

Charlene's Happy Hearts Childcare Child Minding

Cowdenbeath

Type of inspection:
Announced (short notice)

Completed on:
9 August 2024

Service provided by:
Charlene Buchanan

Service provider number:
SP2019990797

Service no:
CS2019377088

About the service

Charlene's Happy Hearts Childcare is operated by Charlene Buchanan, who provides a childminding service from her family home within Cowdenbeath. The service is close to local amenities including green spaces, the local nursery, primary schools and local shops. The service is delivered from the ground floor of the family home and children have access to the lounge, dining kitchen and downstairs bathroom. Children also have access to an enclosed rear garden.

The service was registered to provide a care service to a maximum of 6 children at any one time under the age of 16 years, of whom no more than 3 may be of an age not yet attending primary school and of whom no more than 1 may be less than 12 months. Numbers are inclusive of the children of the childminder's family.

About the inspection

This was a short notice, announced full inspection, which took place on 9 August 2024 between 10:30 and 12:30 hours and then 13:30 and 15:15 hours. 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three children using the service
- spoke with the childminder
- requested feedback from two parents/carers
- observed the environment and resources
- reviewed documents.

This service was subject to an Improvement Notice that was issued on 5 April 2024. All improvements from that were met. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

Key messages

- Children continued to experience warm, supportive relationships with the childminder.
- The childminder had made significant improvements to the cleanliness of the environment, resulting in a clean and welcoming environment which supported children's health and wellbeing.
- Potential hazards in the home had been identified and addressed, improving the safety of children whilst in the home and garden.
- The childminder had addressed four of the five requirements and most areas for improvement identified at the previous inspection, contributing to improved outcomes for 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?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

How good is our care, play and learning?

3 - Adequate

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

Quality Indicator 1.1; Nurturing care and support

Minded children were relaxed, happy and confident in the care of the childminder. They enjoyed cuddles, regular praise and attention, supporting their level of comfort and enjoyment. The childminder knew them well and was able to discuss their personal preferences and current stage of development. The childminder spoke sensitively to children about their family life, which contributed to children's sense of security and positive connections with the childminder. One parent told us "Charlene has been my child's childminder for a long time and I'd never want anyone else, the care and dedication she has to her job is second to none".

Children's nutritional needs were now met through positive changes made to meal provision and menu planning. Families were informed about planned snack provision which was nutritious and balanced, and all children brought packed lunches. One child told us "we get breadsticks and ham and cheese". Social interaction was improved as all children sat at the table to eat, which also reduced any risk of choking, keeping children safe. We asked the childminder to ensure that children have easy access to fresh drinking water throughout the day.

Continuity of children's care was improved as systems for the recording and reporting of medication and accidents had been developed. This improved the communication about these specific needs and ensured appropriate and safe administration of any medicines. The childminder should now ensure that medication held long term is reviewed with families every 28 days, in line with current best practice guidelines. This is to ensure that medication dosage is right for children to support their continued wellbeing (see area for improvement 1).

Personal plans were held for all children which were now capturing additional information, where needed, to fully meet children's needs. For example, strategies for support were recorded, following discussion and agreement with parents. This enabled children to achieve through care and support tailored to their individual needs. Although most personal plans were up to date, two were now overdue by a month and the home address for one child was incorrect and unknown. This had the potential to delay treatment in an emergency or cause children's wellbeing to be compromised within the care service. All personal plan information must be reviewed by families at least once every six months or sooner should there be any change. This is to ensure all information is correct and relevant. The previous requirement has therefore been made again (see requirement 1).

Quality Indicator 1.3; Play and learning

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

Children were busy in their play and enjoyed showing us what they were making at the art table. Toys and activities were capturing children's attention and engaging them.

Children had opportunities to be independent, such as accessing play resources and were encouraged to do some things themselves. For example tidying up toys, collecting their belongings and putting on coats and shoes. This built their capacity to be respectful and responsible for themselves, others and the home.

Children's literacy and numeracy were supported through discussions during play, such as talking about colours and pointing out shapes and differences. A range of books were also available and children were read to. The childminder was involved and consistently supported their play. They provided children with ideas and suggestions, which enabled them to extend their learning and increased their engagement.

Children's learning and development was captured in observations within personal plans. These also captured children's next steps, which enabled the childminder to plan appropriate play and learning experiences to meet their needs and interests. For example, returning to visit the local airport to see aeroplanes take off from the other side, for one child who had a continuing interest. We asked the childminder to reduce the number of next steps that were captured for each child. This would ensure these were relevant and enabled planned provision to support children to achieve.

Children continued to have regular opportunities to engage with the older generation through visits to a member of the childminder's family in a local care home. This intergenerational link built children's social connection, mutual respect and understanding across generations. We asked the childminder to consider how they could develop these visits to support shared play and learning experiences.

Requirements

1. By 30 September 2024, in order to ensure children receive appropriate care and support at all times, the childminder must develop personal plans for each child using the service. These must set out how each child's health, welfare and safety needs are to be met. Reference should be made to the document 'Records childminding services must keep and guidance on notification reporting'. Personal plans must be reviewed by the childminder and the child's family at least once every six months, or sooner if there is any change to the child's care or welfare needs.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.15, which states 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)

It is also necessary to comply with Regulation 5(1)(2)(a)(b)(i)(ii)(iii)(c) (Personal plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210.

Areas for improvement

1. The childminder should review medication held every 28 days in line with practice guidelines, to ensure that current medication and/or dosage is still appropriate to promote children's health and wellbeing.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14).

How good is our setting?

4 - Good

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

Quality Indicator 2.2: Children experience high quality facilities

Resources were clean, organised and plentiful, enabling children to have choice and safer independent access. We asked the childminder to be mindful of the amount of resources provided at any one time, to ensure adequate space at the table to be creative. There were sufficient resources to engage children and meet their interests, which were accessible at their height, enabling children to be independent. Outdoors, the garden provided a variety of play items to support imaginative, investigative and physical play such as a mud kitchen, water table, play house and physical toys. This supported children to explore and build physical strength and coordination. One parent told us "My child goes to the beach, the woods, the shops, she constantly has new things for them to do and my child really enjoys it". The childminder should now continue to build on the start made in offering 'loose parts' play materials which are open-ended. These would further encourage children's imagination and challenge their thinking. We reminded the childminder again about the 'Loose Parts Play Toolkit' which can be found on the Care Inspectorate Hub.

Children's dignity was maintained through appropriate nappy changing procedures. Children were changed in the hallway near the bathroom. Appropriate PPE (personal protective equipment) was used and stored in a sealed container out of children's reach. Antibacterial wipes were available to support appropriate cleaning and handwashing was carried out by the childminder and child. This reduced the risk of cross infection, supported children's privacy and protected their health.

Children's safety was improved as the childminder had identified potential hazards and addressed these. Hazardous items were stored appropriately and out of children's reach and safety equipment such as cupboard locks and baby gates were in place. The garden area had been reviewed and previously identified risks addressed, allowing children regular access to a safe outdoor space. Potential harms were also clearly captured within written risk assessments. This supported children's continued safety. We asked the childminder to make some further very slight amendments to these to ensure they all reflected the current service.

Information held on children and families was stored securely and managed sensitively supporting their privacy.

How good is our leadership?

3 - Adequate

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

Quality Indicator 3.1: Quality assurance and leadership are led well.

Systems for the general overview and management of the service were now improved and organised. Children's personal plans were able to be accessed quickly, supporting continued review and a quality assurance folder was now in place. This, along with consistent use of an online platform for sharing information with parents, had significantly improved organisation to support continuous review.

Children were able to give some feedback on the service as the childminder consistently sought their views verbally and had recently issued children's questionnaires. We asked the childminder to embed regular consultation and consider other ways of consistently gathering their views, such as using 'mind maps'.

This would continue to support children in feeling included and valued. Additionally, they should explore how they can develop regular formal opportunities for parents to provide feedback on provision and use this to support ongoing quality assurance and improvement. One parent told us they felt involved and said "Charlene will ask us continuously if there is anything we feel she could do to improve on, and asks us to think of new ideas for days out etc".

The childminder had undertaken some review of policies and procedures including risk assessments. This contributed to policies reflecting current legislation and current guidance to support practice. For example, the 'food policy' to improving practice in the provision of meals and snacks served. Some further review of wording within the child protection policy and medication policy should now be carried out to ensure these continue to support positive practice and outcomes for children.

The aims and values of the service had been reviewed to identify a clear direction and positive outcomes for children. These were not yet fully reflective of the service and we encouraged the childminder to reflect on these further, taking account of current service strengths. These can then be used to evaluate against and help identify further areas for improvement.

The childminder was now beginning to make use of quality assurance documents such as " A Quality Framework for Daycare of Children, Childminding and School-aged Childcare' and the 'Self-evaluation Toolkit for Childminders' to help them develop the service. The quality assurance floor book had recently been re-started and made explicit links to the quality indicators and Health and Social Care Standards. These were beginning to help them evaluate their service and identify strengths and areas for improvement. We reminded them to also access and make use of the available bitesize sessions on the Care Inspectorate Hub. This would support them to further develop a full quality assurance system and put in place an improvement plan for the year ahead to enable progress to be measured. Although we recognise improvements made in developing a system for quality assurance, this area for improvement has not yet been fully met and has been made again (see area for improvement 1).

Areas for improvement

1. The childminder should develop opportunities to assess her service and enhance positive outcomes for children. This should include;

- creating an improvement/action plan for the year ahead to identify priorities and support change
- creating regular opportunities for formal feedback from children and families and using this to drive improvements
- becoming familiar with and making use of the new 'Quality Framework for Daycare of Children, Childminding and School-aged Childcare' alongside the Health and Social Care Standards.

Reference should also be made to the 'Self-evaluation Toolkit for Childminders' available on our website. This would provide evidence of progress and support action planning for future improvements.

This is to ensure care and support is consistent with the Health and Social Care Standards 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 staff team?

3 - Adequate

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

Quality indicator 4.1; Staff skills, knowledge and values

Since the previous inspection, the childminder had refreshed training in child protection and first aid, contributing to children's positive health and wellbeing. They had also begun accessing some varied online modules on subjects such as brain development in the early years, which enhanced their knowledge and understanding to support improved outcomes for children. Future training needs had been considered with a course on 'loose parts play', booked for the near future. This would enable the childminder to develop this part of their service to improve creative play opportunities for children. We asked the childminder to consider the needs of children in their care when planning future learning opportunities by accessing training which would support them to be trauma informed.

The childminder now kept a log of their professional learning and development which identified training and learning completed. They were able to reflect on this and how it supported their work when they re-visited materials used during learning sessions. We suggested the childminder should now ensure they add a reflective account of any learning and development within the log, along with any planned action. This would support further reflection on learning and how it could be used to further develop the service and improve outcomes for children.

The childminder was not yet making use of the range of best practice documents available to help them remain abreast of developments in childcare. This would have a positive impact on provision of play and learning experiences for children. For example, using the 'SIMOA' practice note with children to help them learn about staying safe. The childminder should now ensure that they engage with the range of best practice documents and other avenues for professional development and learning such as the Care Inspectorate bitesize sessions and training offered by other organisations. The area for improvement made at the last inspection has therefore been made again (see area for improvement 1).

Areas for improvement

1. The childminder should identify and access suitable training and self directed learning to support children's wellbeing and positive outcomes. This should include reviewing a range of best practice documents available as referenced within the the Care Inspectorate document 'A Quality Framework for Childminding, Daycare of Children and School-aged Childcare.'

This is to ensure care and support is consistent with the Health and Social Care Standard 3.14, which states 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 15 January 2024, in order to ensure children receive the right medication at the right time, the childminder must maintain a record of any medication received into the service. Where medication is administered to a child, the date and time that it is administered must be recorded and the record must be signed by the childminder and the child's parent/carer.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.24, which states that "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

It is also necessary to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210.

This requirement was made on 19 October 2022.

Action taken on previous requirement

Medication forms were now revised to ensure all relevant information is gathered. These were completed fully and procedures for the storage of medication were now improved. However, medication held longer term was not always being reviewed every 28 days, so an area for improvement was made.

This requirement is now met.

Met - outwith timescales

Requirement 2

By 15 January 2024, in order to ensure children receive appropriate care and support at all times, the childminder must develop personal plans for each child using the service. These must set out how each child's health, welfare and safety needs are to be met. Reference should be made to the document 'Records childminding services must keep and guidance on notification reporting'. Personal plans must be reviewed by the childminder and the child's family at least once every six months, or sooner if there is any change to the child's care or welfare needs.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.15, which states 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).

It is also necessary to comply with Regulation 5(1)(2)(a)(b)(i)(ii)(iii)(c) (Personal plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210.

This requirement was made on 19 October 2022.

Action taken on previous requirement

Progress had been made on developing personal plans which now contained important information about children's specific health and welfare needs and how these would be met with specific strategies for support. The childminder had requested all parents complete new forms which recorded children's basic personal plan information. Most of these were up to date and fully completed. However, we found that the correct address for one child was not held or known and the plans for two children were overdue for review by one month. Personal plans must be kept under regular review as soon as there is a change to their care, health or welfare and at least once every six months, to ensure planning for care and support meets children's individual needs.

This requirement was therefore not met and has been made again.

Not met

Requirement 3

By 15 January 2024, in order to promote children's safety and wellbeing and reduce their risk of harm, the childminder must take the following action to improve the storage of household items and hazardous materials within the home and the overall safety of the garden. This includes;

- the removal of a plastic carrier bag from the playhouse in the garden to protect children from the risk of suffocation
- removal of rubbish such as empty drinks bottles, old towels and the damaged tent to reduce risk of cross infection and create a pleasant and safe outdoor play environment for children
- removal and proper disposal of broken items and equipment around the garden such as the old water tray to reduce children's risk of injury
- management of pools of stagnant water sitting within the water tray which pose a risk of infection to children
- repair to the fence to ensure it is secure and does not present a risk of harm or leaving unnoticed from further collapse during children's play
- make safe the gas barbeque to reduce children's risk or harm from exposure to hazardous gasses or fire
- replace or make good the broken baby gate at bottom of the stairs to prevent children's unnoticed access to the upstairs of the home and any potential hazards
- safe securing of the swing/climbing set and removal of broken paving slabs currently used to anchor this
- remove and safely store tubs of paint outwith children's access to reduce their risk of harm
- completion of full risk assessments for the home and garden which are relevant to the service and which identify appropriate action needed to be taken to keep children safe.

This is to ensure all hazardous materials are stored out of children's reach and to make the garden area safe for children to use at all times.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 5.19 which states that "My environment is secure and safe" (HSCS 5.19).

It is also necessary to comply with Regulation 4(1)(a) (Welfare of Users) and Regulation 10(2)(b) (Fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210.

This requirement was made on 18 March 2022.

Action taken on previous requirement

The childminder had made significant improvements to address previously identified hazards. The home and garden were now safer spaces for children's play, comfort and wellbeing. They had considered how to maintain the improvements by putting a pedal bin in the garden to ensure rubbish was quickly dealt with. The stair gate had been repaired and there were no hazardous items within reach of children. Written risk assessments were held, which covered the home and garden and the general decor of the home was improved with further planned maintenance due to take place.

This requirement is now met.

Met - outwith timescales**Requirement 4**

By 15 January 2024, in order to ensure the cleanliness of the environment and reduce risk of infection, the childminder must ensure the space and resources accessed are hygienically improved and maintained. This includes;

- identifying and addressing the malodour within the house to create a pleasant environment for children
- storage of the changing mat away from the toilet to reduce the risk of cross contamination to maintain children's health
- improved cleaning of all areas accessed by children with specific attention to floors, and high touch points
- removing the mould on the bathroom ceiling to reduce risk to children's health
- developing a cleaning schedule and records of cleaning to ensure the maintenance of a hygienic environment in the childminder's home.

This is to ensure care and support is consistent with the Health and Social Care Standard 5.24, which state that "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24).

It is also necessary to comply with Regulation 4(1)(a) (Welfare of Users) and Regulation 10(2)(b) (Fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210.

This requirement was made on 19 October 2022.

Action taken on previous requirement

There was a significant improvement in the level of cleanliness throughout the home, supported by a cleaning schedule. The home was well ventilated and a cleaning schedule was supporting increased attention to specific areas to prevent build up. The childminder also actively cleaned up as needed during the inspection. The mould issue in the bathroom had been addressed and we encouraged the childminder to remain vigilant to this. The nappy change mat had been replaced and was now stored appropriately reducing risk of cross infection.

This requirement has been met.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The childminder should ensure children's care and wellbeing is effectively supported by a record being maintained of all accidents and incidents. They should also ensure this information is shared appropriately and timeously with families. Accident forms should be readily available to support effective information sharing and to enable families to sign for receipt of this.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that "My care and support meets my needs and is right for me"(HSCS 1.19).

This area for improvement was made on 19 October 2022.

Action taken since then

Accident forms were now readily available and supported the recording of all relevant information and confirmation by parents. There had only been one incident recorded since the previous inspection visit.

This area of improvement has therefore been met and will be followed up again at future inspection.

Previous area for improvement 2

The childminder should review the mealtime routines to ensure children are having a positive eating experience. This should include;

- opportunities for children to be more independent during mealtimes
- opportunity to sit and eat together to improve social interaction and reduce the risk of choking
- improved menu planning to reduce sweets and processed foods
- development of a mealtime policy.

Reference should be made to the documents 'Food Matters' and 'Setting the Table', available at <https://hub.careinspectorate.com>.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning" (HSCS 1.33) and "If appropriate I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible" (HSCS 1.38).

This area for improvement was made on 19 October 2022.

Action taken since then

The childminder had now developed a food policy which supported their improved practice. Food was consistently eaten at the table and social interaction promoted. Snacks were healthy and nutritious and families provided packed lunches.

This area for improvement has now been met, with advice to continue to enhance opportunities for children to be involved in snack preparation.

Previous area for improvement 3

The childminder should improve play and learning experiences for all children. This should include provision of a wide variety of toys and resources which provide appropriate challenge and include opportunities for creative play. These should support children's interests, age and stage of development. Planning of provision should be developed to meet children's needs and interests and support them to grow and learn.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states 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 and natural materials" (HSCS 1.31).

This area for improvement was made on 19 October 2022.

Action taken since then

There was an improved range of toys and games for the ages and stages of children attending. Experiences planned took consideration of individual children to support their interests. The range of loose parts was still at an early stage and we encouraged the childminder to continue developing this.

This area for improvement is therefore met.

Previous area for improvement 4

The childminder should ensure that record keeping is organised, accessible, up to date and follows current legislation and guidance. This is to provide families with confidence and support the smooth operation of the service. Reference should be made to the Care Inspectorate guidance note 'Records childminders must keep and required notification procedures'.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard which states that "I use a service and organisation that are well led and managed" (HSCS 4.23).

This area for improvement was made on 19 October 2022.

Action taken since then

The use of an online platform had improved the childminder's organisation of their business and paperwork. They were able to access information quickly and had made decisions about what things would remain on paper and what be held electronically to reduce confusion. Policies and risk assessments were improved, with some advice given to make some minor changes.

This area for improvement is therefore now met.

Previous area for improvement 5

The childminder should develop opportunities to assess her service and enhance positive outcomes for children. This should include;

- creating an improvement/action plan to identify priorities and support change
- creating regular opportunities for formal feedback from children and families and using this to drive improvements
- becoming familiar with and making use of the new 'Quality Framework for Daycare of Children, Childminding and School-aged Childcare' alongside the Health and Social Care Standards.

Reference should also be made to the 'Self evaluation toolkit for childminders' available on our website. This would provide evidence of progress and support action planning for future improvements.

This is to ensure care and support is consistent with the Health and Social Care Standards 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 18 March 2022.

Action taken since then

The childminder had made some good progress in beginning to develop quality assurance systems. They were becoming familiar with the Quality Framework and were at the early stages of using the self evaluation toolkit. They had recently re-started capturing children's views and experiences within the quality assurance floor book and were making explicit links to the Health and Social Care Standards. This now needs to be developed further to identify the areas for improvement. There was still no improvement plan in place and formal feedback from families still needs to be improved.

We recognise the childminder's progress, however, this area for improvement is not yet met and has been made again.

Previous area for improvement 6

The childminder should identify and access suitable training and self directed learning to support children's wellbeing and positive outcomes. This should include reviewing a range of best practice documents available as referenced within the the Care Inspectorate document 'A Quality Framework for Childminding, Daycare of Children and School-aged Childcare.' In addition, child protection training should be prioritised to support effective safeguarding of children.

This is to ensure care and support is consistent with the Health and Social Care Standard 3.14, which states 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 19 October 2022.

Action taken since then

The childminder had recently accessed some online learning they felt was relevant to the service. There was still scope to become more familiar with best practice guidance and use this to develop the service further. We encouraged the childminder to make use of the online videos on the Care Inspectorate's YouTube channel, as well as seeking other avenues for training and development.

A training log was not yet fully established as the childminder worked between a paper notebook and an electronic record. This was not yet supporting reflection on training and any potential or planned impact on practice and should be developed further.

We recognise some progress in this area, however, the area for improvement is not yet met and has been made again.

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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
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?	3 - Adequate
4.1 Staff skills, knowledge and values	3 - Adequate

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