

# Blossom Day Nursery Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
19 April 2024

**Service provided by:**  
Joan Finlayson trading as Blossom  
Day Nursery

**Service provider number:**  
SP2003002966

**Service no:**  
CS2003012071

## About the service

Blossom Day Nursery is registered to provide a care service to a maximum of 22 children at any one time, age from 0 to 8 years, of whom no more than 9 children may be less than 2 years of age.

The service is situated in a residential area of Portobello in the city of Edinburgh. The service is close to local amenities including parks, shops, the library and the beach.

The accommodation comprises of one large playroom for older children with direct access to the enclosed garden. The main area of the garden is located above street level and is accessed via a ramp. The youngest children and babies have their own playroom, which includes a small outdoor area. There are also toilet facilities, a cloakroom and an office space within the building.

## About the inspection

This was an unannounced inspection which took place on Monday 15 April 2024 and Wednesday 17 April 2024. Following our second visit, we issued the provider with a letter of serious concern with one requirement. This was in relation to concerns about the safe registration of staff with the Scottish Social Services Council (SSSC). We returned to the service on Friday 19 April 2024 to assess the provider's actions in relation to the requirement. We provided feedback to the manager and provider following this. 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 children using the service and two parents onsite
- received 20 parental responses to an online survey
- spoke with six staff, the manager and the provider
- observed practice and children's experiences
- reviewed documents.

## Key messages

Staff had developed positive relationships with children and families.

Children benefitted from more regular opportunities to explore their local community.

To support children's wellbeing, the service must make improvements to the management of children's medication and personal planning approaches.

Children did not experience high-quality facilities. To support children's safety and wellbeing, improvements must be made to the quality of the environment and the approach to managing maintenance.

Quality assurance processes and self-evaluation were not yet effective in promoting continuous improvement. As a result, children did not experience consistently positive outcomes.

To promote children's wellbeing and improve the quality of experiences, the provider must ensure staff are supported to develop the skills, knowledge and competencies needed to provide high-quality outcomes for all children.

To promote children's safety and wellbeing, staff must be supported to gain and maintain registration with an appropriate regulatory body. The provider must ensure effective oversight of staffing to ensure action is taken to address any concerns.

## 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 good is our care, play and learning?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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

## How good is our care, play and learning?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

### Quality indicator 1.1: Nurturing care and support

Staff welcomed children into the setting and provided comfort when needed. This helped children to develop positive attachments with most staff. Some staff members warmly narrated routines and interactions to children. For example, when moving into a nappy change or prior to washing their hands. This practice helped children to predict the routines of the day and promoted positive relationships. One parent commented, "All the staff are friendly and approachable." However, at other times staff did not always recognise when children might benefit from a period of interaction. As a result, some children were disengaged and spent periods of time without meaningful engagement from staff or with their peers. On some occasions staff used directional language that interrupted children's choices. For example, some children had expressed an interest in a specific set of toys, but a staff member directed them towards puzzles instead. This showed staff were not always attuned to children's needs and choices. The provider must ensure all staff develop the skills and knowledge needed to effectively support children (see requirement 2 in 'How good is our staffing?').

Whilst staff knew children's personalities well, their overall wellbeing was not well supported through the effective use of personal planning. Children's personal plans lacked relevant information and did not set out how children's care, play and learning needs should be met. For example, for a child who required support to develop their confidence, there were no support strategies in place. This meant staff did not have an agreed approach about how the child should be encouraged and nurtured. Reviews with parents were not completed in line with legislation. This meant there were missed opportunities to reflect a child's current or changing needs. To ensure children's holistic wellbeing needs are consistently met, personal planning approaches needed to improve (see requirement 1).

Children's health and wellbeing was compromised as the management of medication was ineffective. There was an issue with medication not being onsite, which meant children were at risk of not receiving swift treatment. Medication information was not clear and specific to individual children. As a result, there was a lack of clarity on what symptoms a child may experience and what interventions may be needed. While staff were aware of most children's health care needs, the poor records did not support staff to have the information they needed to ensure children experience safe and consistent care. To maintain children's safety and wellbeing, the management of medication and children's health care needs must improve (see requirement 2).

Mealtimes were safe as staff sat with children as they ate. This practice provided appropriate levels of supervision. Staff were able to respond to children's requests or needs, helping them to feel supported and included.

During mealtimes children needed greater opportunities to be independent and make their own choices. Children were not actively involved in the preparation and planning of snacks and meals. Progress made at the last inspection in relation to this area of practice had not been maintained. Mealtimes should be used as an opportunity to help children develop independence skills and confidence in their own abilities.

### Quality indicator 1.3: Play and learning

While some children enjoyed sustained periods of play and activities such as baking, the range and breadth of experiences did not support high quality play and learning. Play spaces were often under-resourced or lacked the range of materials children needed to extend their play. Core resources such as sand, water, blocks, small-world and art resources such as paint were not consistently available. Opportunities to explore literacy and numeracy were not embedded across experiences. As a result, some children became bored, while others were not sufficiently challenged. For all ages of children, the range of experiences and resources needed to be developed and improved so that they experience a range of motivating, inspiring and appropriately challenging opportunities. We have continued a previous area for improvement at this inspection (see area for improvement 3 in 'Outstanding areas for improvement' section of this report).

The manager was supporting staff to develop their understanding of planning for play and learning based on children's interests and needs. However, this work was at an early stage and limited progress had been made since the last inspection. Improvements were needed to children's play and learning opportunities. Staff did not provide enough inspiration for children within planned experiences. This meant planned experiences often lacked quality and did not promote children's creativity and curiosity. Planned experiences were not clearly linked to children's learning needs and as a result did not help children to meet next steps in learning. To support children to experience, high quality play and learning that supports their individual needs, improvements should be made to the way play and learning is planned for and delivered (see area for improvement 4 in 'Outstanding areas for improvement').

Since the last inspection, the service was making better use of the local community. This meant children were provided with more opportunities to explore the local area and enjoy the resources available. Outings included trips to the local library for rhyme and song sessions. These events helped to promote children's communication and language skills and developed connections to their local community.

### Requirements

1.  
By 07 June 2024, the provider must ensure children's wellbeing and development is promoted through the effective use of personal planning approaches.

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

- (a) personal plans set out children's current wellbeing and development needs and how these will be met,
- (b) all staff are aware of the information within the personal plans, including support strategies, and use these to effectively meet each child's needs,
- (c) personal plans are regularly reviewed and updated in partnership with parents.

This is to comply with Regulation 5(1) and (2) 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 personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. By 07 June 2024, the provider must ensure the management of medication is safe and effective in order to maintain children's health and wellbeing.

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

- a) any medication required by a child is available in the service when the child attends and is correctly stored
- b) sufficient and accurate information about children's medical needs is gathered and used to plan for safe and effective care
- c) procedures related to children's medication are in line with good practice guidance; 'Management of medication in day care and childminding services (Care Inspectorate, 2014)'.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of 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: 'Any treatment or intervention that I experience is safe and effective (HSCS 1.24).

## How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

### Quality indicator 2.2: Children experience high quality facilities

Health and safety was not supported through effective maintenance and ongoing improvement. Previous improvements made to the environment had not been maintained and progressed. For example, indoors, a heater was not operating correctly meaning it was hot to touch. Areas of the garden such as internal gates were broken and did not effectively promote children's safety. There were many broken resources across the garden, including items placed on top of the bin store. This caused a risk as these items could have fallen on children. The manager took immediate action to address the heater and bin store concerns. However, to ensure children's safety the provider must act as a matter of priority to address aspects of the environment that require attention. Improved systems for actioning maintenance and refurbishment must be implemented as a matter of priority (see requirement 1).

Overall, children did not experience consistently welcoming and inspiring spaces. For example, home corners were under-resourced and poorly set out. There were limited comfortable spaces for children to relax and recharge. As a result, children's wellbeing needs were not effectively met. Previous progress in relation to developing play spaces had not been maintained. Improvements were needed to ensure the environment met the varying needs of all children (see area for improvement 4 in 'Outstanding areas for improvement').

The provider was beginning to consider ways to bring nappy changing and toilet facilities in line with current good practice. For example, they were working with external contractors to review options for improved nappy changing facilities. The provider must ensure that any changes reflect current guidance and improve children's experiences. The provider should submit an action plan to the Care Inspectorate to demonstrate how they plan to meet current good practice guidance (see area for improvement 1).

Staff carried out some effective infection control practices to support children's wellbeing. For example, they cleaned table tops before serving children's food and wore appropriate protective equipment during nappy changing. Soft furnishings were washed and in a good state of repair helping to limit the spread of germs. However, there were issues with some aspects of infection, prevention and control measures. For example, bathroom fans were thick with dust and nappies were incorrectly stored within changing areas. To ensure children's wellbeing the provider must ensure the facilities are maintained with effective and consistent infection, prevention and control measures (see requirement 1 in 'Outstanding requirements').

## Requirements

1. By 03 June 2024, the provider must take action to address maintenance to ensure children's health, safety and wellbeing.

To do this the provider must, at a minimum :

a) develop and implement systems that identify and action the maintenance and refurbishment needs of the service in an appropriately timely manner,

b) ensure all those working in the service take steps to ensure the environment is safe and well-maintained.

This is to comply with Regulation 10 (2) (b), (c), (d) 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: 'My environment is secure and safe' (HSCS, 5.19) and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS, 5.24).

## Areas for improvement

1.  
To demonstrate how nappy changing facilities will protect children from the risk of infection and provide privacy and dignity, the provider should submit an action plan to the Care Inspectorate. This should include how suitable facilities for children under two years and for children over two years will be developed, using current good practice guidance. The provider should detail a reasonable timescale within which the improvements will be made.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.18).

## How good is our leadership? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

### Quality indicator 3.1: Quality assurance and improvement are led well

We were concerned about the service's capacity to make and sustain improvements. Early improvements

found at the last inspection had not been maintained. Processes for quality assurance remained weak. For example, the quality of the environment continued to compromise aspects of children's wellbeing and effective quality assurance processes were not in place to address this. To ensure the quality of the service improves, the provider must act as a matter of priority to address aspects of the service that are not contributing to positive outcomes for children. A previous requirement relating to quality assurance had not been met. Due to changes within the management of the service, we have extended the timeframe for this requirement (see requirement 1 within 'Outstanding requirements'). Following the inspection, we had a further meeting with the provider and manager to discuss our concerns about the overall capacity of the service. We will continue to monitor the service and take further scrutiny action as needed.

The service had not focused on maintaining and progressing an effective improvement plan. As a result, the pace of change was slow, and children did not experience consistently positive outcomes. For example, improvements to play spaces had stalled meaning children were not experiencing sufficiently inspiring play and learning opportunities. The provider must act as a matter of priority to implement and action an effective approach to improvement planning (see area for improvement 1).

While many parents said they were satisfied with the quality of the service and felt it promoted positive outcomes for their children, others were concerned that previous improvements had not been maintained. One parent told us they thought the quality of the environment had decreased since the last inspection. Another parent said communication was not as good as it had been. The provider must ensure all stakeholders, including, parents, children and staff are involved in sharing their views and informing improvements. This is to ensure stakeholders are included in a cycle of continuous improvement based on their needs.

## Areas for improvement

1. To improve outcomes for children in line with current good practice and to support the service to address required improvements, the provider should develop a clear and robust improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## How good is our staff team?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

### 4.3 staff deployment

Overall, staff supervised children well. For example, they were alert to children's during mealtimes, checked on children as they slept and monitored their movements around the environment. This helped to maintain children's safety and ensured staff were close by to offer support when needed.

Many parents spoke about staff being warm, friendly and welcoming. However, some parents felt the staff and management team could be more forthcoming with information about children's experiences, and in particular their development and learning. The manager and staff should work together to ensure all parents feel included in their child's nursery experience. We encouraged the manager to review how parents were invited into the service during pick up and drop off times so that they can spend time chatting with staff



and seeing their children's experiences.

The service did not have effective and robust systems for ensuring staff were registered with appropriate regulatory bodies, such as the Scottish Social Services Council (SSSC), which regulates the early learning and childcare workforce. Several unregistered staff had continued to work in the service out with the expected timeframes for gaining registration. The provider did not ensure staff were supported to gain and maintain appropriate registration in a timely manner. As a result, there was a risk that children's wellbeing could be compromised. Due to these concerns, we issued a letter of serious concern. This required the provider to take action to minimise the risks to children (see requirement 1). We returned to the service the following day and found the provider had taken sufficient action to address the immediate risks. This included implementing appropriate risk assessments for the management of staffing and providing support to staff regarding their current duties.

Further work was needed to ensure staff were supported to develop and maintain the skills, knowledge and qualifications required to deliver high-quality outcomes for children and families. All staff must be supported to engage in learning and development that will enable them to effectively support children's wellbeing. Most staff needed support to develop their understanding of how to provide children with high-quality play and learning experiences. Many staff had not completed or maintained key wellbeing training such as first aid and child protection. As a result, children's health, safety and welfare could be compromised. At previous inspections, we made areas for improvement in relation to staff learning and development. These were not met. Due to ongoing concerns about staff development, we have made a requirement at this inspection (see requirement 2). The provider must ensure the staff team have the skills, knowledge and qualifications to improve outcomes for children.

## Requirements

1. By 19 April 2024, to ensure children are safe and protected, the provider must implement effective risk management arrangements relating to the professional registration of staff.

To do this the provider must, at a minimum:

- a) develop and implement robust and effective individualised risk assessments for staff who have not gained or retained a professional registration,
- b) develop and implement effective and individualised support and monitoring arrangements for staff who have not gained or retained appropriate professional registration.

This is to comply with Regulation 4(1)(a) 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 Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes (HSCS, 3.14).'

2. By 29 July 2024, to promote the wellbeing of children, the provider must ensure that staff receive targeted learning and development opportunities that enable them to develop the skills, knowledge and competencies needed.

To do this the provider must at a minimum:

- a) identify what learning and development is required for individual staff and plan for learning to be undertaken,
- b) ensure any staff with current conditions placed on any professional registrations are supported and monitored in order to enable them to meet these conditions,
- c) implement quality assurance systems to evaluate the effectiveness of learning and development opportunities and ongoing competency of staff.

This is to comply with section 8(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 have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

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

### Requirements

#### Requirement 1

By 03 February 2023, the provider must implement robust quality assurance processes covering key areas of practice.

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

- a) implement safety and wellbeing checks for environment,
- b) carry out monitoring of staff practice and deployment,
- c) carry out monitoring of children's care, play and learning experiences,
- d) ensure effective and realistic planning to address any issues found.

This is to comply with Regulations 4(1)(a) (Welfare of 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, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This requirement was made on 19 December 2022.**

### Action taken on previous requirement

The service had not taken sufficient steps to ensure safety and wellbeing checks were effective. Checks on heating and radiators had not identified that one heater continued to malfunction and become hot to touch. The provider informed us this fault had only just occurred; however, daily checks had not identified it. Some aspects of the environment were not as safe and welcoming as it should be. For example, the garden presented risks to children's safety.

While some improvements to staff deployment had been maintained through the monitoring of children's attendance and the planning of staffing, overall, staff practice was not being effectively supported. Staff were friendly and warm with children; however, they had not been supported to develop further skills and confidence in key areas of practice. For example, staff needed support to develop their skills in engagement and play.

Aspects of children's care, play and learning was not being well supported through effective quality assurance processes. For example, play environments had not improved since the last inspection. Furthermore, improvements that had been made previously had not been sustained. For example, in relation to the introduction of loose parts.

The approach to improvement planning had not been sustained and enhanced. As a result, planned improvements following the last inspection had not been progressed. This meant outcomes for children were not improving at an appropriate pace.

To ensure outcomes for children improve, the provider must implement robust quality assurance processes covering key areas of practice. We are concerned about the capacity of the service to make improvements. We have met with the provider and manager to discuss these concerns and will continue to monitor the service, taking any action needed to ensure children's wellbeing.

**The requirement has been restated with a new timescale of 19 July 2024.**

**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 children's wellbeing, the provider should ensure personal planning approaches improve so that they set out clearly how children's care and support needs will be met. This would include but not be limited to ensuring personal plans are reviewed by parents, at least every six months or sooner depending on

the individual needs of the child and ensuring strategies of support are recorded and implemented by staff.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

**This area for improvement was made on 16 May 2023.**

### Action taken since then

This area for improvement had not been met. Previous progress in relation to personal planning approaches had not developed further. The service did not have a system for reviewing personal plans and plans were not updated over time to reflect children's changing needs. Ineffective approaches to personal plans had the potential to compromise children's wellbeing. **This area for improvement is no longer in place and has been incorporated into a new requirement under key question 'How good is our care, play and learning?'**

### Previous area for improvement 2

To effectively support children's health care needs, the provider should ensure children's medical needs are safely managed. This should include, but not be limited to, all staff working with children being aware of each child's medical condition and how these may present.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS, 1.15) and 'Any treatment or intervention that I experience is safe and effective' (HSCS, 1.24).

**This area for improvement was made on 19 December 2022.**

### Action taken since then

Children's health care needs were not effectively supported as medication and health care information was not well managed. For example, a child's medication was not onsite and the staff and management team were unclear as to when the medication had been removed. For other children their information was not specific enough and could lead to confusion regarding the health interventions required. Early improvements made at previous inspections had not been maintained.

Ineffective approaches to the management of children's medication had the potential to compromise children's health, safety and wellbeing. **This area for improvement is no longer in place and has been incorporated into a new requirement under key question 'How good is our care, play and learning?'**

### Previous area for improvement 3

To support children's play and learning experiences, the provider should improve the environments and the resources available to children. This would include but not be limited to; ensuring areas are appropriately resourced, developing cosy and comfortable spaces for children to relax and play, adding open-ended materials and ensuring resources reflect children's interests.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials, (HSCS, 1.31) and 'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax' (HSCS, 5.6).

**This area for improvement was made on 19 December 2022.**

#### Action taken since then

The quality of environments and resources still needed to improve. Children did not always have a range of resources and materials for their varying play and learning needs. There were very few spaces children could relax and those that were available were not well resourced. Children did not have access to open-ended materials and many experiences did not support children's current interests or needs. As a result, some children were disengaged. The environments and resources did not support children to have engaging and motivating play and learning experiences. We have continued to make this area for improvement at this inspection.

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

#### Previous area for improvement 4

To support the quality of children's play and learning experiences, improved approaches to planning for play and learning should be developed and implemented.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials (HSCS, 1.31).

**This area for improvement was made on 19 December 2022.**

#### Action taken since then

With support from the manager, staff were beginning to capture children's interests and use these to plan some experiences and activities. However, this approach was at an early stage and not yet having a significant impact on the quality of children's play and learning. Many of the planned experiences were adult-led and prescriptive. These experiences did not promote children's creativity or provide challenge within play and learning.

Staff should be supported to develop their skills and knowledge relating to planning for children's play and learning, taking account of development needs and specific interests. This is to ensure children have play and learning experiences that support their wellbeing and help them to make progress across all areas of their learning. We have continued to make this area for improvement at this inspection.

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

#### Previous area for improvement 5

To support children to experience consistently positive outcomes, the provider should support staff to access training and learning experiences based on the individual needs of each staff member, taking account of any gaps in their skills, knowledge and practice. This should include but not be limited to training and learning relating to, children's play and learning, children's wellbeing, quality interactions and improving environments.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

**This area for improvement was made on 19 December 2022.**

## Action taken since then

Overall, there had been limited progress in relation to staff accessing training and learning opportunities based on their individual needs. As a result, interactions, quality of experiences and the quality of the environment had not improved. We were concerned staff were not being supported to develop the skills needed to provide high-quality outcomes for children.

Further work was needed to ensure staff had access to personalised learning that met their own development needs and the needs of the children.

Due to the concerns in relation to the lack of progress made to staff development we have made a requirement at this inspection. **This area for improvement is no longer in place and has been incorporated into a new requirement under key question in 'How good is our staffing?')**

## Previous area for improvement 6

To support children to experience positive care and support, improvements should be made to the support and guidance provided to staff. This would include but not be limited to developing the approach to staff inductions to ensure they include opportunities to provide guidance, enhance staff knowledge and monitor practice.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

**This area for improvement was made on 16 May 2023.**

## Action taken since then

The process for staff induction was not well developed. For example, staff had not been supported to fully understand their duty to register with an appropriate regulatory body and there had been missed opportunities to support staff to meet conditions related to their registrations. Further work was needed to enhance staff knowledge and monitor practice to help staff develop the skills needed to ensure positive outcomes for children. We have continued to make this area for improvement at this inspection.

**This area for improvement has not 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).

## Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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