

# Hilton Early Learning and Childcare Day Care of Children

Hilton Primary School  
Temple Crescent  
Inverness  
IV2 4TP

Telephone: 01463 251 941

**Type of inspection:**  
Unannounced

**Completed on:**  
15 May 2024

**Service provided by:**  
Highland Council

**Service provider number:**  
SP2003001693

**Service no:**  
CS2003017217

## About the service

Hilton Early Learning and Childcare is a day care of children service situated in the Hilton area of Inverness. The service is registered to provide a care service for a maximum of 129 children aged two years up to primary seven.

The service is situated in a residential area near shops and other local amenities. The children are cared for in four playrooms and have access to secure outdoor areas. Children can also access 'Buzzy's room' and the gym hall in the main school building.

## About the inspection

This was an unannounced inspection which took place on Wednesday 14 May 2024, between 08:30 and 16:40, and Thursday 15 May 2024, between 08:05 and 11:30. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- reviewed 12 responses to our MS Forms survey of family members of people using the service
- spoke with three staff and management
- reviewed five responses to our MS Forms survey of staff members working in the service
- observed practice and daily experiences
- reviewed documents.

## Key messages

- Children experienced warm, nurturing interactions from staff, giving them the confidence to approach staff for support or reassurance when needed.
- Children's learning and development benefitted from an improved balance of responsively and intentionally planned experiences and activities.
- We found some inconsistencies in infection prevention and control practice which led to some missed opportunities to promote effective hygiene routines.
- Improvements to indoor and outdoor spaces provided children with more inviting areas to explore through play with age appropriate resources. This included the development of cosy, homely spaces which respected children's privacy and dignity if they needed to rest or sleep.
- We found some inconsistencies in quality assurance processes, including auditing of recorded medical information which was not regularly reviewed and updated in line with best practice guidance.
- Staff were proactive in communicating to colleagues if a task took them away from an area, helping to support the supervision of children.

## 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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

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

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

4 - Good

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

### 1.1 Nurturing Care and Support

Children experienced nurturing care and support from staff. The youngest children in the two year old's room were readily given cuddles and reassurance. This helped them to form strong attachments with the staff looking after them. Older children confidently approached members of staff for support and to help them fulfil their needs. Staff at breakfast club and out of school care encouraged the sharing of family news and offered emotional check-ins. This supported children's emotional wellbeing and care. It was clear that children had formed trusting, positive relationships with members of staff.

Since our last inspection the service had made significant changes to the lunch time routine. As a result lunch was generally a calmer, more relaxed and homely experience. Two year olds ate lunch in the familiar surroundings of their playroom. Staff sat and ate with them, fostering a family-type meal experience. This promoted a safe eating experience as staff were attentive to children, giving encouragement and praise. For pre-school children the lunch time routine was well organised, minimising time spent waiting in line. A few staff were task focused at times which meant they did not immediately sit down with children, leaving them to eat without supervision. They missed a couple of opportunities to support children to eat well and safely. For example, a bowl of salad was served to each table without serving utensils. As a result, children did not choose to add this healthy food choice to their plates. Children attending breakfast club were able to choose and select from a variety of healthy food choices. They had opportunities to be involved in meal times and to develop independence skills. Throughout the day fresh water was available to all children and they were regularly reminded to drink.

Children's care was supported by personal plans which contained detailed information necessary to identify and support individual needs. Staff worked closely with families and other professionals to enable them to identify and gain appropriate support for children's individual needs. Recorded information to support children's care and needs was reviewed and updated as information was shared by parents or every six months. This meant that strategies were in place to support children at the right time. However, sometimes identified strategies were not effectively deployed to provide the support children needed to fully engage or reach their potential. A previous area for improvement relating to personal planning has been partly met. A new area for improvement has been made as a result (see area for improvement 1). See also section, What the service has done to meet any areas for improvement at or since the last inspection?

We found that some children's long term medication had not been consistently reviewed within timescales in line with best practice. The manager took steps to immediately address these inconsistencies in auditing children's medication information as per best practice guidance. As a result a previous area for improvement remains in place. See also section, What the service has done to meet any areas for improvement at or since the last inspection? (see area for improvement 8).

Children' health and wellbeing benefitted from the provision of quieter, cosy spaces to rest and relax. In the two year olds playroom, arrangements for safe sleep had been much improved since our last inspection. The sleep area was a safe, cosy and inviting space which respected children's dignity and privacy as they slept. Staff monitored how long children slept and were responsive to individual children's needs.

Please see section What the service has done to meet any areas for improvement at or since the last inspection?(area for improvement 7).

### 1.3 Play and Learning

Children were actively leading their own play and were generally busy, engaged and having fun. Free flow between indoors and outdoors supported children to follow their interests and promoted choice and independence in their play. Adult-led learning experiences allowed children who were interested to extend their learning. Staff often got down to children's levels to play with them. This supported staff to engage in skilful, positive interactions with children, enhancing some learning and play experiences.

Children's learning and development was benefitting from improvements which had led to a greater balance of responsive and intentional planning. For example, planning in the two year old's room reflected staff knowledge of the importance of recognising and building on a providing for play schemas observed in younger children's play. This recognised and built on this. (Please refer to section, What the service has done to meet any areas for improvement at or since the last inspection? area for improvement 2).

Children attending breakfast club and out of school care were actively involved in regularly suggesting ideas for planning activities and resources they would like to use. The service had worked to increase responsive planning for three to five year old play and learning. Since our last inspection play was more child-led with staff responding to children's interests and ideas in planning. For example, some children were showing an interest in letters. A member of staff was supporting this interest by helping the children complete an alphabet floor puzzle. They used skilful interactions and questions to find out what children already knew and helped them extend this knowledge as they played. Children were having fun recognising letters from their names and those of their friends.

The service told us that taking children on visits into the wider community was not often possible for a number of reasons, For example, many amenities were not within easy walking distance. Instead the service regularly organised for visitors to come to the service. This included parents to talk about their occupations, members of the emergency services and local sports, yoga and health providers. The service regularly shares community activities via the service closed Facebook page, encouraging families to engage in the wider community.

Children's play and learning experiences were beginning to benefit from an improvement priority to increase numeracy experiences across indoor and outdoor areas. Staff were each designated responsibility for resourcing and developing an area of the setting. This included the provision for literacy and numeracy opportunities in that area. In the role play area some real life resources promoted understanding of numeracy in everyday life. Some numeracy activities were linked to number songs the children had been singing. Staff found opportunities to use numeracy language in their interactions with children. For example, counting items in a picture during story-telling and using props when singing number songs and rhymes. During block play staff interactions skilfully introduced concepts such as high and higher. The self-evaluation process of this improvement priority will continue to highlight what's working well for children's development and where further changes could be actioned.

Children's knowledge, understanding and skills in literacy and language were supported in a number of ways. Clipboards and pens were available in a number of areas, inviting children to make marks with writing materials. Staff used strategies with the youngest children, such as repeating words and using eye contact to help develop spoken language. Some children with identified communication needs were supported through the effective use of visuals. For three to five year olds, staff were trialling story times offered as a quiet activity after lunch for children who wanted to participate.

Many children joined the story-telling sessions on offer indoors and outdoors during inspection. The service should continue to evaluate and develop language and literacy opportunities both indoors and outdoors.

## Areas for improvement

1. To support children's wellbeing, development needs and progress being effectively met, support strategies must be provided and used effectively to meet identified needs. This should include, but is not limited to, ensuring that all staff are knowledgeable about each child's health and wellbeing needs, their tailored care and support strategies.

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).

## How good is our setting?

**4 - Good**

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

Children experienced a setting which was comfortable, had plenty of natural light and was neutrally decorated and furnished. Free-flow play between indoors and outdoors was available to all children throughout the day. Staff had worked hard to improve the overall appeal and resourcing of areas since our last inspection, particularly in the two year old's room. This included the creation of more homely, inviting spaces which were developmentally appropriate and promoted a homely feel. This impacted positively on children's play and care experiences. Overall the setting, indoors and outdoors was well maintained.

Children's physical development, health and wellbeing benefitted from being able to access a wide range of large outdoor play resources. These encouraged children to explore more risky play and to develop of gross motor skills such as jumping and climbing. Large play equipment and resources were developmentally appropriate for the age of children accessing them. For example, children in the two year olds room were able to practise climbing on a frame which was designed for very young children to use with adult supervision. This meant that children of all ages were able to engage in play that was challenging, exciting and fun.

Children's imagination, curiosity and creativity benefitted from a range of resources which met the developmental needs of the range of ages attending the setting. Children in the nursery playrooms could freely access a range of resources which supported them to be imaginative and fostered creativity. Children attending breakfast club were able to choose calmer activities before attending school, such as drawing, playing with Lego or board games. At out of school care, children could access and select from a range of resources independently. This supported children's interests as some chose to play physical games outdoors and others chose creative or quieter activities.

Children's safety and wellbeing benefitted from an environment which was generally clean, organised and tidy. Some infection prevention and control practices were embedded. However, we found some inconsistencies in some areas of practice. These had the potential to compromise children's health and wellbeing. For example, there were some missed opportunities to promote effective respiratory and hand hygiene routines. As a result a previous area for improvement remains in place.

Please see section What the service has done to meet any areas for improvement at or since the last inspection? (area for improvement 6).

### How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The manager promoted the language of the service values, encouraging staff to use these in interactions with children. This helped make the values of the service meaningful to children's experiences. Children and families were offered opportunities to be involved in the development of the service. Children were encouraged to complete questionnaires to provide feedback about their likes and dislikes. Parents were offered a variety of ways to contribute their voice to service improvement. These included being asked to contribute to feedback questionnaires and adding responses, ideas and suggestions via the service closed Facebook page.

Improvements to children's experiences and outcomes were influenced by the pace and implementation of ongoing improvements. Clear and effective self-evaluation and action planning processes supported the pace of change. Timescales were mostly being met. The leadership team and staff were regularly reviewing the action plan together. This enabled all staff to remain focussed on their responsibilities within the plan. Reflective discussions allowed staff to review what was working well and having positive impacts on children's experiences and outcomes. They were able to identify appropriate next steps and actions to take forward in this process of continual improvement. The leadership team demonstrated an awareness of the importance of embedding new practice and approaches. This supported changes to be effective in creating positive impacts on children's outcomes and experiences.

We found some inconsistencies relating to the monitoring of staff practice. For example, while staff monitoring and supervision were taking place, not all staff were receiving quality discussion and feedback as part of this process. The leadership team acknowledged they were exploring ways to formalise this aspect of staff monitoring for all staff team members across the service.

There were some gaps in quality assurance processes which had the potential to compromise children's health and wellbeing. For example, recorded information regarding medical needs was not regularly reviewed and updated in line with best practice guidance. The manager should now ensure that recorded medical information is systematically audited and that effective monitoring takes place within timescales as stated in best practice guidance. See also section, What the service has done to meet any areas for improvement at or since the last inspection? (see area for improvement 8). Inconsistent staff practice demonstrated that staff were not yet fully knowledgeable and competent in infection prevention and control practices. Effective monitoring of infection prevention and control practice would highlight gaps in staff knowledge and competency. This would enable the manager to provide appropriate support and training. Please also refer to section, What the service has done to meet any areas for improvement at or since the last inspection? (see area for improvement 6).

### How good is our staff team?

### 4 - Good

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

Children were generally well supported by staff across their day, providing good continuity of care.

This was influenced by the deployment of staff. There was a balance of staff skills, knowledge and experience across the four playrooms, as well as for breakfast club and after school care. Staff breaks were planned so that disruption to children's care and support was minimised. Transitions across the day had been well-planned to help enable appropriate supervision and care.

Where possible, the service communicated staff changes to parents. Temporary and new staff were able to view files and records which supported them to quickly know which children had identified needs, allergies or medical needs. This helped them to be able to provide children with the appropriate support and care.

Since our last inspection, staff were generally more aware of positioning themselves where they could effectively supervise and monitor children. They were proactive in communicating to colleagues if a task took them away from an area. This helped ensure that children were well supervised. Staff should continue to be aware when moving around areas, particularly in outdoor area, of positions which could potentially obscure their view of children.

## 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, development needs and progress, being effectively met, children's personal plans should be further developed and streamlined.

This should include but is not limited to:

- a) information is accessible to staff and can be clearly shared
- b) plans should be reviewed and updated as children's needs, challenges and achievements change, or at least every six months in line with legislation
- c) all staff are knowledgeable about each child's health and wellbeing needs and that tailored care and support strategies are provided and used effectively to meet those needs.

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).

**This area for improvement was made on 5 October 2022.**

#### Action taken since then

a) Children's care and support benefitted from their personal plans being easily accessible to staff. Plans were securely stored in a central area so that staff could access them readily as needed. This meant that information which was key to individual support needs was available to be shared with members of staff and other professionals as necessary.

b) Personal plans were regularly reviewed in line with legislation.



This meant that information about children's needs and strategies was up to date and relevant. As a result the right care and support could be provided at the right time.

c) Some staff we spoke to were able to talk about some children and their individual needs. They were knowledgeable about strategies to support children's identified needs. However, we found that although strategies had been identified and recorded for children, they were not consistently used. This resulted in a few children not receiving the support they needed to engage successfully in play or activities such as eating lunch.

Parts a) and b) have been met. A new area for improvement has been created to support the service to work towards improving outcomes for children through part c). Please see section How good is our care, play and learning? 1.1 Nurturing care and support, area for improvement 1.

### Previous area for improvement 2

To ensure children's play and learning experiences are relevant and responsive to children's ideas and stage of development, the manager should support staff to improve planning processes.

This should include but is not limited to:

- recording high quality observations
- implementing responsive planning, capturing children's ideas and interests.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I can direct my own play and activities in a way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

**This area for improvement was made on 5 October 2022.**

### Action taken since then

High quality observations recorded children's progress in learning new skills, language and learning. Parents were invited to comment on these achievements and to add those from home which they wished to be included in their child's learning profile. Observations were often based on milestones in developmental overviews so focussed on the development of independence skills. The service should now develop next steps which are also based on core curriculum areas.

Children's learning and development was supported by planning which was responsive to their learning needs. A planning format had been implemented which captured children's interests in addition to intentional planning. This enabled staff to plan and add additional resources to enhance children's ideas. The service should make explicit in planning how children's interests and curiosity have influenced activities and resources. For example, considering what children are asking questions or talking about, while ensuring a balance of responsive and intentional planning.

**This area for improvement has been met.**

### Previous area for improvement 3

To promote and encourage children's curiosity, creativity, problem solving and imaginative skills, the manager and staff should improve the play spaces available both indoors and outdoors.

This should include but is not limited to:

- a) providing suitable resources and materials to effectively engage and challenge children's play, learning and interests
- b) providing comfortable and homely spaces where children can rest and relax.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.23).

**This area for improvement was made on 5 October 2022.**

### Action taken since then

Children's play and learning experiences benefitted from improvements across the playrooms and outdoors areas. There were increased opportunities for three to five year olds to engage with materials which promoted curiosity and problem solving outdoors and indoors. The provision of a greater number of natural and open-ended play increased children's opportunities to play creatively and imaginatively. For example, an inviting block play area provided children with ample room to create and problem solve together as they played. Children were engaged in play for longer periods of time. Outdoors large loose parts resources and an outdoor water play resource provided children with greater challenges and problem solving opportunities in their learning experiences.

The leadership team and staff had worked hard to create more comfortable homely spaces for children to relax and rest (see also area for improvement 7). Two year old's health and wellbeing benefitted from a calm, comfortable and inviting area for rest and sleep. Children attending breakfast club or out of school care could choose to sit comfortably in quieter spaces if they chose. Three to five year olds were able to access a couple of quieter, cosier areas. The addition of homely touches such as an armchair and sofa made these areas inviting.

**This area for improvement has been met.**

### Previous area for improvement 4

To ensure children experience high quality care and learning experiences, the manager should improve the quality assurance systems in place.

This should include but is not limited to:

- a) regular and effective support and supervision for all staff
- b) regular and effective monitoring of staff practice and quality of children's play and learning experiences
- c) clear and effective plans are in place for maintaining and improving the service with identified timescales and persons responsible.

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).'

**This area for improvement was made on 5 October 2022.**

### Action taken since then

Children's care and learning experiences were benefitting from some improvements in quality assurance processes relating to some high quality care and learning experiences.

a) Nursery staff had regular support and supervision meetings with the manager. It was recognised that support needed to be given at an appropriate pace. This meant that support and development met the individual needs of staff and their varying levels of experience and confidence. The leadership team were continuing to explore ways to formalise quality discussion and feedback for breakfast club and out of school care staff.

b) The balance of skills, knowledge and experience across the staff team had been considered when deploying staff. This created a balance across the staff team which supported children to have good quality play and learning experiences.

c) A clear action plan was in place to drive improvements to the service forward. A visual display had been created so that staff could chart and see the progress being made towards improvements. This was regularly discussed and reviewed with staff. Staff contributed ideas and engaged in self-evaluation related to these improvement priorities. This helped everyone on the staff team to be clear about their responsibilities and roles within the implementation of improvements. For example, changes made to the lunch time routine were evident and having some positive impacts on children's experiences.

**This area for improvement has been met.**

#### Previous area for improvement 5

To ensure children receive high quality care and effective supervision, the manager should review and evaluate staff skills and deployment.

This should include but is not limited to:

- a) use of environment by staff to ensure they meet children's needs
- b) effective deployment of staff roles to consistently meet children's needs
- c) review and support staff awareness of how to be more flexible on where they are best placed and needed to benefit children and lead to high quality outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15); and 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

**This area for improvement was made on 5 October 2022.**

#### Action taken since then

a) Nursery children were able to free-flow between three playrooms and the outdoor area, except when the third playroom was in use for lunch service. Staff supported children to make use of these spaces so they could follow their interests as they played and learned. Staff knew which children required greater support at times. They communicated to their colleagues when they moved to another area or were supporting an individual child or group.

b) Staff were clear about their roles and responsibilities related to meeting children's needs. There were clearly defined staff roles for supporting the identified needs of individual children or groups. For example, some staff were working with specific children to support their needs.

c) Staff were mostly aware of where best to be placed allowing children to follow their interests and leading to better quality play experiences. They generally communicated well as a team and were flexible and professional as they worked together to meet children's needs.

**This area for improvement has been met.**

## Previous area for improvement 6

To keep children healthy and safe, the service should ensure that effective infection prevention and control practices and routines are in place and consistently practiced.

This includes but is not limited to, ensuring that:

- a) staff are knowledgeable and competent in effective handwashing routines and practice
- b) children are supported so their handwashing hygiene and routines are effective and following infection prevention and control guidance
- c) staff are knowledgeable and competent about all aspects of infection prevention and control.

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 because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 10 May 2023.**

### Action taken since then

Children's health and safety were not consistently supported by effective infection prevention and control measures. which had the potential to compromise children's health and safety.

a) Not all staff consistently demonstrated they were knowledgeable about effective handwashing in relation to infection prevention and control. Children in the three to five year olds rooms were not consistently supervised when handwashing. Some staff did not consistently remind children to wash hands after eating. Staff did not always position themselves where they could effectively supervise handwashing or offer support with this when needed. This meant that when washing their hands independently, children's handwashing technique was often ineffective. For example, soap was not always used.

b) Children were not consistently supported or supervised at key handwashing times. For example, at times three to five year olds were not supervised well when toileting. This led to children not washing their hands effectively in line with infection prevention and control guidance. This had the potential to compromise children's health and wellbeing.

c) Inconsistent staff practice demonstrated that staff were not yet fully knowledgeable and competent in infection prevention and control practices. For example, an open bin was used in the snack area. However, when this was pointed out to a member of the leadership team, they responded immediately by providing a lidded bin to that area. The fridge temperature was being regularly noted. However, staff were not aware that it had been over the recommended temperature for safe storage of food. When we highlighted this to the manager, they agreed to take immediate action to ensure the fridge was repaired or replaced.

Further improvements should be implemented to ensure that staff are supported to increase their knowledge and competency in all aspects of infection prevention and control (see also area for improvement 8).

**This area for improvement has not been met and will remain in place.**

### Previous area for improvement 7

To ensure that children's health and wellbeing is supported, the service should provide safe, cosy spaces where they can rest and relax comfortably. This includes but is not limited to providing a suitable calm, quiet space for younger ELC children to comfortably lie down and sleep in privacy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 10 May 2023.**

#### Action taken since then

Children's health and wellbeing were supported by having comfortable, safe and cosy spaces to relax, rest or sleep. Consideration had been given to the ages and developmental stages of children using the service. As a result, there was provision for all children to relax, rest or sleep, according to their needs.

Children in the two year old's room particularly benefitted from the improvements staff had made to the sleep area. Staff had increased the privacy of sleeping children by creating a partitioned space. Sleep mats were used in line with safe sleep practice guidance. Children could elect a blanket and pillow from a selection stored in natural baskets within the sleep area. Staff monitored sleeping children well, recording how long and how often they had slept so that this information could be shared with parents. Children's individual needs for sleep or rest was supported by staff who enabled them to sleep and rest as often as they needed. Good quality, safe sleep practice was in line with safer sleeping guidance.

Three to five year old children were supported to relax or rest in cosy corners in two playrooms. In the Puffin Room, a cosy corner had been created with a full sized sofa, allowing children to enjoy a quiet time, looking at books or sitting beside an adult to listen to a story. In the Robin room there was a quiet area with books and a cosy, arched area which enabled children to retreat to a small, quiet space when they needed a calmer space to relax. Both spaces had homely touches added such as natural storage baskets, blankets and cushions to create inviting, relaxed spaces. Children's outcomes and wellbeing benefitted from being able to choose to spend time quietly when needed.

**This area for improvement has been met.**

### Previous area for improvement 8

To support children's wellbeing and promote the continued development and improvement of the service, the manager should ensure robust quality assurance systems are in place.

This should include but is not limited to:

a) formally monitoring staff practice and providing staff with constructive feedback to support them to fully meet children's needs, including, implementing consistent monitoring of infection prevention and control practices

b) auditing all children's information recorded, including medication information, ensuring this corresponds between recording formats.

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).

**This area for improvement was made on 10 May 2023.**

### Action taken since then

a) Children's health and wellbeing were not consistently supported by consistent monitoring of infection prevention and control practices. During our inspection children were not effectively supervised at key times for handwashing. For example, nursery children were not always supported to develop and maintain good hand hygiene after going to the toilet. This had the potential to increase cross infection in the service. The manager now needs to ensure that effective, consistent monitoring of staff practice is implemented in relation to monitoring infection prevention and control practices.

b) Children's health and wellbeing had the potential to be compromised as not all recorded medication information was reviewed within best practice guidance timescales. Medication had been administered by staff as per dispensing instructions. However, we found one example of recorded medical information which did not correspond with dispensing instructions. The service should now ensure that medication information audits effectively cross-reference dispensing label information and written information.

**This area for improvement has not been met and will remain in place.**

## 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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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