

Play Away ELC Ltd Day Care of Children

Play Away ELC
10 Duke Wynd
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Type of inspection:
Unannounced

Completed on:
6 August 2025

Service provided by:
Play Away ELC Ltd

Service provider number:
SP2023000353

Service no:
CS2024000008

About the service

Play Away ELC Ltd is registered to care for up to 79 children not yet attending primary school. During the inspection, 31 children were present on both the first and second day.

Children are cared for in two main play spaces across two floors, and have access to an outdoor garden area. The play space on the bottom floor is open plan, and divided into three sections to accommodate different age groups. Additionally, children have access to a multi-purpose room on the top floor to support sensory and small group play away from the busier playrooms.

The service is close to local shops, amenities and public transport links.

About the inspection

This was an unannounced inspection which took place on 5 and 6 August 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
- spoke with families using the service
- spoke with staff, management and the provider
- reviewed 18 completed questionnaires from staff and families
- observed practice and daily life
- 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.

Key messages

- Children were nurtured, engaged in good experiences and having fun.
- Children experienced calm and unhurried mealtimes.
- All children had a personal plan that reflected their preferences and routines.
- Families provided positive feedback about the service.
- The approach to quality assurance, self-evaluation and improvement planning was developing, and having a positive impact on the outcomes for children and families.
- The provider, staff and management had made changes to the environment that made it safe, well maintained, homely, well resourced, and welcoming.
- Maintaining a hygienic environment should be further improved.
- The provider should continue with plans to support staff wellbeing, skills, and confidence through professional review and development processes.

From this inspection we evaluated this service as:

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

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate

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

How good is our care, play and learning?

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 1.1: Nurturing care and support.

Staff had established warm, welcoming, caring, and trusting relationships with both children and families. They knew the children well and cared for them sensitively in line with their individual needs. For example, they welcomed children into the play space with smiles and offered cuddles when children sought reassurance. All families who provided feedback agreed or strongly agreed with the following statement, "I have a good relationship with the staff caring for my child." One person said, "My son absolutely loves the staff, and I feel so at ease knowing I can leave him even if he's a bit upset on drop off. The staff have created a great bond with him, and he feels safe and secure at the service." This helped children feel safe and supported positive attachments.

Most staff carried out personal care tasks sensitively, supporting children's rights. They explained their actions to children, such as when wiping their faces after lunch or assisting with changing. However, on some occasions, we observed staff speaking loudly within the play spaces and asking children if they needed to be changed. This had the potential to impact children's privacy and dignity. We shared this observation with management and suggested further playroom monitoring and additional support for staff in promoting children's rights.

Medication was stored and administered safely. It was kept out of children's reach but remained easily accessible to staff. Parents completed permission forms that included most of the key information required for safe administration. We noted that children with emergency medication, such as inhalers, would benefit from individual health plans clearly outlining the steps to take in an emergency. Management agreed and, during feedback, shared that they had plans to revise their medication procedures to address this. This was a positive step towards supporting the safe storage and administration of medication and promoting children's health and wellbeing.

Staff recognised the importance of sleep for children's development and wellbeing and ensured that sleep routines aligned with individual needs as recorded in personal plans. Through discussions with staff, we found that they would benefit from further learning on safe sleep practices to ensure they were confident and fully informed, particularly regarding the layout of beds to provide ample space for children to support their comfort and health.

All children had personal plans. These were created in partnership with parents and were mostly reviewed regularly. Almost all families who provided feedback were positive about their involvement in personal planning. One parent stated, "I have been shown my son's care plan, and it's kept up to date." Plans included children's preferences, routines, and needs. To further support development, we suggested adding more detailed strategies and next steps. Overall, plans contained the essential information staff needed to respond sensitively to changes in children's lives.

Staff and children sat together at mealtimes within their playrooms. This allowed staff to supervise and support children as needed. Staff were knowledgeable about children's allergies and food preferences, and

appropriate systems were in place to manage these. We concluded that children experienced safe, positive mealtimes where their social skills were encouraged.

Quality indicator 1.3: Play and learning.

Children were engaged in a variety of experiences throughout the day. Play spaces were well-resourced, and children were able to self-select toys and materials to support their play.

Older children participated in activities, such as using tools and manipulating playdough with their fingers and hands, which supported creativity and fine motor development. They also explored early mathematical concepts by using containers to investigate the properties of water through filling and emptying. Younger children engaged in sensory experiences including sand and bubble play, and enjoyed construction activities, rhymes with actions, and stories. These experiences supported their overall development.

Children had some choice during play, and staff supported them in exploring the experiences available, promoting their right to play. However, during one session, children were brought together in the story corner for adult-led activities, such as stories and songs, on three occasions in the morning. While most children engaged, some did not and could have been encouraged to choose an alternative activity. We shared this observation with management and suggested reviewing the routine and pace of the day, particularly the frequency of group times, to better support children's choices and interests.

Outdoors, children were happy, having fun, and actively engaged in play. They participated in physical activities such as riding bikes, bouncing on space hoppers, and climbing large apparatus. Children also explored their creativity through drawing, and bubble play was particularly popular, with children watching in delight, trying to catch bubbles, and observing how far they would travel. All families who provided feedback agreed that children had the opportunity to play outside. One person said, "They have a great outdoor area for the kids." The outdoor experiences supported children's development and wellbeing.

Planning approaches for play and learning were at an early stage. Staff primarily used a responsive planning approach, observing children at play and adapting experiences accordingly. Some staff explained that due to increased pressures and staffing challenges, they had limited time to document and forward plan for children's play and learning. We acknowledged that the service was receiving support from a lead practitioner and was in the early stages of developing planning approaches that were responsive to children's interests and developmental stages.

Staff recorded observations using a digital platform, supported by photographs and curriculum links. The quality and quantity of observations varied; some effectively captured key skills and achievements, while others were brief and lacked depth. Some children had numerous observations, while others had few. Some parents who provided feedback suggested they would like to see more observations recorded on the app. One person said, "The service is already wonderful, but one thing that might make it even better could be more frequent updates or photos of the children's daily activities." Management acknowledged this and shared they had plans for professional learning and quality assurance to improve staff confidence and consistency in documenting children's play and learning. This would be a positive step to ensuring all children's achievements were celebrated and their progress effectively tracked over time.

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.

Play spaces were well-resourced, bright, and comfortably furnished. They benefitted from natural light and ventilation through open doors and windows. The spaces were appropriate for the age and stage of the children and offered plenty of room to meet their needs, including areas to rest and relax. This supported children to feel valued and helped meet their individual needs.

Significant improvements had been made to the nursery environments and resources, both indoors and outdoors. Environments felt homely, with soft materials and cushions. Some families who provided feedback commented positively on these changes. One person said, "The nursery is a lovely place which feels safe and cosy like a home away from home." A wide range of resources were available to support children's curiosity. Staff shared that they welcomed the new resources and could request additional items from management when needed. These improvements helped children feel they mattered and supported their development.

There were well-functioning arrangements for monitoring, recording, and reporting maintenance. Staff reported issues to the provider, who arranged swift repairs. This contributed to keeping children safe.

To further support safety, the secure door entry system had been upgraded. Staff carried out regular head counts and completed registers to account for children. Outdoor areas were safe and secure, enclosed by fencing. Staff worked together to identify and remove risks. Risk assessments were in place and outlined control measures. Accident and incident forms were completed when necessary and shared with families. These were monitored monthly to identify patterns and agree on actions to prevent recurrence. This contributed to children's safety.

Children's information was stored securely in files or within password-protected online apps. Staff had access to the information needed to care for children safely and effectively. Closed-circuit television (CCTV) was in place and supported children's safety and security without infringing on their rights. However, the use of CCTV had not been fully shared with families. Although signage was in place, families had not been consulted or fully informed about the use of CCTV. We highlighted this to the provider and manager, who agreed that a policy and communication plan should be developed. This was a positive step toward ensuring families were well-informed about their rights and the use of CCTV.

At the previous inspection, we had made requirements to ensure children were cared for in a clean environment. At this inspection, we found that the service had made a positive start in addressing these. Some elements of the requirements had been met. For example, we observed improvements in the cleanliness of play spaces, children were encouraged to wash their hands at appropriate times, and laundry was managed well. However, some areas still required improvement. Handwashing sinks were being used for multiple purposes, including cleaning resources, which compromised their availability for hand hygiene. During lunchtime, dirty dishes were stored directly next to clean dishes and fresh food that was subsequently served to children. Overall, we were satisfied that sufficient improvement had been made to

address serious risks to children. We therefore de-escalated the unmet elements of the requirements and incorporated them into one area for improvement (see area for improvement 1).

Areas for improvement

1. To support children's health, wellbeing and safety, the provider should ensure children are cared for in a clean environment.

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

'My environment is secure and safe' (HSCS 5.17); and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

How good is our leadership?

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 3.1: Quality assurance and improvement are led well.

The manager was developing self-evaluation and quality assurance systems. They had shared with staff a detailed action plan that had been created following the previous inspection. This action plan was used to guide the development of the service. Staff had been consulted on areas for improvement, including personal plans and mealtimes. As a result, this had a positive impact on practice, and we observed improved outcomes for children. For example, the lunchtime experience was relaxed and unhurried, and all children had a personal plan in place that reflected their preferences and routines.

A quality calendar was in place, and some formal monitoring had taken place, including accident/incident monitoring and safe recruitment audits. Informal monitoring occurred when managers supported staff in the rooms. Although monitoring was still in its early stages, it had begun to positively influence outcomes for children, as detailed throughout this report. The management team was advised to continue with a targeted and formal approach to monitoring, including auditing personal plans, medication procedures, playroom practices, and staff professional reviews and development.

The management and staff team were developing their approaches to using people's views as a foundation for improvement. Effective communication methods had been established. For example, we observed staff and management engaging with parents and families during drop-off and collection times. Online apps provided a valuable platform for sharing regular updates with families. Parents were involved in completing personal plans and contributed their perspectives on their children's needs and experiences. Additionally, some evaluative feedback was used to support home-link activities. All families who provided feedback agreed or strongly agreed with the statement: "My child and I are involved in a meaningful way to help develop the service." This helped people feel valued. To further enhance the use of people's views, we suggested that management adopt a more formal and structured approach to gathering feedback from parents and children. This would enable them to measure the impact of any changes made and use the feedback as a foundation for future improvements.

How good is our staff team?

3 - Adequate

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

Quality indicator 4.3: Staff deployment.

The service had been facing ongoing instability due to staff absences, with recruitment underway and retention challenges affecting consistency. Staff had varied experience levels, including newly appointed and trainee staff working towards Scottish Social Services Council registration.

Playrooms were staffed to meet children's needs. We observed there was a higher number of trainees staff in comparison to qualified staff in some playrooms. This meant staff has to move between rooms to support and guide trainee staff. Feedback from staff indicated this was not always effective, with trainees sometimes left without qualified supervision. There was no staff rota in place, and although staff worked well to support one another, they were not always clear on which support staff were assigned to their rooms each day. Additionally, this information had not been shared with families, leaving them unsure of who would be caring for their children. This had the potential to affect positive outcomes for children, including continuity of care.

Staff had participated in training to enhance their knowledge around child protection, infection prevention and control, and children's play and learning. They expressed enjoyment in the training and appreciated the opportunity to reflect in groups and plan new experiences to support children. Staff also shared that management visited rooms to discuss changes with them. However, no formal staff reviews or appraisals had taken place for existing staff. They expressed interest in having these opportunities to discuss their achievements, professional development, and share their views.

Feedback on wellbeing support from management was mixed. While some staff spoke positively about teamwork and management support, others felt that wellbeing and team collaboration could be improved. We shared with management that staff needed the right support to grow and thrive. Management agreed and shared plans to seek assistance from a human resource company to help develop staff professional review systems. This was a positive step towards ensuring staff received appropriate support both individually and as a team. Additionally, management noted that they now had a core staff team in place and had observed improvements in team morale and collaboration. We agreed and observed staff working well together for the benefit of the children.

To support children's safety, staff had been recruited safely. New staff received a basic induction, and management met with them regularly to review progress. Trainee staff reported feeling well supported by both management and colleagues during their training, although they had not been assigned a dedicated mentor. We suggested that assigning mentors to trainee staff and further use of the national induction resource would enhance staff mentoring and induction processes.

Staff demonstrated a strong commitment to their roles and were enthusiastic about providing quality care and learning experiences for children. Children approached staff for help and reassurance, indicating the development of positive and trusting relationships. We received positive feedback from families regarding the staff team. Comments included:

"Love the staff members they give a warm welcome and are good at what they do."

"The bond he has with the staff is amazing and he talks about them all the time! He always tells me what he's been up to and it sounds like they do so much!"

We concluded that the staff team were developing, and keen to further develop their practice. With further support, they would continue to contribute to improved outcomes for children and families.

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

Requirements

Requirement 1

By 31 May 2025, the provider must ensure that children's care needs are met through personal planning.

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

- a) ensure that each child has a personal plan in place
- b) ensure personal plans contain information about children's needs and how they will be met
- c) ensure all staff are aware of and understand the information within the personal plans and use this to effectively meet each child's needs
- d) ensure personal plans are regularly reviewed and updated in partnership with parents and carers.

This is to comply with Regulation 5(1)(2) (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).

This requirement was made on 14 February 2025.

Action taken on previous requirement

Management had developed a new personal planning proforma in consultation with staff. All children had a personal plan in place, which included core information such as their interests, health needs, routines, and likes and dislikes. These plans had been created in partnership with families, ensuring a collaborative approach to supporting each child.

Almost all plans had been reviewed and updated at least every six months, or sooner when key information had changed. Monitoring of personal plans had been carried out informally through ongoing discussions with staff. Staff shared that this informal approach had been helpful, particularly in supporting their understanding of the new proformas and enabling them to seek guidance from management when needed.

As a result, the personal plans contained meaningful and relevant information that supported staff in caring for children effectively. To strengthen this area further, management was encouraged to implement a formal system for regularly monitoring and auditing personal plans. This would help ensure that personal planning

remained robust and continued to support staff in meeting children's needs and helping them reach their full potential.

Met - within timescales

Requirement 2

By 1 May 2025, the provider must ensure that children are cared for in a hygienic environment.

To do this, the provider must at a minimum:

- a) ensure the environment is clean and free of risks that contribute to the spread of infection
- b) ensure handwashing is undertaken consistently by staff and children.

This is to comply with Regulation 4(1)(d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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 organisational codes" (HSCS 3.14) and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24).

This requirement was made on 14 February 2025.

Action taken on previous requirement

All staff had participated in Infection Prevention and Control training to support their learning, skills, and knowledge. This contributed to improvements in practice and helped ensure children were cared for in a hygienic environment. For example, we observed appropriate handwashing routines by both staff and children throughout the day, effective management of laundry, and visibly clean play spaces and facilities.

However, we identified areas where further improvements were needed. Handwashing sinks were being used for multiple purposes, including cleaning resources, which compromised their availability for hand hygiene. During lunchtime, dirty dishes were stored directly next to clean dishes and fresh food that was subsequently served to children. Additionally, some items such as nappies and paper towels were not stored appropriately. These practices posed a risk to children and do not fully protect them from the potential spread of infection.

We discussed these concerns with management and emphasised the importance of consistently maintaining a clean and hygienic environment for children.

We concluded that while some aspects of this requirement were met, further action is needed. A new area for improvement has been identified under Section 2: 'How good is our setting?', to address the outstanding issues.

Met - within timescales

Requirement 3

By 1 May 2025, the provider must ensure that children are cared for in an environment that is safe and secure.

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

- a) staff are aware of where children are at all times
- b) registers reflect children attending the service
- c) robust risk assessments for all areas of the service are carried out and followed effectively in practice
- d) the premises and materials are well-maintained.

This is to comply with Regulation 10(1) and 10(2)(a)(b) (Fitness of premises) 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 environment is secure and safe" (HSCS 5.19).

This requirement was made on 14 February 2025.

Action taken on previous requirement

Staff and management demonstrated a clear understanding of the importance of providing a safe and well-maintained environment for children. Staff were consistently aware of children's whereabouts and carried out regular checks to ensure all children were accounted for. Attendance registers were updated regularly to reflect those present at the service.

Robust risk assessments were in place and were implemented effectively in daily practice. The premises and materials were well-maintained, supported by a maintenance list that staff used to report issues. Management responded promptly to these reports, arranging swift repairs when needed.

In addition, a further fire safety audit had been completed, and management had acted on the recommendations, including portable appliance testing, and boiler maintenance. These actions contributed to a safe and secure environment for children.

As a result, children were cared for in a setting that prioritised safety and maintenance, supporting their wellbeing and enabling staff to focus on caring for children.

Met - within timescales

Requirement 4

By 31 May 2025, the provider must ensure that the service is safely staffed to meet children's needs.

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

- a) ensure that there are enough staff in number to respond to children's needs
- b) ensure staff are deployed in a way that meets children's needs
- c) develop contingency plans to support staff absences.

This is in order to comply with section 7(1)(a) 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).

This requirement was made on 14 February 2025.

Action taken on previous requirement

During the inspection, it was observed that staffing levels were sufficient to meet the needs of the children, which contributed to a positive atmosphere where children appeared happy and engaged.

There was a notably high proportion of trainee staff in comparison to qualified staff. The manager and provider explained that this was due to ongoing challenges with recruitment and retention. We acknowledged that recruitment efforts were actively underway. Qualified staff provided effective guidance to trainee staff in a respectful way. Based on our observations, we concluded that staff were deployed in a manner that appropriately meet the needs of the children.

Contingency plans were in place to manage staff absences. The service utilised staff from a sister service or from its own bank staff, which was a positive step to supporting continuity of care.

Met - within timescales

Requirement 5

By 31 May 2025, the provider must ensure children are supported by staff who have been safely recruited.

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

- a) ensure all essential pre-employment checks are carried out prior to staff commencing employment in the service
- b) ensure staff apply to register with the Scottish Social Services Council within the set timescales.

This is in order to comply with Regulation 9(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8 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: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This requirement was made on 14 February 2025.

Action taken on previous requirement

Staff had been recruited safely. We sampled staff recruitment files and found that appropriate pre-employment checks had been completed prior to staff commencing employment.

All staff were either registered or in the process of registering with the Scottish Social Services Council. The majority had registered within the required timescales. One bank staff member had not applied for registration within the expected timeframe. The provider explained that this was an oversight, as the individual had only been covering during holiday periods. The issue had been identified and appropriate action taken to support the staff member's registration.

Overall, significant improvements had been made, and we were satisfied that the provider was aware of and acting on their responsibilities to ensure safe recruitment practices. This contributed to keeping children safe.

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 support children's health, safety and wellbeing, the manager and staff should ensure children experience sociable and positive mealtimes.

This is to ensure that children's care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible" (HSCS 1.35).

This area for improvement was made on 14 February 2025.

Action taken since then

Staff had actively engaged in reflecting on the children's mealtime experiences. They had taken time to self-evaluate and consider their practice to plan and implement improvements. Some enhancements had already been made, with further developments planned.

Lunch and snack times were observed to be calm, social experiences where staff sat with children to provide support and supervision. We reviewed self-evaluation evidence which indicated that staff had plans to promote children's independence and life skills during mealtimes by involving them in the setup and serving of lunch. We agreed that lunchtime could further support children's independence and be made more homely using serving dishes and involving children in the planning and implementation of mealtimes.

Overall, children experienced a social and unhurried mealtime. Staff and management should continue with their planned improvements to further enhance the mealtime experience.

This area for improvement has been met.

Previous area for improvement 2

To support children's health, wellbeing, and safety, the provider should ensure they are cared for in a well-maintained, and safe environment.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 14 February 2025.

Action taken since then

Robust risk assessments were in place and were implemented effectively in daily practice. The premises and materials were well-maintained, supported by a maintenance list that staff used to report issues. Management responded promptly to these reports, arranging swift repairs when needed. As a result,

children were cared for in a setting that prioritised safety and maintenance, supporting their wellbeing and enabling staff to focus on caring for children.

This area for improvement has been met.

Previous area for improvement 3

To ensure children are safeguarded, the provider should make sure that the manager and staff have the skills, knowledge and experience necessary to protect children from harm. This should include but is not limited to, ensuring staff participate in regular child protection training.

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 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 area for improvement was made on 14 February 2025.

Action taken since then

All staff had participated in child protection training, and the manager had completed leadership training. Staff reported that these professional development opportunities had enhanced their knowledge and increased their confidence in their roles.

While staff demonstrated a sound understanding of safeguarding procedures, we identified that chronology recording could be strengthened. Specifically, there was scope to improve the evaluation and documentation of the outcomes of concerns raised and the actions taken in response.

Overall, we concluded that staff possessed the appropriate skills and knowledge to effectively protect and safeguard children.

This area for improvement has been met.

Previous area for improvement 4

To improve outcomes for children, the manager and provider should ensure that self-evaluation and quality assurance impact on improved experiences for children. This should include, but not be limited to, gathering and responding to people's views and auditing practice.

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 14 February 2025.

Action taken since then

Staff had been consulted on areas for improvement, including personal plans and mealtimes. This collaborative approach had a positive impact on practice, and we observed that it had led to improved outcomes for children.

Staff had also participated in training to support their knowledge in key areas such as child protection, infection prevention and control, and children's play and learning. Staff commented that they had enjoyed the training and valued the opportunity to reflect in groups and plan new experiences that supported children's development.

A quality calendar was in place, and some formal monitoring had taken place, including audits related to SSSC registration, accidents, and safe recruitment. Informal monitoring was also taking place when managers were present in playrooms and implementing changes.

The management team should now work towards implementing a more targeted and formal approach to monitoring. This should include regular audits of personal plans, structured playroom practice observations, and staff Professional Review and Development Sessions (PRDSs).

Overall, we were satisfied improvements had been made to the service as result of the self-evaluation.

This area for improvement has been met.

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

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