

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)

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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 81 people.

About the inspection

This was an unannounced inspection which took place on 22, 23 and 24 October 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:

- had contact with six people using the service and 14 of their family and friends
- had contact with 12 staff and management
- observed practice and daily life
- reviewed documents
- had contact with five visiting professionals.

Key messages

- Quality assurance systems had begun to improve outcomes for people, helping ensure care was more consistent and better coordinated.
- Staffing arrangements had strengthened, meaning people were more likely to receive reliable and timely support.
- Contingency planning had improved, reducing missed visits and supporting people to get the right care at the right time.
- Staff supervision was not yet meaningful or consistent, leaving some staff feeling unsupported and reducing their confidence in delivering high-quality care.
- Learning from incidents and complaints was limited, which reduced opportunities to prevent recurrence and improve people's future care.
- Communication remained inconsistent, leaving some people unsure who to contact or how to get help, increasing the risk of delays or missed care.

How good is our leadership?

One requirement under this key question remained outstanding from our previous inspection. Since then, the provider had implemented action plans to support the necessary improvements.

We followed up on the requirement around the provider ensuring that quality assurance systems and processes were improving outcomes for people. We found that progress had been made and that the requirement had been met. Quality assurance systems were in place and beginning to have a positive impact. A service improvement plan was being used to track progress, and audits had been completed in key areas, with others planned. These covered key aspects of care including medication, care plans, and staff practice. Some staff told us they felt more supported by management, and complaints were being investigated appropriately. These developments contributed to a more structured and accountable approach to service delivery, helping improve consistency in care and outcomes for people. **(See 'What the service has done to meet any requirements made at or since the last inspection').**

Some systems were not yet fully embedded, and staff support remained inconsistent. Several staff reported that they had mainly been attending group supervision sessions, where they felt less able to speak openly. They said they would benefit more from regular, meaningful one-to-one supervision. In addition, some staff described difficulties contacting someone in a leadership role when support was needed, evidencing ongoing issues around communication **(See 'How good is our staff team' and 'What the service has done to meet any requirements made at or since the last inspection').**

These gaps in support could affect staff confidence and decision-making, which in turn may impact the consistency and reliability of care for people. We discussed these findings with the management team, who acknowledged the issues and committed to further improvement. We have therefore made a new area for improvement to support progress in leaders providing meaningful supervision. **(See 'Area for Improvement 1' and 'What the service has done to meet any requirements made at or since the last inspection').**

Processes for analysing and learning from incidents required further development. While it was positive that incidents were being tracked and reviewed, the service had not yet established robust systems for analysing what these events meant for people or how they could be prevented in future. Without this level of reflection, opportunities to improve outcomes may be missed. For example, identifying patterns in incidents could help the service take preventative action, reduce risk, and improve people's experiences. We discussed this with the management team, who expressed a commitment to strengthening these systems. As a result, we identified a second area for improvement focused on enhancing how the service learns from complaints, incidents, and investigations. **(See 'Area for Improvement 2' and 'What the service has done to meet any requirements made at or since the last inspection').**

Addressing the new areas for improvement will help ensure staff feel consistently supported, which could improve people's care and will also help the service learn and adapt moving forwards.

Areas for improvement

1. To ensure people experience consistent, safe and high-quality care, the provider should ensure all staff receive regular, meaningful one-to-one supervision that supports reflection, professional development and confidence.

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

"I am supported to understand and uphold my rights." (HSCS 2.3)

"I have confidence in people because they are trained, competent and skilled." (HSCS 3.14)

2. To improve safety and outcomes for people, the provider should strengthen how it analyses and shares learning from complaints, incidents and investigations to prevent recurrence and support reflective practice.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

How good is our staff team?

Two requirements under this key question remained outstanding from our previous inspection. Since then, the provider had implemented action plans to support the necessary improvements.

We followed up on the requirement around the provider ensuring that staffing arrangements supported people to receive consistent and reliable care. We found that progress had been made and that the requirement had been met. Staffing arrangements had improved, which positively impacted people's experience of care. Rotas were now issued in advance, and staff reported greater clarity about their schedules and roles. Families told us they were more likely to be informed about changes, and most people said visits were happening as planned. This contributed to more consistent care and helped rebuild trust in the service. Contingency planning had also strengthened, with agency staff being used more proactively to cover absences. These developments helped reduce the risk of missed visits and supported people to receive the right care at the right time. **(See 'What the service has done to meet any requirements made at or since the last inspection').**

A small number of missed visits had still occurred. These were investigated and appropriate action was taken, greatly reducing the likelihood of recurrence. Feedback from staff and families also highlighted that temporary cover was not always communicated clearly. In addition, digital systems used to monitor staffing were not yet fully reliable or accessible to all staff, which limited oversight. This could result in delays, missed care, or reduced confidence in the service. We discussed these findings with the management team, who acknowledged the issues and expressed a commitment to further improvement. As a result, we identified a new area for improvement focused on strengthening staffing oversight and contingency planning.

(See 'Area for Improvement 1' and 'What the service has done to meet any requirements made at or since the last inspection').

We followed up on the requirement around the provider ensuring that communication with people, families, staff, and professionals had improved. We found that although some progress had been made, the requirement was not yet met. The service had taken steps to improve communication. Letters were being sent to families, and advance calls were made when changes occurred. Some people told us they now knew who to contact and felt more informed about their care. This meant that some people were beginning to feel more informed and reassured. However, feedback from other families, staff, and professionals indicated that communication remained inconsistent and unreliable. Some people described poor responsiveness and a lack of clarity about who to contact. Staff reported barriers to reaching managers, and professionals noted limited updates and collaboration. These issues could affect people's experience of care and limit the ability of staff and professionals to respond to changing needs. We discussed these findings with the management team, who recognised the need for further improvement. As a result, this requirement has not been met and remains in place. **(See 'What the service has done to meet any requirements made at or since the last inspection').**

Areas for improvement

1. To support safe and person-centred care, the provider should strengthen staffing oversight and contingency planning. This should include, but not be limited to, avoiding missed visits, clearly communicating temporary cover arrangements, and ensuring digital systems used to monitor staffing are reliable and accessible to all staff.

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

"My needs are met by the right number of people." (HSCS 3.15)

"I experience consistency in who provides my care and support." (HSCS 4.16)

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

Requirements

Requirement 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) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), and Section 8 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).

This requirement was made on 27 June 2025.

Action taken on previous requirement

The requirement around quality assurance and improvement was met. Systems were improving outcomes for people, supported by a Service Improvement Plan and audits across key areas. Complaints and staff concerns were being investigated, and some staff felt more supported.

This contributed to a more structured and accountable approach, helping improve consistency in care. However, some staff experiences remained mixed, with some reporting limited supervision and difficulty accessing leadership support, which may affect care reliability. Systems for learning from incidents were also underdeveloped, limiting reflection and preventative action. Further work is needed to embed improvements. As a result, we identified new areas for improvement focused on supervision and learning from complaints and incidents. (See 'How good is our leadership?' and 'Area for Improvement 1' and 'Area for Improvement 2').

Met – outwith timescales

Requirement 2

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).

This requirement was made on 27 June 2025.

Action taken on previous requirement

The requirement around staffing arrangements was met. Improvements had a positive impact on people's care, with rotas issued in advance and staff clearer about their roles. Families were more likely to be informed about changes, and most people said visits were happening as planned, helping rebuild trust.

Contingency planning had strengthened, with agency staff used more proactively to cover absences, reducing missed visits and supporting timely care. However, a small number of missed visits had still occurred and were being investigated. Temporary cover was not always communicated clearly, and digital systems for monitoring staffing were not yet fully reliable or accessible, limiting oversight. This could result in delays or reduced confidence in the service, particularly for people who rely on consistent support. As a result, we identified an area for improvement focused on staffing oversight and contingency planning. **(See 'How good is our staff team?' and 'Area for Improvement 1').**

Met - outwith timescales

Requirement 3

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), which state that:

'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).

This requirement was made on 27 June 2025.

Action taken on previous requirement

The service had made some progress in improving communication. Letters were sent to families, and advance calls were made when changes occurred. Some people felt more informed and knew who to contact, which helped build confidence. Despite this, communication remained inconsistent. Some families, staff and professionals described poor responsiveness and unclear contact routes. Staff reported barriers to reaching managers, and professionals noted limited updates and collaboration. These issues affected people's experience of care and made it harder for staff and professionals to respond to changing needs.

As a result, the requirement was not met and we agreed an extension until 8 December 2025.

Not met

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 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).

This area for improvement was made on 27 June 2025.

Action taken since then

This area for improvement was not assessed at this inspection and will be followed up at the next 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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