

Bearsden Before and After School Service Day Care of Children

Bearsden Ski Club
Stockiemuir Road
Bearsden
Glasgow
G61 3RS

Telephone: 07867 455 061

Type of inspection:
Unannounced

Completed on:
27 January 2025

Service provided by:
ScotNursing & Medical Services
Limited

Service provider number:
SP2011011689

Service no:
CS2012313206

About the service

Bearsden Before and After School Service has been registered with the Care Inspectorate since 24 March 2014. The service may offer care to a maximum of 40 primary school-age children in the morning and 45 primary school-age children in the afternoon. The service operates term-time from 07:30 to 09:00 and 15:00 to 18:00, term time only.

Bearsden Before and After School Service provides an out-of-school care service from the Bearsden Ski Club building located in Bearsden, East Dunbartonshire. Due to a fire which damaged parts of the building, the service is currently unable to use their designated playroom. They are presently using the café area. As well as the use of toilet facilities and a kitchen. Staff ensure that the children have time each day to play in the school playground or on the grounds of the ski centre.

About the inspection

This was an unannounced inspection which took place on Monday 20 January, Tuesday 21 January and Thursday 23 January 2025. Feedback was given on Monday 27 January 2025. 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:

- spoke with children using the service
- gathered feedback from eight families through online questionnaires
- spoke with five staff
- spoke with one director for the service
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were kind and caring towards the children which meant children felt welcomed in the setting.
- Children enjoyed coming to the service, playing with their friends and being with the staff.
- The provider must ensure that children's personal plans are fully completed, reviewed and updated every six months or before, depending on the needs of the child.
- The management and staff should improve the systems for the safe storage, recording and administration of medication.
- The team should review their child protection processes and procedures.
- The management should continue to develop their planning process to enable children to lead and extend their play.
- Children had good opportunities to play outdoors in the school playground, get fresh air and take part in physical activities.
- The provider must ensure that all staff are registered with the appropriate regulatory body, such as the Scottish Social Services Council (SSSC).
- The provider must monitor staff registration with the Scottish Social Services Council to ensure that they continue to meet the conditions of their registration.
- The provider must ensure that the ratio of staff to children is in line with the conditions detailed on the service's registration certificate.
- The management should continue to develop their quality assurance procedures to support improvements to the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory

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

How good is our care, play and learning?

2 - Weak

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

Quality indicator 1.1: Nurturing care and support

Children were happy and relaxed in the setting. One child told us "I like playing with my friends at afterschool." Children received warm and caring interactions from the team. We observed staff were kind and patient with children which helped them to settle into the service and build positive relationships with staff and the other children. One parent told us "Very friendly staff. The staff are all very attentive and caring."

Following the previous inspection, the team had made some changes to the breakfast and snack routine. During the afterschool sessions, we observed children self-select and serve the food options available. This supported children to develop some life skills. However, children were served their breakfast in the morning by staff. This meant children's involvement in the planning and preparation of all meals at the service was still limited. Food choices available for children were nutritious and the team considered individual dietary requirements. We encouraged the team to further enhance snack through meaningfully gathering children's views on foods they would like to eat, sharing with children in advance what is available and referencing best practice documents.

At the previous inspection, we requested the team provide children with the appropriate jugs, dishes and utensils to help them be self-sufficient when selecting their food and drinks. This had not been progressed we have repeated the area for improvement.

At the previous inspection, we highlighted improvements were needed as the medication procedures and documentation were not in line with best practice guidance. All staff had now completed first aid training. We found there continued to be inconsistency in the management of medication in the service. While medication is now safely stored within individual labelled boxes; we noted some medication was out-of-date or prescribed for the wrong person. The senior leadership team and staff should improve the systems for recording, administering and auditing of medication. This is to ensure that medication is administered safely and supports children's health and wellbeing in the service. We previously made an area for improvement, and this has now been made a requirement (see requirement 1).

Children's holistic wellbeing needs were not always met as staff were unfamiliar with the storage and information of care plans through the new online systems introduced. We looked at a range of documents that would make up a child's personal plan. We noted that the information was not up-to-date, and in some cases, there was no care plan information available. The provider, senior leadership team and staff must review and update the personal plans every six months or before, depending on the needs of the child. They must ensure that all parts of the documentation and discussions are included in the plans and available to staff working with children. This approach should help staff deliver continuity of care and respond quickly and sensitively to changes in a child's life. We made a requirement at the previous inspection regarding personal plans. This requirement had not been met and will be repeated.

Quality indicator 1.3: Play and learning

We found staff worked well as a team. They listened to and responded warmly to children's requests and ideas. Children had some opportunity to decide what they wanted to play with indoors. However, the range of toys and play experiences were limited to those set out by staff prior to the children's arrival. Staff agreed that updating resources should be a priority of the service improvement plan, with a particular focus on older children attending. One child told us they would like books at the afterschool care as they like to read.

Some board games, paper, pencils, dolls house, bingo and baking activities were set out prior to the children arriving at both the breakfast and the afterschool care sessions. One parent told us "Indoors they have the opportunity to do craft and baking activities." We encouraged the team to consider more meaningful ways to involve the children when deciding what they want to do and the toys and equipment they want to play with. We suggested visiting the Care Inspectorate HUB to explore best practice documents, as well as further training on child development which could support staff's knowledge and skills to enhance children's choice of play experiences.

Staff ensured that children had daily opportunities to play outdoors and get fresh air in the school playground or local park before making their way to the ski club. We observed children were happy, active and had fun with their friends. They enjoyed playing together and were very confident. One parent told us "My children love spending time at the park with their friends."

Overall, there was little evidence of children leading their own play. Not all children experienced play and learning that was relevant, personalised or sufficiently challenging for their stage of development. This led to missed opportunities to support children to extend their play experiences and develop life skills at the service. Some staff could be reminded to continue to value children's voice when gathering views and remember this is not always outcome based, but gathering authentic, in the moment views to empower children to make choices and feel respected. We encouraged the team to review their current planning cycle and consider how they could use children's ideas and suggestions they had begun to record in new floor books to extend their play experiences in line with the playwork principles (see area for improvement 1).

Requirements

1. By 27 March 2025, the provider must develop a medication procedure that supports children's health needs. To do this the provider must, at a minimum:

- a) develop, implement and share with staff and parents a medication procedure which takes account of good practice guidance
- b) evaluate staff understanding of the medication procedures and provide further training opportunities required
- c) establish an effective recording and auditing process for medication.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with 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 experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

Areas for improvement

1. Outcomes for children should be improved by implementing a child-centred approach to planning activities to support stimulating play and learning experiences. In addition, staff should be supported to develop their understanding of child development and planning cycles.

This is to ensure 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 the 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).

How good is our setting?

2 - Weak

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

Children continued to access the ski centre café. The room had various tables, chairs and sofas where children were able to play board games, draw pictures and relax with their friends. There was natural light and ventilation. Children were comfortable and confident moving around the available space. One parent told us the use of the café was "... only supposed to be a temporary arrangement and is not fit for purpose." The provider agreed to continue to review the space available for children and communicate any suggested changes with staff and families.

We made an area for improvement on the storage of bags and jackets at the previous inspection. The service had made positive changes to the arrangements for children's bags and coats. They were now safely stored outwith the room, which gave children some additional space to play together.

Children were able to make some decisions on what they wanted to do while at the service. At the previous inspection, we suggested the team should consider setting up a picture inventory book. This approach would have helped children know what was available to them and enable them to choose from the full range of toys and equipment with ease. This had not been progressed. We asked the service to review current resources and to extend open-ended materials to provide challenge, develop curiosity and imagination for the various development stages of children attending.

The service had policies and procedures in place to support infection prevention and control in the setting. Although we identified some progress in this area, we noted that not all infection prevention and control procedures were being fully implemented in line with best practice guidance. We previously made an area for improvement. This has been repeated. We observed that children were not always encouraged to wash their hands prior to breakfast and snack. We also noted that personal protective equipment (PPE) was being used by staff instead of hand washing. The senior leadership team should ensure best practice is fully embedded into daily routines to reduce potential risks to children's health and wellbeing.

Risk assessments sampled were not followed during the inspection which included staff deployment and ratios, cleaning and infection prevention and control measures. We found arrangements for travelling were not well considered and there was the potential for children to be at risk within the community. The senior leadership team should review policies and risk assessments for the setting with staff. This will ensure everyone understands their roles and responsibilities to keep children safe while attending the service.

At the previous inspection we made an area for improvement, as we found that some of the children's information was not stored and managed properly. While some progress had been made, we found staff did not have access to the right information to support children's preferences, choices and wellbeing needs. We have repeated this area for improvement. Management should review their storage of information, with a focus on children's personal planning information.

How good is our leadership?

1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we evaluated the service as delivering an unsatisfactory level of care for this key question.

The vision, values and aims for the setting were unclear and we found there were limited improvements since our last inspection. As highlighted at the previous inspection, the team would benefit from revisiting the vision, values and aims of the service. This would support everyone involved in the service to understand their role in promoting and achieving improvements. The new vision, values and aims should reflect the current aspirations of the service for the children, their families, staff and the wider community.

Since our previous inspection, the culture of self-evaluation and improvement had not progressed, and there had been no sustained improvement. The provider, senior leadership team and staff must recognise the key role they play in making improvements. Opportunities for a whole team approach to self-evaluation and improvement plans are required to ensure any improvements are fully implemented and sustained. There was no clear improvement plan for the service. The action plan completed following the previous inspection had not been progressed to a satisfactory level and had little impact on outcomes for children and their families.

Staff did not feel valued or included in the improvement process. They told us ideas and requests they had made were not actioned. Leaders failed to provide feedback or updates to staff which impacted motivation and raising standards in the service. The service should establish regular opportunities for the team to meet, reflect, evaluate and plan together to help drive standards and sustain improvements, underpinned by knowledge of best practice guidance, theories and legislation.

Children in the service were confident and shared with us their views on what they liked about the out of school care and what they would like to be better. At our last inspection, one child told us they would like a visual snack board so they could see what they were going to eat each day. Unfortunately, this had not been progressed as agreed. We highlighted with the provider who agreed to action it.

Quality assurance processes were not established or effective, which resulted in significant gaps that present a potential risk to children and staff health, welfare and safety. The inspection highlighted unsatisfactory practice, such as poorly managed medication processes, staff deployment and supervision. We issued a letter of serious concern on 21 January 2025 which highlighted the severity of our concerns and immediate actions required to ensure the safety of children. This included that the provider must ensure that at all times, suitably qualified and competent persons are working in the care service in such numbers as are appropriate to meet the health, welfare and safety of service users. The provider must also ensure that the manager is registered with the Scottish Social Services Council.

More comprehensive intervention by the service provider is required to address the issues highlighted during this and the previous inspection to ensure sustained improvement to uphold children's health, safety and wellbeing. The provider and senior leadership team should now develop an action plan and robust quality assurance calendar to progress requirements and areas for improvement highlighted at this and the previous inspection to ensure positive outcomes for children and staff. It would be helpful for the team to visit the Care Inspectorate HUB where they will find The Model for Improvement which provides a framework for developing, testing and implementing changes. This would enable the provider and senior leadership team to monitor change and the impact to support more reflective practice and improved outcomes for children (see requirement 1).

Requirements

1. By 27 May 2025, the service provider and management team must improve the outcomes for children and their families by introducing a robust and effective quality assurance process. To do this, the provider must at a minimum ensure:

a) effective quality assurance processes, self-evaluation and improvement plans are in place, which have involved staff, children and parents to lead continuous improvement

b) the improvement and action plan created following the letter of serious concern is monitored and progressed

c) that the manager and staff have the capacity, time and skills to support a programme of continuous improvement.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210).

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 a robust and transparent quality assurance processes" (HSCS 4.19).

How good is our staff team?

1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we evaluated the service as delivering an unsatisfactory level of care for this key question.

Staff present on the days of inspection were friendly, approachable and participated well in the inspection process. They recognised that improvements were necessary to achieve better outcomes for children and told us they were willing to be involved in the development of the service. One parent told us "All staff are very accommodating, kind and professional."

Staff communicated well with each other across the day. We saw examples of staff being flexible in their deployment when their colleagues asked for help. For example, when taking children to the toilet. As a mostly well-established team, it was clear that staff worked well and respected one another through their positive relationships. The staff were helpful and friendly. They showed a genuine interest in developing areas for children. Parents told us the team were the strength of the service. One parent told us "The staff are amazing and genuinely care about the children." Another parent told us, "Staff are extremely trustworthy and good people."

However, staff highlighted communication between the team and senior leadership needs to improve to support clear lines of communication and reciprocal relationships that will drive improvements in the service.

Staff deployment was not well-managed, and this compromised children's safety. For example, children were not adequately supervised during breakfast clubs and transitions to school. There was a lack of awareness by the manager of the need to effectively deploy staff to meet the minimum ratios stated on the service's conditions of registration certificate. We found the provider did not manage staff deployment well, and this compromised children's safety. On the second day of inspection, we noted there was not sufficient staff working in the setting to care for the number of children attending. We highlighted this with the provider immediately.

We sampled the registers of attendance for children and staff each day and highlighted dates where there was not sufficient staff working in the setting to care for the number of children attending. Unexpected absences were poorly managed resulting in potential risks to children and staff. There was no clear contingency plan in place for staff absences leading to unsafe ratios and staff feeling under pressure due to inappropriate levels of staffing. This meant the service was working outwith the conditions of its registration. We previously made a requirement regarding staffing. This has been repeated.

At our previous inspection, we noted that staff had not undertaken training for some time. We found that most staff had undertaken core staff training such as child protection, first aid and infection prevention and control as requested. We would now encourage the provider to support staff to develop their knowledge and skills using best practice guidance. There were not clear or consistent approaches established to identify or address the team's ongoing professional development. Staff were not aware of update-to-date guidance and best practice documents for the sector.

Monitoring processes to ensure staff uphold their registration by the provider has not been effective or established. This was not in line with the Scottish Social Services Council (SSSC) codes of practice for employers and employees. We viewed the current staffing for the service held by the SSSC. This highlighted the manager of the service, as recorded on the registration certificate, was not registered with an appropriate regulatory body. Again, we asked the chief executive to resolve this as a matter of priority. We previously made a requirement. This has been repeated.

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

Requirements

Requirement 1

By 8 March 2024, the provider must ensure that the care and support needs of children are being effectively met. To do this, they must, at a minimum:

- a) ensure that every child attending the service has their own personal plan
- b) ensure the plans include all aspects of the child's health, welfare and safety needs and how the service intends to meet these
- c) put in place procedures to ensure that the plans are reviewed and updated every six months or before, depending on the needs of the children.

This is to comply with Regulation 5(1)(2)(a)(b)(c)(d) and (4) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

The management and staff should also consider referring to the Care Inspectorate's document: Guide for Providers on Personal Planning - Early Learning and Childcare.

This requirement has not been met and we have agreed an extension until 27 May 2025.

This requirement was made on 29 November 2023.

Action taken on previous requirement

We looked at a range of documents that would make up a child's personal plan. We noted that the information was not up-to-date, and in some cases there was no care plan information available. The service had reviewed the templates and storage of personal plans and was in the process of transferring information from paper to online. This meant not all personal plans were available for staff working directly with children. We found some plans had not been reviewed and updated in the agreed timeframe.

This requirement has not been met and we have agreed an extension until 27 May 2025.

Not met

Requirement 2

By 8 March 2024, the provider must ensure that the care and support needs of children are being effectively met. To do this, they must, at a minimum:

- a) ensure that at all times, suitably qualified and competent persons are working in the care service in such numbers as are appropriate to meet the health, welfare and safety of service users
- b) ensure staff complete core training such as child protection, first aid and infection prevention and control.

This is in order to comply with Part 3, Section 7(1) of the Health and Care (Staffing)(Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15) and "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 requirement has not been met and we have agreed an extension until 27 May 2025.

This requirement was made on 29 November 2023.

Action taken on previous requirement

Staff deployment was not well-managed and this compromised children's safety. For example, children were not adequately supervised during breakfast clubs and transitions to school. There was a lack of awareness by the manager of the need to effectively deploy staff to meet the minimum ratios stated on the service's conditions of registration certificate. We found the provider did not manage staff deployment well, and this compromised the children's safety. On the second day of inspection, we noted there was not sufficient staff working in the setting to care for the number of children attending. We highlighted this with the provider. Whilst immediate plans and additional staff were deployed in response to our concerns, we have asked the provider to review all staff working rotas and ensure they meet the conditions of registration in the service.

Most staff had attended child protection, first aid and infection protection and control training as requested. We asked the provider to ensure new staff attended core training as part of their induction process.

This requirement has not been met and we have agreed an extension until 27 March 2025.

Not met

Requirement 3

By 8 March 2024, the provider must ensure that staff working at the service are registered with the appropriate regulatory body, such as the Scottish Social Services Council (SSSC).

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

- a) ensure that the manager is registered with the Scottish Social Services Council
- b) ensure that the manager maintains their registration and meets the conditions of their registration within the timescale allocated to them by the Scottish Social Services Council.

This is to comply with Regulation 7(1) and 7(2)(d) (Fitness of managers) 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 use a service and organisation that is well led and managed" (HSCS 4.23) and "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 requirement has not been met and we have agreed an extension until 27 March 2025.

This requirement was made on 29 November 2023.

Action taken on previous requirement

Monitoring processes to ensure staff uphold their registration by the provider has not been effective or established. This was not in line with the SSSC codes of practice for employers and employees. We viewed the current staffing for the service held by the Scottish Social Services Council (SSSC). This highlighted the manager of the service, as recorded on the registration certificate, was not registered with an appropriate regulatory body. Again, we asked the chief executive to resolve this as a matter of priority. A temporary change of the registered manager has been agreed while the provider progresses longer term plans for the post.

This requirement has not been met and we have agreed an extension until 27 March 2025.

Not met

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

Areas for improvement

Previous area for improvement 1

To promote children's understanding and enjoyment of healthy eating, the management and staff should, with the feedback from children and parents, look at how they can improve the involvement of the children in the planning, preparation and serving/self-selection of the snacks and drinks.

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

This area for improvement was made on 29 November 2023.

Action taken since then

Following the previous inspection, the team had made some changes to the breakfast and snack routine. During the afterschool sessions, we observed children self-select and serve the food options available. This supported children to develop some life skills. However, children were served their breakfast in the morning by staff. This meant children's involvement in the planning and preparation of all meals at the service was still limited. We asked the service to continue to explore ways to meaningfully involve children in the planning, preparation and serving of snacks and drinks. The service had started to gather children's views on snack options during the inspection visits. We would encourage the team to continue to embed this plan.

This area for improvement has not been met.

Previous area for improvement 2

The management should improve the medication systems and consider how medication is stored, recorded, administered and audited. They should refer to the Care Inspectorate's Management of medication in daycare of children and childminding services. We sent them a copy of this document. The revised medication document, policy and procedure should be shared with staff and parents.

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

This area for improvement was made on 29 November 2023.

Action taken since then

This area for improvement has not been met and is now a requirement noted under Quality indicator 1.1.

Previous area for improvement 3

Management and staff, with feedback from the children, should look at how they can improve the limited space within the café and find alternative arrangements for the storage of the jackets and bags. This will enhance the children's play experience, make more space and enable them to move safely around the room without obstruction.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have enough physical space to meet my needs and wishes" (HSCS 5.20).

This area for improvement was made on 29 November 2023.

Action taken since then

The service had made positive changes to the arrangements for children's bags and coats. They were now safely stored out with the room which gave children some additional space to play together.

This area for improvement has been met.

Previous area for improvement 4

The manager and staff should re-read the Health Protection Scotland document: Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings). They should review and update their infection prevention and control procedures to bring them into line with the document. This should include the management of personal care.

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

This area for improvement was made on 29 November 2023.

Action taken since then

Although we identified some progress in this area, we noted that not all infection prevention and control procedures were being fully implemented in line with best practice guidance. We observed that children were not always encouraged to wash their hands prior to breakfast and snack. We also noted that personal protective equipment (PPE) was being used by staff instead of hand washing. The senior leadership team should ensure best practice is fully embedded into daily routines to reduce potential risks to children's health and wellbeing.

This area for improvement has not been met.

Previous area for improvement 5

To ensure that children's personal information is kept safe and secure, management should update the policy and procedures so that they comply with general data protection requirements.

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 29 November 2023.

Action taken since then

While some progress had been made, we found staff did not have access to the right information to support children's preferences, choices and wellbeing needs. The provider and senior leadership team should review their storage of information with a focus on children's personal planning information. Training should be delivered to all staff to ensure they are confident accessing online personal care plans.

This area for improvement has not been met.

Previous area for improvement 6

The management should continue to develop quality assurance procedures to help provide clear priorities, actions and timescales for the improvement of the service. This should involve feedback from children, their families, stakeholders and the staff team.

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 29 November 2023.

Action taken since then

This area for improvement has not been met and is now a requirement noted under Quality indicator 3.1.

Complaints

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

Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	1 - Unsatisfactory
3.1 Quality assurance and improvement are led well	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory
4.3 Staff deployment	1 - Unsatisfactory

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