

Peek-a-boo Nursery School Day Care of Children

12 Parkgrove Loan
Edinburgh
EH4 7QX

Telephone: 01313 399 161

Type of inspection:
Unannounced

Completed on:
29 April 2024

Service provided by:
Peek-a-boo Nursery (Edinburgh)
Limited

Service provider number:
SP2003002967

Service no:
CS2003012072

About the service

Peek-a-boo Nursery School is registered to provide an early learning and childcare service to 84 children aged from six weeks to five years, of whom a maximum of 20 may be under two years old. CC Nurseries is the provider. The nursery is in receipt of funded placements from the City of Edinburgh Council for eligible children aged from three to five years.

The service is located in the Parkgrove area of Edinburgh, near Queensferry Road. There are three playrooms; 'babies' for children aged six weeks to two years, 'wobblies' for children aged two to three years and 'juniors' for children aged three to five years. The children in the 'wobblies' and 'junior' rooms separately experience their mealtimes in a designated dining room (the kitchen). There is an adjoining sleep room in the babies room. Each playroom has direct access to an outdoor area. The service is next to local transport routes and near shops and schools.

About the inspection

This was an unannounced inspection which took place on Wednesday 24 April 2024 between 09:00 and 18:00 and Thursday 25 April 2024 between 09:00 and 18:45. We returned to complete the inspection on Monday 29 April 2024 from 13:15 to 14:15. Two inspectors carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included the last inspection report, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- received 17 responses from parents to our electronic request for feedback
- received one response from staff to our electronic request for feedback
- spoke with and interacted with children
- spoke with one parent during the inspection
- spoke with staff and management
- observed practice and daily life
- reviewed documents relating to children's care and learning and the management of the service.

We provided feedback to the service on Monday 29 April 2024. In attendance were the interim registered manager, the chief operating officer for CC nurseries, the area manager in Scotland for CC nurseries and a quality improvement education officer from the City of Edinburgh Council.

Key messages

Since the last inspection, there had been changes to the management of the service; an interim registered manager was in place along with a new head of nurseries for Scotland. The service had a high turnover of staff and was using agency staff to help fill vacancies and deploying staff from other services as part of the CC Nurseries provider group. The provider was actively recruiting new staff.

Three areas for improvement from the previous inspection had not been met. This is because progress still needs to be made in relation to child centred planning systems, quality assurance and the service's capacity to embed and sustain improvements.

Six legislative requirements have been made because improvements must be made in relation to staff value base, so children feel respected and heard; children's personal plans; the management of children's medication; the management of child protection concerns and wellbeing concerns; the safety, cleanliness and learning opportunities within the indoor and outdoor play spaces and ensuring agency staff are aware of children's individual needs and support strategies, and put these into practice to help promote continuity of care for children.

There are now three areas for improvement in place to help the service improve child centred planning systems, including skilful interactions and the display of resources, the recording and auditing process for children's accidents and incidents and quality assurance systems.

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 overall 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

The quality of interactions and relationships was variable across the service. We observed some staff express nurture and kindness towards children, for example by communicating with children in a comforting manner about daily routines and respecting children's pace. However, in general, staff were physically present but not emotionally available for children. This meant that there were missed opportunities for children to feel heard and have their needs fully met. Having woken from sleep, younger children moved around several staff members who did not provide effective emotional containment. Some tasks were carried out with children in a desensitised way, for example clothing items were put on children and they were taken to wash their hands while they were visibly upset. The body language, tone of voice and words used by some staff could have been more warm and nurturing. This all risked creating insecure attachments and meant that children's rights were not consistently upheld (**see requirement 1**).

Positive mealtime experiences for all children were not fully embedded across the service. Older children experienced a rolling lunch which reduced disruption to children's own play agenda and contributed to a relaxed and unhurried experience, as the numbers of children eating were kept lower. However, throughout the service, not all staff were fully attuned to children's needs during mealtimes. This risked decisions being made that did not fully reflect children's best interests; for example, in relation to when children were ready to sleep or when they were communicating that they wanted to eat. All staff need to express curiosity towards children's behaviour and the underlying needs and emotions. This will help ensure that children are validated, particularly younger children who are dependent upon adults to represent their voice (**see requirement 1**).

Personal planning systems were not yet effective in securing positive outcomes for children. While children had a personal plan and 'all about me' information linking to the wellbeing indicators, there were missed opportunities for information in personal plans to transfer into practice to improve outcomes for children. Strategies were not set out clearly and progress made by children was not sufficiently reviewed. This resulted in missed opportunities to show that strategies were either improving outcomes or required to be adapted to be more impactful. Reviews with families for all children's personal plans could be more meaningful rather than a signature obtained, or "no updates" written, because all children will have something notable over a period of six months to be recorded (**see requirement 2**).

The management of children's medication required improvement to help ensure children's safety and wellbeing. Medication had not all been reviewed at least every three months in line with best practice. Not all information recorded aligned with what was documented elsewhere. We highlighted one child's skin which appeared sore during the inspection. Staff confirmed that they were aware of this which raised concerns around value-based practice and a lack of responsive care from staff. There was a lack of understanding between staff around treatment for this child and this was made worse by the fact that the child had no health care plan (**see requirement 3**).

While staff demonstrated an awareness of child protection procedures in relation to who to report a concern to, improvements should be made to the management of child protection and wellbeing concerns.

Concerns were not consistently recorded. There were missed opportunities to document the reasoning behind decision making to help understand how this reflected children's best interests (**see requirement 4**).

Quality indicator 1.3 Play and learning

The play spaces generally did not provoke children's curiosity or inspire them to play or extend their play with purpose. Within the pre-school room, there were missed opportunities to provide resources that children could use in a meaningful way, for example to create a pretend meal in the home corner. Outdoors, we prompted staff to add paint to the easel in the pre-school garden. Within the two to three year olds' garden, a water tray was provided on the floor, which made it uncomfortable for children to engage with as they crouched down. Equipment within the water tray was minimal, which resulted in children being resourceful with the limited resources they could find. This meant that children were not sufficiently empowered through a rich learning environment to achieve developmental progress (**see area for improvement 1**).

We noticed that some of the older children demonstrated the most sustained engagement using the open-ended resources in the pre-school garden. We encouraged the service to increase the number and quality of open-ended resources in the two to three year olds' garden to engage children's imagination and add breadth and depth to children's play.

The environment did not enhance opportunities for children to explore language, literacy and numeracy independently through play. Similarly, staff changes meant that staff were not clear about children's stage of development. While books were available and we observed some staff reading stories to children, books within the pre-school play space were worn and ripped. This gave a message that books are not important and did not promote children's love for reading.

Child-centred planning systems were not yet embedded across the service. Staff within the under two's space had responded to children's common needs and interests and provided provocations to support children to make progress. This significant learning was documented within children's online learning journals. For example, staff had noticed that children were ready to progress to their next stage of development to eat with less dependence on adults. Staff provided opportunities for children to increase their fine motor skills through play and this resulted in children eating independently. However, this was not consistent across the nursery as there were a lack of opportunities for staff to undertake quality observations with children and to provide provocations to further support children's learning. Similarly, there were missed opportunities to evaluate planning to reflect the children's stages of learning and next steps (**see area for improvement 1**).

Staff would benefit from support to increase their skills and knowledge to provide quality interactions that empower children to make developmental progress. Some staff commented on what children were doing during play and attempted to extend this; for example, by singing a relevant song in relation to a child picking up a rubber duck. However, in general staff interactions in relation to effective questioning and extending children's thinking skills were minimal. This meant that there were missed opportunities to support children to consolidate their learning through play and widen their skills (**see area for improvement 1**).

Requirements

1. By 28 June 2024, the provider must ensure that all staff demonstrate good values in their interactions with children, so children feel respected and heard.

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

- a) mentor and coach core and agency staff, offering support and respectful challenge to improve outcomes for children
- b) undertake regular observations of core and agency staff practice which highlight strengths and areas for development. Ensure actions are followed up to review the impact on outcomes for children
- c) facilitate training with staff on children's rights, attachment theory and emotional containment strategies. Invite agency staff to this training. Use practice observations to assess how learning from this training is reflected in practice.

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: 'As a child or young person I feel valued, loved and secure' (HSCS 3.10).

2. By 12 July 2024, the provider must ensure that children's personal plans are meaningful working documents that translate into practice. This will help ensure that children's wellbeing and developmental needs are identified and met.

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

- a) ensure support strategies are explicit
- b) undertake regular practice observations of core and agency staff practice to assess how information within children's personal plans, including support strategies, are reflected in practice. Highlight strengths and areas for development and ensure actions are followed up to review the impact on outcomes for children
- c) ensure meaningful reviews of children's personal plans take place with parents
- d) regularly audit children's personal plans. Highlight strengths and areas for development and ensure actions are followed up to review the impact on outcomes for children.

This is to comply with Regulation 5(1) and 2(b) (Personal plans) 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).

3. By 28 June 2024, the provider must ensure that children's medication is effectively managed to help promote their health and wellbeing.

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

- a) ensure that all staff are aware of children's medical needs and the steps to take to help promote their health and wellbeing
- b) review children's medication at least every three months to ensure information is up to date
- c) undertake regular audits of children's medication. Highlight strengths and areas for development and ensure actions are followed up to review the impact on outcomes for children.

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).

4. By 28 June 2024, the provider must ensure that child protection concerns and wellbeing concerns are effectively managed to help promote children's safety and wellbeing.

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

- a) ensure any new child protection and wellbeing concerns are clearly recorded along with the action taken
- b) make sure decision making in relation to any new concerns is clearly recorded
- c) regularly review chronologies and document how this process has supported reflective practice to ensure children are safeguarded
- d) ensure relevant notifications are submitted to the Care Inspectorate.

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: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

Areas for improvement

1. To support children's wellbeing, learning and development, the provider should ensure that planning documentation demonstrates a clearer journey in where learning experiences have stemmed from and how they are evaluated to show progression in children's development.

This should include, but is not limited to, demonstrating how the learning environment connects with different areas more meaningfully to support children to extend their play.

Skilful interactions by staff should help extend children's thinking skills and development. Resources should be attractively displayed to inspire children's play.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 materials and resources' (HSCS 1.31).

How good is our setting?

2 - Weak

We made an overall 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

In general, children's play spaces were not of an appropriate quality. We noticed empty tuft trays and tables with minimal resources on them. When we questioned staff on the learning value of resources that were available, staff generally did not demonstrate a sound knowledge of child development that informed the design and contents of the environment.

While soft furnishings were provided, opportunities for children to relax should be improved to be more homely and comfortable. Poorly designed and resourced play spaces could restrict the wellbeing and development of the children.

During an unannounced monitoring visit to the service on 11 April 2024, we asked that several health and safety concerns were addressed immediately. We were satisfied with the action taken. This included removing puzzles and a doll's house with visible mould on in the pre-school garden, removing basins containing stagnant water in the babies' garden and securing the boundary area behind the mud kitchen in the pre-school garden. This created a potential risk for children to leave the service unnoticed. During the unannounced inspection, we were able to assess whether improvements made had been sustained. Despite highlighting during the monitoring visit that the risk assessment of the two to three year olds' garden had not been carried out, this was the same during days one and two of the inspection. On day three of the inspection, some improvements had been made to the two to three year olds' garden. However, we highlighted broken pieces of slabs and corrugated roofing that were accessible to children and posed a risk to their safety. Resources within the two to three year olds' garden remained dirty. Debris remained on the ground of the babies' garden. We know that young children naturally explore with their mouths, so this posed a further risk to children's safety and wellbeing (**see requirement 1**).

Since the monitoring visit, the service had addressed some areas of concern in relation to infection prevention and control. For example, the cleanliness of the kitchen units in the babies' room had been sustained along with the shelving unit in the pre-school and two to three year olds' kitchen area where children's plates and bowls were stored. However, there was still a concern around the general cleanliness of the service, for example the floors. Rugs had not been lifted and cleaned sufficiently, despite this being highlighted during the monitoring visit and the inspection. This impacted on children's health and sense of worth.

The recording and auditing of accidents and incidents required improvement. Not all accidents were documented as per the service procedure and best practice. Audits of accidents and incidents had not taken place since last year. Actions resulting from these audits were not followed up which limited the effectiveness of quality assurance systems. We noticed that the service's procedure in response to a child experiencing a head injury was not consistently implemented by all staff. Reference to this was made within one of the audits but because the actions were not reviewed, improvements had not been embedded or sustained. There had been missed opportunities to promptly respond to staff's concerns about children who had experienced several accidents and incidents. This is important to promote early intervention and prevention to help get it right for children (**see area for improvement 1**).

We highlighted that the nappy changing facilities for the older children did not effectively promote children's privacy and dignity. The nappy changing bed was opposite a toilet cubicle and in view of children washing their hands. Staff positioned themselves in front of the child who was getting changed which provided some degree of privacy. However, we encouraged the service to strengthen measures to show greater respect for children during intimate care.

Requirements

1. By 21 June 2024, the provider must ensure that the indoor and outdoor play spaces are safe, clean and set out with learning opportunities. This will help promote children's safety, health and development.

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

- a) ensure daily risk assessments are carried out
- b) ensure regular audits of the environment are undertaken. Highlight strengths and areas for development and ensure actions are followed up to review the impact on outcomes for children.

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: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

Areas for improvement

1. To support children's safety and wellbeing, the provider should ensure that an effective quality assurance system is in place for children's accidents and incidents.

The should include, but is not limited to, carrying out regular audits of accidents and incidents. Highlighting strengths and areas for development and ensuring actions are followed up to review the impact on outcomes for children.

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).

How good is our leadership?

2 - Weak

We made an overall 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

Quality assurance systems were not effective in consistently securing positive outcomes for children as highlighted in our findings. Some staff practice observations and audits had been carried out. However, there were missed opportunities to create action plans that could then be evaluated to assess the impact on outcomes for children. Within staff practice observations, there were missed opportunities to mentor and coach staff on ways to enhance outcomes for children to promote a culture of continuous improvement and critical reflection (**see area for improvement 1**).

Within quality indicator 1.1 Nurturing care and support, we highlighted improvements that should be made to the management of children's medication. Two medication audits had recently been carried out. The first one had not been revisited to assess what improvements had been made to keep children safe. This meant that issues remained over six weeks later. This led to confusion about a child potentially receiving medication without a prescription. Several actions had not been addressed which had the potential to compromise children's health and wellbeing.

Support and supervision sessions for staff were infrequent and inconsistent, resulting in minimal impact.

A support and supervision record highlighted practice issues that chimed with our findings and had not been followed up. This was in relation to the garden space for the two to three year olds. This had not been set up to show respect towards children or inspire their play to help progress their development. This meant that there were missed opportunities to promote accountability to get it right for children in a timely manner. Positive judgements about staff practice were not backed up with supporting evidence, which meant that the process was subjective and not meaningful. During the inspection, we noticed that some staff changed their interactions with children when they knew we were observing them. This raised concerns around the integrity of some staff. We know that secure attachments are formed when children experience warm, consistent and predictable responses from adults. Moving forward, quality assurance processes to assess staff value base, skills and knowledge need to be more robust to help ensure positive outcomes are consistently secured for all children.

Staff informed us that training is generally required to be undertaken within their own time and there is no follow up on the impact of this training on outcomes for children. We encouraged the service to review their value base around this and to ensure that quality assurance systems assess the difference staff development opportunities have made to children's overall wellbeing.

Improvements made at the last inspection, in general, had not been embedded or sustained; there had been a deterioration in the quality of the service. This has meant that children had not been supported to achieve their full potential. Moving forward, senior management at all levels need to take a collective responsibility to drive forward continuous improvements to ensure that children are supported to progress well. A culture of ownership and accountability amongst the whole staff team needs to be promoted.

Areas for improvement

1. To support children's wellbeing, learning and development, the provider should create robust quality assurance systems that help embed and sustain improvements.

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 organization having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

2 - Weak

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

Quality indicator 4.3 Staff deployment

Changes to staffing meant that the service was in a period of unsettlement and resulted in a lack of continuity for children. Since the last inspection, the registered manager had changed. This meant an interim management team was in place until the new manager was recruited. The interim management team were not aware of all the children's needs which highlighted that communication systems and documentation of children's records needed to be improved. A new area manager had been appointed. Numerous staff have resigned from their roles or were working their notice period. Agency staff were used to fill staff vacancies. We highlighted to the service, prior to the monitoring visit and inspection, that continuity for children needs to be ensured. However, there were missed opportunities to equip agency staff with information regarding children's individual needs and preferences.

Rather than be guided by what the service knew about children's individual needs, some agency staff had to draw upon their own experiences and instincts to support children. Moving forward, quality assurance systems need to ensure that all staff, both core and agency, are achieving positive outcomes for children **(see requirement 1)**.

We recognised the efforts taken by the provider through recruitment drives and relocating staff from other services within the provider group to support the running of the nursery. We highlighted that the appointment of new staff provides opportunity to ensure robust inductions and quality assurance systems are put in place to help secure positive outcomes for children.

Deployment of staff and staffing levels were not fully effective in meeting children's needs and keeping children safe. The layout of the pre-school play space did not lend itself to only three staff being present. Staff were observed on both days of the inspection standing in the doorway between the book area and the main playroom policing both areas. Towards the end of the second day of the inspection, one staff member read a story to 19 children in the pre-school room. We found that not all children were effectively supervised to ensure their safety and wellbeing. The main playroom was not in use and was being cleared for the day ending. This meant that children's movements were restricted, and they were not provided with choice of how to spend their time.

There was a lack of continuity of care to ensure positive transitions and communication with families. We provided suggestions on tasks that could be assigned to agency staff. This would provide core staff with more time to lead and role model quality learning opportunities for children and effective practice. Parents informed us that information communicated in person and via the family app was not always an accurate reflection of their child's experiences. This created mistrust and a lack of confidence in the service's capacity. Parents should always be provided with accurate information about their child's day.

Requirements

1. By 21 June 2024, the provider must ensure that all staff, including agency staff, are aware of children's individual needs and support strategies to help promote children's safety and wellbeing.

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

a) introduce a recording system which summarises significant information about individual children's needs and support strategies. Ensure all agency staff are aware of this information and use it to support their interactions with children.

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: 'My care and support is consistent and stable because people work well together' (HSCS 3.19).

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, learning and development, the provider should ensure that planning documentation demonstrates a clearer journey in where learning experiences have stemmed from and how they are evaluated to show progression in children's development.

This should include, but is not limited to, how the learning environment connects with different areas more meaningfully to support children to extend their play.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 1 June 2023.

Action taken since then

Child-centred planning systems were not yet embedded across the service. Staff within the under two's space had responded to children's common needs and interests and provided provocations to support children to make progress. This significant learning was documented within children's online learning journals. For example, staff had noticed that children were ready to progress to their next stage of development to eat with less dependence on adults. Staff provided opportunities for children to increase their fine motor skills through play, resulting in children eating independently. However, this was not consistent across the nursery as there was a lack of opportunities for staff to undertake quality observations with children and to provide provocations to scaffold children's learning. Similarly, there were missed opportunities to evaluate learning to reflect on children's stage of learning and next steps.

This area for improvement has not been met. Due to insufficient progress and improvements needed in relation to skilful interactions and the display of resources, we have amended this area for improvement. **See area for improvement 1 in key question 1: How good is our care, play and learning?**

Previous area for improvement 2

To support children's wellbeing, learning and development, the provider should ensure that the management team continue to have a strong presence in the setting and promote high quality practice.

This should include, but is not limited to, carrying out regular audit checks, modelling skilful interactions and learning experiences with children, mentoring and coaching staff and carrying out formal observations of staff practice with an emphasis on assessing the impact and outcomes for children.

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).

This area for improvement was made on 1 June 2023.

Action taken since then

Quality assurance systems were not effective in consistently securing positive outcomes for children. Some staff practice observations and audits had been carried out. However, there were missed opportunities to create action plans that could then be evaluated to assess the impact on outcomes for children. Within staff practice observations, there were missed opportunities to mentor and coach staff on ways to enhance outcomes for children to promote a culture of continuous improvements and critical reflection.

This area for improvement has not been met. This area for improvement is no longer in place.

We have made a new area for improvement in relation to creating robust quality assurance systems which help to embed and sustain improvements. **See area for improvement 1 within Key question 3: How good is our leadership?** We have made new requirements which incorporate quality assurance systems, in relation to staff practice observations and audits. **See requirements 1, 2 and 3 within Key question 1: How good is our care, play and learning? and requirement 1 within Key question 2: How good is our setting?**

Previous area for improvement 3

To support children's wellbeing, learning and development, the provider should ensure that the management and leadership capacity continues to grow to help sustain and embed improvements. This would contribute to providing greater confidence and public assurance in the service's ability to consistently provide high quality support and learning, and ultimately lead to better outcomes for children.

This would promote greater ownership and accountability at all levels and lead to children receiving increased continuity of care and learning from all staff.

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).

This area for improvement was made on 1 June 2023.

Action taken since then

Improvements made at the last inspection, in general, had not been embedded or sustained; there had been a deterioration in the quality of the service. This has meant that children had not been supported to achieve their full potential. Moving forward, senior management at all levels need take a collective responsibility to drive forward continuous improvements to ensure that children are supported to progress well. A culture of ownership and accountability amongst the whole staff team needs to be promoted.

This area for improvement has not been met. This area for improvement is no longer in place.

Due to concerns with the capacity of the service, and poor outcomes for children, we have made requirements at this inspection. **See requirements 1, 2, 3 and 4 within Key question 1: How good is our care, play and learning?, requirement 1 within Key question 2: How good is our setting? and requirement 1 within Key question 4: How good is our staff team?**

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.