses. While the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

Personal plans were in place for each person using the service. It was positive to see that some plans were up to date and clearly reflected people's needs, preferences and outcomes. However, the quality of plans was inconsistent. Some lacked sufficient detail to guide care effectively, meaning not all people could be confident that their support was based on accurate, individualised information. This inconsistency had the potential to impact the quality of care provided and reduce people's confidence in the service. **(See Area for improvement 1)**

Review processes for people's support were in place. Whilst some people had received reviews, the consistency and quality of these differed. One family member said, "Care is never reviewed. I've never been asked about it. I had a two-second phone call to say things were ok, but that was it. Was that a review?" Some review records were detailed and included clear actions such as, requests for increased care. However, others lacked follow-up or meaningful engagement. As a result, some people missed the chance to reflect on their support, which may have affected how well it aligned with their changing needs and goals. **(See Area for improvement 1)**

Daily recordings were taken of people's care. However, we identified concerns about the auditing of some people's daily notes, with gaps in oversight that meant issues could go unnoticed. (See 'How good is our leadership?') Furthermore, the quality of daily notes varied, with some lacking sufficient information to provide a clear picture of the support delivered. Improving the quality and oversight of daily notes could strengthen care and ensure staff have accurate, current information to guide their work. **(See Area for improvement 1)**

Supporting legal documentation, including evidence of legal status and capacity, was not always available. Although the service had started to address this, the lack of clear records raised concerns about how decisions were made for some people. This could put people at risk of decisions that don't reflect their needs or best interests and may reduce confidence in the service's ability to act lawfully and ethically. **(See Area for improvement 1)**

Anticipatory Care Planning (ACP) was not consistently in place across the service. ACP supports people to prepare for changes in their health or personal circumstances, including decisions about future care. Although the provider recognised its importance, they had not discussed ACP with many people. As a result, people with complex or changing needs may not have had their wishes clearly recorded or considered. This could lead to care that fails to reflect their preferences, particularly during times of change or crisis. **(See Area for improvement 1)**

### Areas for improvement

1. To support people's health and wellbeing and improve the quality of their support, the provider should ensure that all documentation relating to people is accurate, up to date, accessible and clearly reflects their current needs, preferences, future wishes and legal status.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23); and

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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