

Rural Rascals Out of School Care Day Care of Children

Dunecht Primary School
Dunecht
Westhill
AB32 7BA

Telephone: 01330 860 243

Type of inspection:
Unannounced

Completed on:
30 April 2025

Service provided by:
Rural Rascals

Service provider number:
SP2012011928

Service no:
CS2012311308

About the service

Rural Rascals Out of School Care is situated within Dunecht Primary School, Aberdeenshire. The service is provided in the school dining hall and children have direct access to the outdoor playground. The service is registered to provide a daycare of children service to a maximum of 24 school aged children. Up to 22 children were present during the inspection.

The service is near to local parks and green spaces, shops and other amenities.

About the inspection

This was an unannounced inspection which took place on 28 April 2025 and 30 April 2025 between 15:00 and 18:00. 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 children using the service and spoke to five of their parents/carers
- received eight responses to our request for feedback via questionnaires from parents/carers and staff
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

As part of this inspection we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- Children were happy, confident and having fun.
- Staff worked well together to ensure consistency for children throughout the session.
- Daily access to outdoors supported children's health and wellbeing.
- Children experienced a balance of planned and spontaneous play experiences, in line with their interests.
- Personal plans should be developed as a matter of urgency to support children's progress and contribute to their needs being met.
- Quality assurance and self-evaluation processes were not yet effectively impacting on the quality of children's overall experiences and outcomes.

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. Whilst we identified some strengths, these only just outweighed weaknesses.

Quality indicator 1.1: Nurturing care and support

Children were happy and settled in the service. They enjoyed spending time with other children who attended from different schools across the area. Children experienced kind and caring interactions from staff who provided them with reassurance and encouragement. These positive interactions supported the development of children's confidence. Families commented positively on the relationships that their children had developed with staff. One parent commented "The staff are attentive and interested in the children." A child shared with us "The people that look after us are nice."

Children were supported to recognise and value their emotional wellbeing. They self-registered by placing their name card into a pot to show how they were feeling. Each pot represented a different emotion. This created opportunities for staff to check in with children and provide support. Staff and children valued this opportunity to spend time discussing children's individual feelings, when desired. This supported children to develop their emotional resilience and a sense of belonging.

Children's overall health and wellbeing was not well supported by effective personal planning. Personal plan information was not consistent and for most children, did not hold enough detail to fully identify their individual support needs. Plans had not been regularly reviewed which meant that some information was no longer accurate. This meant that there was insufficient information to support staff to meet children's needs and interests. For example, in one child's plan, it was noted they had an inhaler. However, there were no details about the dosage required and timing, as well as signs and symptoms. This meant children were at risk of their health and wellbeing needs not being fully met. The manager had identified that these required updating, but this had not yet been actioned. We directed the manager to our guidance for providers on personal planning and highlighted the importance of involving parents and children in this process. This was an area for improvement at the previous inspection, which has not been met and a new requirement has been made. (See requirement 1).

Children enjoyed a calm and unhurried snack together. Staff and children had worked together to review the snack routine. This helped children be involved in how their day is shaped and be familiar with routines. Children were familiar with the routine of washing their hands then sitting at the table with a drink, before getting their snack. Snacks were mostly nutritious, however, there were limited opportunities for children to be independent. For example, staff carried out the preparation of snack, including spreading, which children would have benefitted from being involved in. We encouraged the service to consider how children's independence skills could be further promoted throughout the snack experience. Staff did not always spend time sitting with children while they were eating. This limited opportunities for children to enjoy a sociable snack experience. Children would benefit further from staff sitting with them, to encourage more sociable mealtimes and support positive eating habits. (See area for improvement 1).

Children's safety was supported by staff's understanding of their role in identifying, recording and reporting any safeguarding concerns. All staff had undertaken relevant child protection training and a policy linking to current guidance was in place. Chronologies were used to record significant events in a child's life that may impact on their health and wellbeing. We identified that not all information had been fully recorded or followed up. We encouraged the service to consider recording any follow up actions or details which were relevant. This would support continuity of care, for children and their families.

Quality indicator 1.3: Play and learning

Children had fun and were engaged in their play. They were able to make some choices about their play and had freedom to decide how they spent their time. Staff supported children's choice about what they played with and were responsive to their interests. Children actively engaged with planned and spontaneous crafts, board games, small world play and outdoor games. A child told us "I like crafting and playing games." One parent commented "My child has developed new interests after being introduced to them at Rural Rascals."

Play and learning opportunities promoted children's interests. Staff actively encouraged children's thoughts and ideas when planning experiences. Children used a suggestion box to post their ideas which was then used by staff to inform responsive planning. For example, one child suggested doing origami and staff had provided time and resources to do this. Staff gave them time and space to play and learn at their own pace and offered support when needed. There was further scope for children to be involved in evaluation of their play and learning experiences. We suggested ways such as using floor books to encourage children to share their views and reflect on their learning, to help plan experiences they enjoy.

Overall, children were well supported in their learning by friendly staff. Most staff modelled positive communication and encouraged conversation with children. This enhanced some learning experiences through questioning and showing an interest in finding out more about children's individual learning. This helped children expand on their thoughts and ideas. We discussed with management that the consistency of quality interactions could be supported through modelling and monitoring. This would further contribute to challenging children and extend their thinking skills.

Opportunities to develop language and literacy were embedded within children's experiences. These were relevant to their different stages of development. Children accessed drawing and craft materials, as well as a variety of books. Staff advised that older children had recently shown an interest in fact books. We observed children spending time looking through football and world record annuals and discussing the facts. While some children developed their numeracy skills through board games and role play experiences, there was scope for this to be further developed. We highlighted that the addition of materials such as measuring tapes and scales would support children in developing life skills as they play.

Children benefitted from connections to the wider community. Children spoke positively about using the sports field and local park occasionally. Staff were in the process of building links with more of the community through fundraising. We asked the service to consider ways that this could be further developed to widen children's experiences and learn more about the local area.

Requirements

1. By 14 July 2025 the provider must ensure that children's care and wellbeing needs are met through the implementation of effective personal planning.

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

- a) All children have a personal plan which sets out what their individual needs are and how these will be met.
- b) Personal plans are reviewed in partnership with parents or carers, and children where appropriate, at least once every six months, or sooner if required.
- c) Staff are knowledgeable and skilled and effectively support children's individual needs.

This is to comply with Regulation 5(2)(a) and (b) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

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).

Areas for improvement

1. To promote children's independence and social skills, the manager and staff should improve snack time experiences. This should include, but is not limited to, children having opportunities to be involved in the preparation and be encouraged to be independent.

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

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

How good is our setting?

4 - Good

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

Quality indicator 2.2: Children experience high quality facilities

Children were cared for in an open-plan dining hall, which had direct access to the outdoor playground. The space had good ventilation and natural light which supported children's health and wellbeing. A large display board containing some of the children's artwork and photos provided a welcoming environment, giving children a sense of ownership.

Children's health and wellbeing was further promoted through regular access to the outdoor playground. This area was fully enclosed and provided a variety of active play experiences. For example, children took part in throwing a basketball into a hoop from different distances and others enjoyed a game of football. They were also able to access a climbing wall and frame, which supported their physical development. Most parents agreed their children had opportunities to play outdoors. They commented "My child is often outside playing football or making potions with staff members, or exploring the playground" and "The children are often outdoors, not just on good weather days."

The layout supported children to move around freely and access resources independently. Staff were mindful of children's current interests and set up resources and spaces to meet these. For example, staff had reviewed how the room could be used to support active play indoors as well as outdoors. The service had recently sourced some den building materials, such as sheets, blankets, cushions and a tent. Children advised they could ask for these throughout the session. We encouraged the service to consider having these resources readily available to allow children to have more immediate opportunities to rest and relax.

Children benefitted from resources which were well cared for. Children were keen to have some responsibility for caring for the setting, such as sweeping the floor and washing dishes. Staff recognised when children wanted to take on these roles and meaningfully involved them in these activities. This supported children in developing life skills and independence.

Children had access to a wide range of resources. This included loom bands, Lego, Playmobil, table football and board games. Children enjoyed spending time at the craft table with staff, creating dreamcatchers and character figures. There was further scope for children to be creative and use their imagination. We suggested that including more loose parts materials would promote opportunities for children to problem solve and use their natural creativity.

Systems were in place to help keep children safe. Risk assessments helped staff to mitigate risk and enhanced children's safety. These however needed to be reviewed and updated to reflect the setting and activities. Risk assessments should be dated, include review dates as well as including more detail to support staff with safety measures such as head counts and emergency procedures. We discussed involving children in assessing risk. This would support children's understanding of risk and keeping themselves safe.

Children's safety was beginning to be supported through effective risk assessments. These were in the early stages of development, which had started to contribute towards minimising risks for children. We discussed with the manager how these could be further developed, for more areas of the service such as outdoors and snack. Where possible, reviewing and updating the information with staff, children and families would support staff in understanding their role within these and further develop children's awareness and management of risk. We signposted the service to the Care Inspectorate's SIMOA - Keeping Children Safe campaign to further promote children's safety. (See section 'What the service has done to meet any areas for improvement we made at or since the last inspection' of this report).

Children were supported to be healthy and safe through effective infection, prevention and control practices. Staff wiped down surfaces before and after activities and encouraged children to wash their hands at key times. This helped keep children safe from the potential spread of infection.

How good is our leadership?

3 - Adequate

We evaluated this key question as **adequate**. Whilst we identified some strengths, these only just outweighed weaknesses.

Quality indicator 3.1: Quality assurance and improvement are led well

The service's vision, mission and values were shared through an information pack. These included 'To create a nurturing, inclusive, and inspiring environment where every child can thrive, explore their potential, and build lifelong skills and friendships'. These were reflected in practice and in the ethos of the service. We suggested displaying these clearly to support staff and families to understand what to expect from the service.

There were limited opportunities for families and children to be involved in developing the service. Some parents advised they felt involved in the development of the club. One commented "The service is open to feedback". However, others shared that they did not feel meaningfully involved. The manager had identified the need for additional methods of communication with families. To further support parental involvement, staff were in the early stages of creating a newsletter and setting up a social media page to share information.

A self-evaluation process was in the early stages of development and was beginning to have an impact on children's experiences. Team meetings were held regularly where all staff had the opportunity to share and take part in relevant discussions. Staff used reflective questions in their individual information booklets to consider strengths and areas for development within their own practice, as well as the whole service. It was evident that staff were beginning to feel more confident in reflecting on their practice through this process. Using best practice guidance such as 'A quality framework for daycare of children, childminding and school-aged childcare' had supported the team to identify some next steps towards improving outcomes for children.

Quality assurance processes were not yet effectively impacting on the quality of children's overall experiences and outcomes. A quality assurance calendar had been created and some aspects of this had started to take place. We highlighted the importance of fully embedding these processes, such as carrying out regular staff supervision and monitoring. Audits and supervisions of practice were not yet being carried out. This meant there was a potential for inconsistencies in practice and some key areas of improvement had not been fully identified. We encouraged the manager to introduce audits of practice, such as medication and personal plans, to promote consistency in children's care. (See area for improvement 1) (See section 'What the service has done to meet any requirements we made at or since the last inspection' of this report).

A clear improvement plan was in place which contributed to the cycle of continuous improvement. Staff had a shared understanding of the priorities within the improvement plan and their role in working towards these. However, the service had not yet identified how the improvement priorities were impacting outcomes for children. We encouraged the manager to now take time to evaluate progress, and reflect as a team on how children's experiences have benefitted from any developments.

Areas for improvement

1. To support positive and improved outcomes for children and families, the manager should ensure effective quality assurance systems are embedded into practice. This should include, but is not limited to:

- a) Ensure children and families are meaningfully involved and influence change within the setting.
- b) Ensure quality assurance, including self-evaluation and improvement plans lead to high quality care and support.
- c) Implement robust quality assurance practices, including audits and staff supervisions.

This is to ensure that care and support is consistent with the Health and Social Care Standard which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

How good is our staff team?

4 - Good

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

Quality indicator 4.3: Staff deployment

Staff were kind and caring in their approach with children. Parents told us they were happy with the care and support their child received and described staff as "approachable", "friendly" and "patient". Children had developed positive relationships and secure attachments to staff, meaning they were comfortable and confident in the setting. Staff showed a genuine interest in their role and children's experiences. As a result, children felt secure and respected.

Children were cared for by a staff team with a range of experience, knowledge and skills. They worked together and communicated with each other to ensure that children were safe, as they moved between areas. More experienced staff supported newer team members in their roles, which contributed to continuity of care for children. Consideration was given to where staff were positioned and a rota was in place which supported the team to be clear on their daily tasks. This contributed to the smooth running of the session. As a result, children were effectively supported and supervised across areas, such as snack, outdoors and craft.

A supportive induction process for new members of staff helped them grow in confidence and become competent in their role. All staff had been given an information pack which detailed key information about the service. Newly recruited staff spoke positively about having opportunities to shadow more experienced staff until they felt confident in taking on different roles. To help staff have a clear understanding of their roles and responsibilities, we signposted the manager to the 'Early Learning and Childcare National Induction Resource' for new and existing staff, to encourage questions and reflection on their practice.

Children's experiences were supported through staff taking part in training which was relevant to their role. All staff had completed core training, including child protection and first aid. Staff felt confident in discussing how this had positively impacted on their role. To ensure training was effective and improved outcomes for children, we highlighted the importance of staff having opportunities to revisit and reflect on training they had taken part in, both individually and as a team. Staff should be further encouraged and supported to develop their leadership skills as part of their ongoing professional development.

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

Requirements

Requirement 1

By 1 March 2024, the provider must put in place a quality assurance system to help improve outcomes for children. To do this the provider must, at a minimum:

- a) ensure staff are supported to develop their knowledge and understanding around self-evaluation and of the resource 'A quality framework for daycare of children, childminding and school-aged childcare'
- b) ensure staff are involved in the self-evaluation of the setting
- c) ensure clear plans for improvement are in place and regularly reviewed
- d) ensure systems are in place to monitor and evaluate staff practice and the quality of the setting.

This is in order to comply with Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and sections 7 & 8 of the Health and Care (Staffing) Scotland Act 2019 (as substituted for regulation 15/regulation 15(a)&(b) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 9 November 2023.

Action taken on previous requirement

Some parts of the requirement have been met and a new area for improvement under Key Question 3 has been made to address the outstanding issues. A quality assurance calendar was in place and staff were aware of their role within this. This was still to be fully embedded in order to be effective in supporting outcomes for children. Staff were beginning to evaluate their own individual practice through reflective questions and self-evaluation of the setting discussions were taking place through staff meetings. The manager should now fully embed these into practice.

Met - outwith timescales

Requirement 2

By 1 March 2024, to support children's health, safety and well-being, the provider must ensure that all staff are suitably trained. To do this, the provider must, at a minimum:

- a) ensure all staff have clear training plans in place
- b) ensure all staff have accessed core training. This should include, but not be limited to, child protection, child protection for managers, first aid, food hygiene and infection control.

This is in order to comply with Regulation 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) section 8 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15(b) 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 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 was made on 9 November 2023.

Action taken on previous requirement

All staff had completed core training, or were booked onto a relevant course as part of induction. This included child protection, first aid and food hygiene. A staff training matrix clearly identified staff training which had taken place. Staff spoke confidently about undertaking tasks within their daily roles, and how this training had contributed to their knowledge and skills. For example, staff shared that recent child protection training had supported their awareness of safeguarding children when promoting outdoor play.

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

To ensure each child receives appropriate care and support and their needs are met, the provider, manager and staff should ensure:

- a) all children have an up-to-date personal plan in place. These should be reviewed with parents and carers, at a minimum, every six months
- b) personal plans should outline children's current needs and supports required
- c) all staff are aware of and understand the information within the personal plans and use this to effectively meet each child's needs.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 9 November 2023.

Action taken since then

Children's personal plans did not hold the most up-to-date information and the level of information held within these was inconsistent. Personal plans were not reviewed with children or parents/carers. This meant there was a potential for children's health and wellbeing needs not to be fully identified or met.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 1.

Previous area for improvement 2

To support a relaxed, social snack experience, the manager and staff should review and improve the mealtime experiences. This should include, but is not limited to:

- a) promoting opportunities for developing children's independence and language skills
- b) ensuring children experience positive transitions.

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

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

This area for improvement was made on 9 November 2023.

Action taken since then

Children had limited opportunities to be independent through serving some of their own snack. Staff did not sit consistently with children, which meant that children were not supported to be sociable and positive eating habits were not promoted. The service should now consider how children can be offered opportunities to be involved in preparing and serving food to support their independence.

This area for improvement has not been met and has been rewritten to address outstanding issues under Key Question 1.

Previous area for improvement 3

To support and develop play experiences for children, they should be meaningfully and actively involved in leading their play and learning through a balance of spontaneous and planned high-quality experiences that promote children's choice and independence. This should include, but is not limited to:

- a) involving children in the planning of the activities on offer
- b) ensuring a balance of play experiences, including, imaginative, active and loose parts play.

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

'As a child, 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).

This area for improvement was made on 9 November 2023.

Action taken since then

Children were busy and engaged in their play. Children asked staff for resources they wanted to use and staff were mindful of children's current interests. Children could use the suggestion box to share their ideas and interests, which were planned for by staff. They accessed a range of resources which supported them in taking part in different play experiences.

This area for improvement has been met.

Previous area for improvement 4

To ensure children have access to a range of developmentally appropriate resources which reflect their interests, encourage creativity and allow them to develop lifelong skills, the provider and manager should review and improve opportunities for play and learning indoors. This should include but is not limited to:

- a) providing suitable resources and materials to effectively engage and challenge children's play, learning and interests
- b) provide an area for children to rest and relax freely.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25); and 'As a child, my social skills, confidence, self-esteem and creativity are developed through the 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 9 November 2023.

Action taken since then

Children had access to a tent and indoor den building materials, including blankets and cushions. Resources took into account the range of children's stages of development as well as interests. Craft, books, board games and toys supported children to be engaged and challenged within their play.

This area for improvement has been met.

Previous area for improvement 5

To promote children's health and wellbeing, the manager and staff team should review and improve risk assessing processes. This should include, but not be limited to:

- a) robust benefit risk assessments undertaken to record all potential risks posed to children and the mitigations and measures they have put in place to keep children safe
- b) all staff are fully aware of risk assessments in place
- c) staff and children are involved in risk assessing processes, where appropriate
- d) auditing systems are in place to ensure risk assessing is regularly reviewed and updated.

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

'My environment is safe and secure' (HSCS 5.17).

This area for improvement was made on 9 November 2023.

Action taken since then

Risk assessments were in the early stages of development for some areas and activities of the service. However, there was not enough information to support children's play and experiences, involving outdoors, play equipment and resources. Involving staff and children in this process would support children's safety and understanding of risk.

This area for improvement has not been met and remains in place.

Previous area for improvement 6

To support staff to have the skills and knowledge to support children to be safe, the provider should implement a robust induction process. This would provide a clear overview to ensure all newly recruited staff have the appropriate training and skills required prior to completing tasks.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 9 November 2023.

Action taken since then

Since the last inspection, the manager had created a staff information booklet which contained key information about the service and roles of staff. This supported staff to get to know the service's policies and procedures, as well as gain an understanding of different elements of their role, including professional learning and self-evaluation. Newly recruited staff had opportunities to shadow more experienced staff which supported them in becoming familiar with their role.

This area for improvement has been met.

Previous area for improvement 7

The manager should develop a more systematic support and supervision process. This should include, but is not limited to, a planned appraisal process with regular reviews. This will support staff to assess their progress, strengths and identify training needs appropriate to their role.

This is to ensure that staffing is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 9 November 2023.

Action taken since then

The manager had planned for staff observations of practice with feedback and 1:1 individual termly meetings within the quality assurance calendar. However, these had not yet been carried out. Reflective questions for staff's individual practice as well as the service as a whole were included as part of the staff information booklet. The provider and manager should now focus on embedding these support and supervision meetings into practice to support staff in developing their practice and skills within their role.

This area for improvement has not been met and remains in place.

Complaints

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

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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