

# Ladybird Family Nurture Centre Day Care of Children

Stuart Road  
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**Type of inspection:**  
Unannounced

**Completed on:**  
28 August 2024

**Service provided by:**  
Fife Council

**Service provider number:**  
SP2004005267

**Service no:**  
CS2003017098

## About the service

Ladybird Family Nurture Centre is located close to the town centre of Glenrothes, within a residential area. It is close to local amenities such as shops, transport links and primary schools. The service is registered to provide care to a maximum of 80 children at any one time, aged between 18 months and to an age attending primary school.

Children are cared for across four playrooms. Two rooms are for early entrants for children aged from 18 months. The other two rooms are for children aged around three to an age not yet attending primary school. Each room has direct access to toilets and both early entrants' rooms have nappy changing facilities close by. There is also a family room, a lunch space, a nurture space, a library and another breakout space for children to use with the support of staff. There is a large outdoor play space to the rear which is directly accessible from the playrooms.

## About the inspection

This was an unannounced inspection which took place on Tuesday 27 and Wednesday 28 August 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

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

In making our evaluations of the service we:

- spent time with 52 children
- received feedback from eight family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Most children were happy and confident, enjoying a good range of play and learning experiences that helped them to achieve their potential.
- Staff training and development in trauma-informed, nurturing approaches to rights-based care had led to increased consistency in how children's needs, rights and choices were supported.
- Personal planning was improving and we asked the service to ensure that all staff consistently implement these plans across children's daily experiences, so that they experience continuity in high quality care and support.
- Children played in a safe, clean and mostly well-maintained setting that had been refurbished to a good standard.
- Staff were working well as a team to make necessary improvements, engage in professional dialogue and define clear roles and responsibilities to meet children's needs.
- Leaders should implement effective, robust quality assurance and self-evaluation processes that are focussed, sustainable and inclusive so that children's experiences improve consistently over time.
- Four new areas for improvement have been made during this inspection to promote sustained improvement and one area for improvement has been continued from the last inspection.

## 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?	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?

## 3 - Adequate

We evaluated different parts of this key question as adequate and good, with an overall evaluation of **adequate**. We identified strengths as well as areas that need to improve to maximise children's wellbeing.

### Quality indicator 1.1: Nurturing care and support

We found that improvements needed to be made by building on strengths to consistently promote positive outcomes for children. Therefore, we evaluated this quality indicator as **adequate**.

Children experienced kind and caring support, most of the time. Almost all staff had developed their understanding of trauma-informed, nurturing approaches to rights-based care. They smiled with children in their daily experiences and got down to children's level when they interacted with them. As a result, children and staff were building positive relationships with each other. Most staff responded to children's needs quickly and sensitively, especially when supporting their personal care routines. Toddlers enjoyed cuddles and reassurance from staff who understood the different ways they communicated their needs, rights and choices. For example, clear plans were in place to help some children settle when leaving parents at the start of the day. This helped them to feel safe and secure. Some staff need to build their confidence in consistently implementing rights-based care for all children. They need to consistently offer children sensitive support so that they are fully respected and develop skills for life. For example, scripts and visuals could be used more effectively in supporting children's needs, rights and choices. We discussed how leaders could offer specific constructive feedback to improve staff practice. **See area for improvement one.**

Staff had improved personal planning to reflect a more nurturing, rights-based approach to meeting children's needs, rights and choices. Families had been included in developing these plans and most had been implemented in a timely manner. Most families told us they felt respected and that their views were valued in determining their child's care and support. Children's health and medical needs were well-managed so they experienced the right support at the right time to remain safe and healthy. In addition, children's progress was frequently noted in their personal learning journeys, helping them to celebrate their achievements. When children needed some additional support, staff worked with other professionals to identify appropriate strategies so children achieve their potential. These strategies were recorded in children's personal plans. A 'continuum of support' had been developed to help staff assess which type of plan would best meet children's needs and this was in the early stages of being implemented. We discussed how leaders could monitor, review and evaluate the success of this project so that they are confident that the continuum is promoting positive outcomes for children. There were times when children's personal plans were not being used consistently in daily routines to fully meet children's needs, rights and choices. To ensure children experience continuity of care in line with a rights-based approach, we have continued an area for improvement from the last inspection to ensure staff practice is developed. More information on this area for improvement can be found under 'What the service had done to meet any areas for improvement made at or since the last inspection.'

Children enjoyed calm, unhurried and relaxed mealtime experiences, especially at lunchtime. Staff had made positive changes to the routines at mealtimes so that children had choice and independence. For example, children served their own food from a buffet style serving area and were encouraged to wash their own dishes and pour their own drinks. We saw some staff having genuine, natural discussions with children during mealtimes, which helped them to feel valued and respected. The staff team should consistently ensure that opportunities are not missed for all children to have a similar experience at mealtimes.

We encouraged leaders to support staff to recognise how to enhance mealtimes, including increasing independence and promoting high quality interactions that build children's confidence and self-esteem.

### Quality indicator 1.3: Play and learning

We evaluated this quality indicator as **good**, where performance impacted positively on children's outcomes and this outweighed areas for improvement.

Most children enjoyed fun and interesting play experiences that helped them to learn new skills. Children were happy in their play, enjoying each other's company as they explored their own capabilities. Children chose freely between indoor and outdoor play, which helped them to experience a good range of activities across the day. We saw children being creative and imaginative, developing their own games and enjoying messy, sensory play. Staff had worked together to make changes to the outdoor play space which was inviting for children to explore. In addition, the breakout spaces in the nursery had been developed to expand children's choice in play. There were also plans to make use of local community spaces to further enhance children's play and learning experiences. While most children enjoyed calm and purposeful play in the morning, as the day developed, some children's experiences were less positive in the afternoon. Leaders had recognised that the daily routine could be improved so that children were encouraged to rest and relax in the busy play environment. We agreed that this would meet children's needs, rights and choices more effectively while supporting them to develop positive holistic wellbeing.

Staff had continued to develop their approaches to planning play and learning so this was child-led and responsive to their interests. This was supported by a few adult initiated experiences that helped to expand children's knowledge, understanding and interests. For example, children enjoyed focussed opportunities to sing nursery rhymes in 'Bookbug' sessions and enjoyed physical activity in yoga sessions. Staff had also recognised that the diversity across children's families and home lives presented an opportunity to explore anti-racist and anti-biased approaches in their play and learning. They were keen to use this opportunity to promote inclusion and rights-based care. We shared some best practice guidance to support this development and encouraged staff to explore creative ways of engaging children in this learning.

### Areas for improvement

1. To ensure all children consistently experience rights-based care, the provider should ensure staff have ongoing learning opportunities to develop trauma-informed, nurturing practice. This should include, but is not limited to, leaders closely observing and offering feedback on staff practice and improving strategies to support children in resolving conflict in play.

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) and "I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect" (HSCS 1.29).

## 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.

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

Children enjoyed playing in a fun, welcoming, naturally lit setting that was planned to meet their needs, rights and choices. The furniture and resources available for children were mostly of a good quality and there were some interesting and unusual resources that encouraged children's creativity, curiosity and imagination. Following recent refurbishment works, staff had worked together to review and develop the indoor play space so that children could enjoy a variety of play experiences. They had worked with local authority support colleagues to develop children's play spaces that were both inviting and engaging. They had considered this alongside how to best keep children safe during their play. We encouraged staff to continue developing and improving the play spaces, using children's ideas so they play a role in influencing where they play and learn.

The provider had carried out some refurbishments in the premises to create a safe environment for children. Improvements such as adding ventilation in one nappy changing area and repairing broken doors and windows ensured children were kept safe and healthy. Some paintwork had been refreshed and outstanding maintenance items had been recognised. For example, discussions were ongoing with relevant departments to replace the cooker in the catering kitchen. We encouraged the provider and the service to remain vigilant and ensure repairs are completed in a timely manner. This will keep children safe and healthy in a well-maintained environment.

Children played in a generally clean environment that helped to reduce the risk of the spread of infection. Staff cleaned spaces throughout the day, for example, mopping floors and cleaning tables between children at mealtimes. Children were also encouraged to wash their hands at appropriate times and were supported to do this effectively. We were confident that staff were implementing infection prevention and control procedures that would keep children safe and healthy.

Following some of the changes to the premises, the leadership team had developed new risk assessments for most of the nursery. These identified some of the potential hazards within the play space and how measures were in place to reduce risk to children, families and staff. A few risk assessments had been developed with staff and these had been updated to respond to children's needs. There were opportunities for more risk assessments to be developed in this way, including staff and children in identifying risks and learning from previous accidents and incidents. We discussed how leaders could use the Care Inspectorate practice notes, 'Keeping Children Safe', to promote a holistic, responsive and inclusive approach to assessing risk. This will ensure everyone knows how to keep children safe and help children to develop skills for life.

## How good is our leadership?

## 3 - Adequate

We made an evaluation of **adequate** for this key question, where strengths only just outweighed weaknesses.

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

Families told us they felt comfortable to share their views and we saw evidence that they had been asked their opinions of the service. There were some opportunities for families to spend time in the service with their children, including through the family learning programme. This helped to build positive relationships between families and staff where they felt included and respected. Children's ideas were also beginning to influence change and staff were planning to develop more ways to achieve this within their rights-based approach. We encouraged the service to keep developing new ways to meaningfully involve children and families in influencing change.

Some new systems for quality assurance and self-evaluation had been developed to help staff understand what was going well and what could be improved. A collaborative action plan had been developed following the last inspection to drive improvement and co-ordinate additional support to build capacity to improve. The plan had offered a clear direction with specific actions so that children's experiences improved. The provider had offered the service structured development opportunities and staff had protected time to engage in professional dialogue that helped them to reflect on their practice. These actions had supported the service to meet the requirements made at the last inspection. As a result, children's care, play and learning had improved. Leaders were developing clear roles and responsibilities for key aspects of quality assurance so that oversight and governance arrangements promoted improvement. Most of the quality assurance and self-evaluation activities were still in the early stages, because priority had been given to meeting the requirements from the last inspection. The service should now develop robust and effective quality assurance and self-evaluation processes that are focussed, sustained and inclusive. **See area for improvement one.**

One aspect that would benefit from a more focussed, sustained and robust approach to quality assurance and self-evaluation is the monitoring of accidents and incidents in the service. Staff had improved how they reported accidents and incidents and leaders shared this information with relevant agencies more consistently. Some recurring trends had been identified when creating an overview of the accidents and incidents. Staff had also taken time to reflect on their learning from serious incidents. There was limited evidence of how this learning had been supported, developed and monitored over time so that improvements could be made and sustained. We asked the service to ensure that serious accidents and incidents lead to significant improvements being made to children's experiences. Where learning is identified and improvements are made, focussed and sustained quality assurance should be implemented to ensure children experience high quality care, play and learning that improves responsively. **See area for improvement two.**

## Areas for improvement

1. To ensure children's care, play and learning improves consistently over time, the provider should support leaders to fully develop and implement focussed, robust and effective quality assurance and self-evaluation processes. This should include, but is not limited to, meaningfully involving children and families in influencing change and carrying out frequent, constructive observations of staff practice that promote improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and "I use a service and organisation that are well led and managed" (HSCS 4.23).

2. To ensure children's health, safety and wellbeing is well protected, the provider should support leaders and staff to identify and implement improvements following accidents and incidents. This should include, but is not limited to, monitoring and evaluating improvements in a timely manner through robust quality assurance and self-evaluation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20) and "I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made" (HSCS 3.22).

## How good is our staff team?

4 - Good

We made an evaluation of **good** for this key question, where we identified strengths and some improvements would maximise children's wellbeing.

### Quality indicator 4.3: Staff deployment

Staff worked as a team to define roles and responsibilities across their daily routines that helped keep children safe and healthy. The way they deployed themselves also took into consideration how children's needs, rights and choices would be met throughout their experiences. Staff told us that they had reviewed and evaluated what worked best to ensure children were well supervised, both indoors and outdoors, while ensuring key tasks were completed. As a result, for example, improvements had been made to children's lunchtime experience so they were well supported and had some quality time with staff to build positive relationships. There were opportunities to continue improving staff deployment, including when children were collected by families at the end of the day. They could also improve how they deploy themselves to broaden the range of children's experiences, whilst ensuring children are well supervised. Staff should consider how they can improve their deployment so all children consistently experience high quality care, play and learning, including as their individual needs change. **See area for improvement one.**



Children experienced a positive play environment because staff were respectful and supportive of each other. Staff told us they worked well as a team and that everyone was kind and caring towards each other. They were conscious of supporting each other's wellbeing and leaders had developed simple and effective ways to promote this. Reasonable adjustments were in place for some staff so they felt nurtured and valued. Staff were committed to improving their practice and motivated to implement positive change. They valued having protected time together to discuss professional practice in smaller teams, as well as with other colleagues in the setting. This effective use of time had supported the improvements that had been made since the last inspection. New staff also told us they felt included, respected and well supported by the team, including being welcomed by an assigned mentor who was there to offer advice and guidance. Members of the extended leadership team were about to begin training on coaching and mentoring which would further enhance how staff were supported to improve, including when new staff started in the setting. We agreed this would impact positively on the pace of change and improvement to children's care, play and learning.

### Areas for improvement

1. To ensure children experience high quality care, play and learning across their daily routines, the provider should deploy staff effectively, so children are well supervised and enjoy smooth transitions between their experiences. This should include, but is not limited to, when children are leaving the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "My needs are met by the right number of people" (HSCS 3.15) and "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

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

### Requirements

#### Requirement 1

By 1 June 2024, the provider must ensure children's health, safety and wellbeing is protected through managers and staff understanding their role and responsibilities in delivering rights-based care for all children, including those with additional support needs.

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

- a) deliver staff training on trauma informed practice and de-escalation strategies
- b) provide ongoing learning opportunities for staff on delivering rights based care based on nurturing practice.

This is to comply with Regulations 4(1)(a-c) (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) and “I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect” (HSCS 1.29).

**This requirement was made on 31 January 2024.**

### Action taken on previous requirement

Almost all staff had completed training on trauma informed practice and nurturing approaches. They were using appropriate language to describe children's needs which was impacting positively on children's experiences of rights-based care. They had begun to implement their learning when supporting children through their daily experiences. Staff had a developing understanding of rights-based care that respected children's needs, rights and choices. Plans were in place to continue this learning, for example, learning skills to support children to regulate their emotions.

We asked leaders to ensure that all staff are consistent in applying rights-based care in practice, for example, using scripting and visuals more often to respect children's rights. Further specific, constructive feedback for staff on implementing rights-based care would support this consistency and ensure children's needs, rights and choices are respected all of the time. In addition, children need to be supported more effectively to resolve conflict in play, which will also help to reduce the number of accidents and incidents.

We were satisfied that sufficient progress has been made to meet this requirement. We have made a new area for improvement under key question 1, 'How good is our care, play and learning?' to ensure progress is sustained and improvements continue to be made so all children consistently experience rights-based care.

**Met - within timescales**

## Requirement 2

By 1 June 2024, the provider must ensure children are fully included and supported to achieve their potential by staff reviewing and implementing children's personal plans with clear, detailed information on any identified strategies in a timely manner.

This should include, but is not limited to:

- a) develop and implement personal plans for children which detail their rights, needs and choices
- b) identify and implement strategies for children using advice from relevant professionals to meet children's individual needs, where necessary.

This is to comply with Regulation 5 (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 states that “My care and support meets my needs and is right for me” (HSCS 1.19) and “My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected” (HSCS 1.23).

This is to ensure staff skills and knowledge is consistent with the Care Inspectorate document, 'Guide for providers on personal planning: Early learning and childcare.'

**This requirement was made on 31 January 2024.**

### Action taken on previous requirement

Children's personal plans had been updated and improved since the last inspection. Some positive strategies had been implemented using nurturing language and approaches that recognised children's needs, rights and choices. Staff had spent time with other professionals, such as an educational psychologist, to revisit their understanding of best practice. This included identifying ways to sensitively support children who may have experienced trauma or who had additional support needs. Leaders had developed clear plans for supporting all children, taking into account their individual needs. This was in the process of being implemented and we asked the service to monitor, review and evaluate this system, considering how well children's needs, rights and choices are being met.

Leaders now need to complete robust quality assurance and self-evaluation activities to ensure all personal plans are implemented consistently across children's daily experiences. Continued support for staff in developing appropriate personal plans will also ensure that children's changing needs, rights and choices are taken into account in their routines.

We were satisfied that sufficient progress had been made to meet this requirement. The areas for further development identified will be followed up through the unmet area for improvement from the last inspection. More information on this can be found under 'What the service had done to meet any areas for improvement made at or since the last inspection.'

### Met - within timescales

#### Requirement 3

By 1 June 2024, the provider must ensure children's health, safety and wellbeing is well protected through effective and robust procedures when dealing with significant accidents and incidents.

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

- a) ensure staff implement relevant policies and procedures in a timely manner following accidents and incidents
- b) ensure leaders notify relevant agencies and professionals about significant events relating to children's health, safety and wellbeing
- c) ensure information shared with families about accidents and incidents is clear, accurate and accessible
- d) ensure reviews of accidents and incidents support staff to identify any improvements required to promote positive outcomes for children
- e) ensure identified improvements are implemented, monitored and evaluated in a timely manner to improve children's experiences.

This is to comply with Regulation 3 (Principles) 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) and "I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made" (HSCS 3.22).

**This requirement was made on 31 January 2024.**

## Action taken on previous requirement

Staff had been supported to improve how they report accidents and incidents, providing more detail so that accurate information is shared with families and leaders. Leaders had informed relevant agencies of any accidents and incidents. Staff used a flowchart to make clear decisions about how to report accidents and incidents and this ensured there was a consistent approach to keeping children safe and healthy. Since the last inspection, we had received relevant notifications about accidents and incidents as well as other notifiable events.

We discussed how records about accidents and incidents could be improved to show how leaders were monitoring and reviewing staff practice following any notifiable events. While areas for improvement had been identified following a review of accidents and incidents, it was not clear how improvements had been made to promote positive outcomes for children. We asked the service to develop and implement quality assurance processes that drives improvement when responding to accidents and incidents. We have made an area for improvement under key question 3, 'How good is our leadership?' to address this.

We were satisfied that sufficient progress has been made to meet this requirement and will follow up on the areas identified through the new area for improvement.

## Met - within timescales

### Requirement 4

By 1 June 2024, the provider must ensure that children's care, play and learning needs are met at all times through effective staffing arrangements.

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

- a) implement staffing that meets the specific needs of all children, including those with additional support needs
- b) implement staffing that keeps children safe and accounted for at all times, including consideration for the layout of the premises
- c) implement staffing that uses any additional support staff who are available to meet children's needs
- d) ensure there is an appropriate mix of staff with the right knowledge, experience and skills to meet all children's needs.

This is to comply with Regulations 4(1) (Welfare of Users) and 15 (Staffing) 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 needs are met by the right number of people" (HSCS 3.14) and "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

This is to ensure staff skills and knowledge is consistent with the Care Inspectorate document, 'Guidance on adult to child ratios in early learning and childcare settings'.

**This requirement was made on 31 January 2024.**

## Action taken on previous requirement

Staffing arrangements had been changed since the last inspection to meet children's needs. The local authority had provided additional staff to support development and build staff capacity.

Staff breaks and routines were planned to ensure that busy times of the day were well staffed. For example, more staff were available at lunchtime to help children enjoy an unhurried and calm mealtime experience. Staff worked well together and had developed clear roles and responsibilities as a team to ensure children were well supervised across the day. Children who needed some additional support to be included had allocated pupil support time which was improving their experiences.

Some staff routines still need to be improved so that children experience high quality care, play and learning across the day. For example, when children are being collected at the end of the day, staffing arrangements could be improved to create a calmer and smoother transition for children. In addition, deploying staff more effectively would offer families more time to find out about their child's day. We asked leaders to closely monitor staffing arrangements during these times. We also asked them to make appropriate changes to staffing as children's needs evolve and new children join the service. Effective quality assurance and self-evaluation by leaders will ensure that staff receive constructive feedback on deployment and provide important insight into how well children's needs are being met and whether changes are needed to improve their experiences.

We were satisfied that sufficient progress had been made to meet this requirement. We have made an area for improvement under key question 4, 'How good is our staff team?' to address the areas that still need to be developed.

**Met - within 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

To promote children's holistic wellbeing and to reduce the risk of the spread of infection, the provider should ensure staff respond sensitively and appropriately to meet children's personal care needs in their daily routines.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services" (HSCS 1.28) and "I am empowered and enabled to be as independent and as in control of my life as I want and can be" (HSCS 2.2).

**This area for improvement was made on 31 January 2024.**

#### Action taken since then

Children's holistic wellbeing was being promoted because staff responded quickly and sensitively to their personal care needs.

When children's clothing was wet or dirty, staff respectfully supported children to get changed so they were more comfortable in their play. Personal care routines respected children's privacy and dignity and staff were warm and caring when supporting them during these times. Children were encouraged to take care of themselves as well, wiping their own faces after snack time and washing their hands at appropriate times. Staff reminded children to check their face in the mirror and wipe their noses when this was needed.

We were confident that staff were being vigilant about meeting children's personal care needs. This had been incorporated into the rights-based approach to children's care.

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

## Previous area for improvement 2

To offer all children high quality care, play and learning experiences that promote positive outcomes, the provider should ensure leaders regularly observe, review and evaluate staff interactions and practice with children. This should include, but is not limited to, monitoring staff practice to ensure identified strategies for children are implemented appropriately.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 31 January 2024.**

### Action taken since then

We found some evidence that leaders had observed staff interactions and offered them feedback that was improving children's experiences. This was mostly related to staff deployment and some information was available on how individual children's needs were being met. Leaders had reviewed children's personal learning journals to understand how they were progressing and had begun to link this to their personal plans. There were plans in place to embed a 'continuum of support' which would be included as part of the quality assurance processes across this year.

We found a few instances where staff were not fully implementing children's personal plans in their daily routines. There was limited evidence that leaders had carried out focussed observations to ensure identified strategies are being implemented effectively by staff. We were not yet confident that all children were experiencing rights-based care that was consistently in line with their agreed personal plans. Leaders should ensure that direct observations of staff interactions and practice with children help staff to improve and promote continuity of care across children's daily experiences.

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

## Previous area for improvement 3

To ensure children are safe and accounted for at all times, the provider should deploy staff effectively so children are well supervised, especially at key times and in key spaces. This should include, but is not limited to, planning staff breaks to ensure children experience high quality care, play and learning throughout their daily routines.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "My needs are met by the right number of people" (HSCS 3.15) and "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

This is to ensure staff skills and knowledge is consistent with the Care Inspectorate practice notes, 'Keeping children safe.'

**This area for improvement was made on 31 January 2024.**

#### Action taken since then

Children were safe and accounted for at all times because staff were deploying themselves across the play space to supervise children. Staff completed regular head counts so they could be confident they knew where children were playing during the day. There was better supervision in the outdoor space, most of the time, and this was keeping children safe and healthy. Staff breaks were planned to promote rights-based care routines for children, including during lunchtime routines when leaders made themselves available to support children and staff.

There were still some times of the day where children's experiences could be improved if staff deployed themselves more effectively in their daily routines. For example, when children were being collected by families at the end of the day. In addition, there were opportunities for staff to work more flexibly, so that other play spaces were used to ensure children enjoy a calm and purposeful play experience across their daily routine.

We have made an area for improvement under key question 4, 'How good is our staff team?' to incorporate the developments needed to consistently promote positive outcomes for children. This includes the areas for development identified here and under the requirement about staffing arrangements which we have reported on earlier in this report.

**This area for improvement is no longer in place and has been incorporated into a new area for improvement under 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](http://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?	4 - Good
4.3 Staff deployment	4 - Good



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