

Enable Scotland (Leading the Way) East Ayrshire Housing Support Housing Support Service

Unit 1
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Telephone: 01563 546 460

Type of inspection:
Unannounced

Completed on:
13 November 2025

Service provided by:
Enable Scotland (Leading the Way)

Service provider number:
SP2003002584

Service no:
CS2004061936

About the service

Enable Scotland (Leading the Way) - Ayrshire is registered as a housing support service and care at home service. The provider is Enable Scotland (Leading the Way). The service operates from a single office location in Kilmarnock.

The service is registered to provide support to adults and children with a learning disability, physical disability, or mental health support, living in their own home and in the community.

At the time of inspection, the service was providing support to one child and 64 adults across East Ayrshire.

About the inspection

This was an unannounced inspection which took place on 5, 6, 7, 10, 11, 12 and 13 November 2025 between the hours of 09:00 and 17:00.

The inspection was carried out by two inspectors 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 11 people using the service and five of their family;
- spoke with 14 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.
- reviewed feedback gathered from our surveys from 34 people supported or their representatives, 52 members of staff and three visiting professionals.

Key messages

People experienced care that supported their health and wellbeing.

Medication was generally managed safely, but improvements were needed in protocols and recording for as-required medication.

Leadership was strong and responsive. Quality assurance systems provided robust oversight and supported continuous improvement.

Staff felt supported and included in improvement discussions. Training compliance was high, and managers monitored this effectively.

People benefited from staffing arrangements that promoted continuity and positive relationships.

Support plans contained detailed person-centred information.

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?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced care that supported them to stay well and achieve positive health outcomes. Staff demonstrated warm and respectful interactions, and we saw examples of person-centred support that promoted dignity and independence. Families told us they trusted staff to advocate for their relatives and felt reassured that health needs were prioritised. One relative said, "The team have [person's name] best interests at heart and always speak up for her".

Staff acted promptly when health needs changed, ensuring people accessed the right professionals and interventions. For example, we were able to see clear evidence of referrals to health specialists for individuals during a periods of health decline, helping maintain comfort and wellbeing. Risk assessments and health-related care plans were in place and guided staff to deliver consistent support.

During the inspection we found that medication was generally managed safely. There were weekly and monthly audits carried out. However, we found missed signatures on medication administration records and inconsistencies in recording the use and effectiveness of 'as-required' medication. We also found inconsistencies with 'as-required' medication protocols. Some people had these in place, however, for some they were outdated or not in place, which could compromise safe practice. At the time of inspection the provider was reviewing the medication policy and there were plans to introduce improved protocols, this work should be prioritised. (See area for improvement 1).

We sampled daily notes and found these to be detailed and demonstrated good oversight of health-related interventions. We did identify one example where bruising was recorded without sufficient detail, creating a risk of assumptions being made by the staff team. This was discussed with the service who responded immediately and ensured the appropriate recording charts were in place.

Areas for improvement

1. In order to minimise risk and ensure safe practice, the provider should ensure that;

a) protocols for as-required medication are in place, regularly reviewed, and clearly inform and guide staff practice;

b) all as-required medications are recorded appropriately, including the reason for administration and its effectiveness.

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).

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

How good is our leadership?**5 - Very Good**

We evaluated this key question as very good, where significant strengths supported consistently positive outcomes for people.

People benefited from a service that had clear systems to monitor quality and drive improvement. Leaders demonstrated a strong commitment to continuous improvement, and this supported positive outcomes for people. Quality assurance tools and the service development plan, provided robust oversight of key areas such as support plan reviews, staff supervision, induction, and risk assessments. This meant people experienced care that was regularly reviewed and adapted to meet their needs.

Audits were carried out consistently, and managers used findings to inform improvement actions. For example, medication audits identified gaps and prompted changes to strengthen reliability. While audits did not always capture as-required medication in detail, the provider recognised this and planned enhancements alongside the forthcoming medication policy review. This proactive approach demonstrated a culture of learning and improvement.

Staff told us they felt supported and included in improvement discussions. Regular supervision and team meetings encouraged reflective practice and helped maintain consistency in care.

Families and professionals confirmed that concerns were addressed promptly, and feedback was valued. One relative said, "They always listen and act quickly if something needs to change".

Training compliance was high, and managers monitored this closely. Reports provided clear oversight of mandatory training and highlighted where refresher dates were due.

How good is our staff team?**4 - Good**

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefited from staffing arrangements that promoted continuity and supported positive relationships. Core teams were in place for most people, and recruitment processes involved people and families where they wished to be involved. This helped ensure compatibility and choice, which supported people to feel safe and respected.

Staff were generally deployed effectively, and managers worked hard to minimise the impact of sector-wide recruitment challenges. This meant people experienced care from staff who knew them well and could respond to their needs promptly. Families told us they valued the consistency and commitment of staff, and people were supported to maintain routines and social activities. One relative said, "The team know him so well and always make sure he gets out and about".

Staff had access to training, supervision, and team meetings which supported safe practice and encouraged reflective learning. Training compliance was high, and managers monitored this closely. We saw clear systems for tracking mandatory training and probationary progress, which helped maintain competence and confidence in practice.

However, staffing shortages and reliance on overtime created pressure on some teams. While managers

monitored gaps and acted quickly to cover shifts, this sometimes resulted in reduced flexibility for social supports.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

At the time of inspection the service had begun the process of changing the format of people's personal plans to be more outcome focused. This was still in its early stages. We sampled a personal plan that had been moved on to the new format as well as sampling personal plans that were the current standard for the majority of people supported. We found that all personal plans sampled contained detailed person-centred information about people's health, preferences, and routines. This helped staff deliver care in ways that respected individuality and promoted wellbeing and independence. Families told us they felt involved and valued in decision-making, and professionals confirmed that plans supported continuity of care. One relative said, "They always include us in reviews and listen to what matters to him".

Where new documentation was in place, we found these clearly linked to outcomes and progress was tracked. These included health-related goals and holiday aspirations, ensuring priorities were central to planning. However, most plans were still in the older format, which lacked this structured outcome recording. The provider is working toward full implementation of the new format, with a realistic target of summer next year.

Reviews were carried out regularly, and we saw examples of inclusive practice, such as planning meetings at a relative's home to accommodate their health needs. Risk assessments were in place and guided staff to deliver safe and consistent support. We found daily notes were detailed, and the planned introduction of a digital notes app will further strengthen safe recording and accountability.

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

Requirements

Requirement 1

By 19 March 2025, the service provider must ensure people supported have a care plan which contains accurate and up to date information about the support required.

In order to achieve this, there must be:

- a) detailed information about the support required within each section of the care plan;
- b) ensure appropriate representatives/legal guardians are invited to attend six monthly reviews;
- c) ensure the care plan is reviewed and updated every six months or sooner if changes are required;

d) ensure legal guardians and relevant individuals have the opportunity to contribute, review and sign to confirm they have viewed and agreed to the care plan in place.

This requirement was made on 22 January 2025 and extended to 12 May 2025.

This requirement was made on 22 January 2025.

Action taken on previous requirement

This requirement precedes a variation to the service on 31/03/25 and no longer applies to this service.

Not assessed at this inspection

Requirement 2

By 19 March 2025, the service provider must ensure people experiencing care are supported to live in an environment that is clean, tidy and well maintained

This requirement was made on 22 January 2025 and extended to 12 May 2025.

This requirement was made on 22 January 2025.

Action taken on previous requirement

This requirement precedes a variation to the service on 31/03/25 and no longer applies to this service.

Not assessed at this inspection

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

The service provider should ensure people supported, where appropriate, have an activity plan to allow them the opportunity to engage in meaningful activities in accordance with their likes, choices and wishes. If people refuse to participate, staff should record which activity was offered and the approach used, to enable information to be reviewed informing future support strategies.

This area for improvement was made on 22 January 2025.

Action taken since then

This area for improvement precedes a variation to the service on 31/03/25 and no longer applies to this service.

Previous area for improvement 2

The service provider should ensure people experiencing care are supported to maintain a healthy lifestyle, with referrals to external health professionals for advice and guidance when necessary.

This area for improvement was made on 22 January 2025.

Action taken since then

This area for improvement precedes a variation to the service on 31/03/25 and no longer applies to this service.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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