

Pinocchio's Children's Nursery Day Care of Children

14 School Green
Lasswade
EH18 1NB

Telephone: 01316 542 914

Type of inspection:
Unannounced

Completed on:
24 July 2025

Service provided by:
Pinocchio's Children's Nursery Ltd

Service provider number:
SP2003002984

Service no:
CS2003012090

About the service

Pinocchio's Children's Nursery is registered by the Care Inspectorate to provide a care service to a maximum of 67 children at any one time aged from three months to 12 years old. This includes a maximum of 15 children under 2 years accommodated at one time.

At the time of our visit the setting only provided care for children up to primary school age.

The setting is situated in the small village of Lasswade in Midlothian. The building provides three separate playrooms for the different ages and stages of the children attending. There are two designated outdoor play areas, one of which is used for the younger children and one which is set up to be more suitable for the older children's stage of development.

About the inspection

This was an unannounced which took place on 21 July 2025 between 09:00 and 16:30. 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 several children during their play
- reviewed comments from 11 families using the setting
- spoke with staff, the manager and the operational director
- observed staff practice and daily experiences for children
- reviewed documents
- spoke with supporting local authority professionals.

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 supported by caring staff who knew them well.
- Improvements to personal planning had the use of strategies to support children were impacting positively on outcomes for children.
- Play and learning opportunities had improved but needed to be consistent.
- Improvements were needed to the cleanliness of the setting. Procedures for infection prevention and control needed to be fully understood and followed by staff.
- Outcomes for children and families were positively impacted through improved quality assurance processes.
- Parents were positive about the improvements which had been made in the setting.
- Staff would benefit from continued and varied training opportunities.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

How good is our care, play and learning?

3 - Adequate

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

Quality indicator 1.1 - Nurturing care and support

Across the setting staff had developed positive relationships with children and there were many warm and positive interactions between staff and children. Some staff had developed their professional understanding of nurture, knew children in their care well and supported them to engage in their play and settle into the environment. However, the understanding of the importance of developing strong and positive relationships with children was not consistent across the nursery. This resulted in some staff being task focussed and not interacting fully with children to provide nurturing support. **(See area for improvement 12 in 'What the service has done to meet any requirements we made at or since the last inspection.')**

Children were familiar with daily routines which helped them feel secure during transitions and changes across the day. Children's individual routines were promoted. For example, individual sleep routines were followed for babies and children's personal care was attended to when needed. The pace of the day met the needs of most children. We have asked staff to look at the pace of the day for children in the Junior room, who were aged approximately 2 - 3 years. The period of time, while staff organised lunch and nap, impacted significantly on the quality and meaningful opportunities for play and freedom of choice for a significant period of time.

Sleeping children were well monitored by staff but further consideration of current safe sleep guidance should be given for babies. The arrangement of sleeping spaces needed consideration in the Junior room to ensure that they were clean and well organised to promote a restful experience.

Throughout the setting staff had collected information about children and their individual needs as part of their personal plan. On the whole these provided a suitable overview of each child to enable staff to provide support where it was needed. Most personal plans included pastoral information and communications with parents. Staff have been asked to ensure that changes to children's routines or the need for non-prescription medications such as creams were added to the personal plan.

Staff had worked with professionals and parents to develop support strategies for children who needed targeted support for some areas of their development. These were being monitored and assessed to ensure that they had a positive impact on children's development and learning. In personal plans there were some examples of strategies that staff had developed for children to support areas such as settling in or challenges in managing emotions. There needed to be a more consistent understanding and approach to this good practice across the setting.

The setting provided snacks and lunches for children. Food allergies and preferences were recorded to support children's health and wellbeing. The lunch experience in the Early Learning and Childcare (ELC) room for children aged 3-5 years had improved. Children knew the lunch process well and the meal was well paced and supported by staff. There were some opportunities for choice and developing skills at mealtimes. Staff should further expand these opportunities by enabling children to prepare and carry out self-service at snack time. Babies experienced a well supervised, calm and relaxed meal. To promote the wellbeing of staff and the safety of children staff were reminded to sit on chairs, not the floor, when children were eating. Juniors were supported by staff and overall this was a calm experience. Staff could further promote choice

and independence through allowing children to choose what or how much was put on their plate at mealtimes rather than having their meal already plated.

Across the setting staff were observant and noted who ate and who didn't. Where children did not eat well an alternative was provided. We have asked staff to look at the variety of alternatives available to children across the week to ensure they provide nutritional balance. Throughout the day staff ensured that children were encouraged to hydrate. We have asked staff to look at the consistency of support for the procedure of having water bottles in the Babies and Juniors. Staff needed to ensure that only water was provided for children and that children did not share water bottles.

Children's health and well being was supported in the setting. Where children had prescribed medication this was well documented. To further strengthen the procedures staff should ensure that dates of birth are added to medication storage bags or boxes. Long term medication had been reviewed by staff. Parents needed to be included in this review to ensure that the medication was still required and that the dosage had not changed.

Staff had attended training regarding safeguarding and child protection. Procedures in the setting had recently been updated. There was information for staff on the settings child protection procedures and all staff who responded to our questionnaire indicated that they understood the child protection reporting process.

Quality Indicator 1.3 - Play and learning

Across the nursery there had been improvements to the quality of play and learning experiences. Children were having fun and there were some children who were very engaged in activities, and some were beginning the process of leading their own play. Children took part in a range of activities, including role play, constructive play, arts and crafts and dough play. These supported children to extend their imagination and learning in their play experiences. Staff needed to ensure that areas for play, including outdoor environments were set up and available for children to engage in from the moment they arrived in the setting.

Staff added to or changed some resources across the day to promote further interest for children. This needed to take place for outdoor as well as indoor play experiences. To maintain children's learning interest and curiosity staff needed to ensure that there were resources available to extend and challenge children's learning.

Children aged 0-3 years spent most of their day outdoors. Floor books had been used to evidence the range of play and learning opportunities indoors and outdoors. From these we could see evidence of a range of age appropriate play activities for this age group. Schematic play, where children learn by repeating processes, was supported and this could be further used as part of planning experiences for individual children.

Play experiences were planned by staff using observations of children's interests and some intentional provocations. Some of this work was in the early stages but staff could describe the method of planning experiences and evidence how play impacted on learning outcomes. Senior staff should continue to monitor the planning process to ensure that it was meaningful and effective in enabling staff to meet children's learning needs.

Staff in the ELC used some good interactions to support children's play and learning. This showed that their play experiences and ideas were valued. Across the setting staff should continue to develop their skills and

confidence in extending children's learning. This should include effective questioning techniques to promote deeper thinking during play. This would help support sustained and meaningful play, providing challenge and extended learning.

There were now systems to track children's development and children's development was shared with parents through the Family App. Work was still needed to improve the quality and understanding of what makes a meaningful observation of a child's development. Staff had identified next steps for children's development or learning. These were not always being followed up by staff to ensure progression in learning and development. **(See area for improvement 6 in 'What the service has done to meet any areas for improvement we made at or since the last inspection'.)**

How good is our setting?

3 - Adequate

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

Quality indicator 2.2 - Children experience high quality facilities

The setting was comfortable and welcoming with plenty of natural light and good ventilation. Entrance areas held information for parents to make them welcoming. Noticeboards provided information about staff and events which were going on in the setting and wider community. This helped to create an atmosphere where everyone felt included.

Furniture and equipment used in the setting was of good quality. The environments for babies and children aged 2-3 years continued to provide pleasant and developmentally appropriate spaces. The outdoor area for children under 3 years had been developed since our last visit. Overall, it provided children with an attractive place to play. Staff should continue to ensure that the outdoor space is well resourced. For example, there were limited resources for water and sand play and the mud kitchen did not provide an inviting place to play. Children spent significant periods of time outdoors which impacted positively on their health and wellbeing. More opportunities should be provided for children aged 2-3 years to choose to play indoors or outdoors.

Staff had significantly improved the play environment for children in the ELC room. An improved range and quality of play opportunities had been provided. Staff now needed to ensure that high quality care and learning environments were consistently provided. For example on the day of our visit the outdoor area had not been set up and children did not have access to outdoor play until later in the morning. We spoke to staff about the need to ensure areas used for children's play were well resourced and provided attractive places to play. The use of children's work and thematic displays could be improved to foster curiosity and a sense of achievement.

Across the setting there were real-life items and resources for loose parts play. Staff needed to give further consideration to the quantity of these to ensure that children have enough to enable them to do meaningful activities with them. Staff would benefit from further training in loose parts play to further support children.

There were areas across the setting that were not clean enough to promote infection prevention. Some staff did not carry out good infection control practices. For example the lack of appropriate handwashing for children and staff during personal care and before eating. Some areas for nappy changing were visibly dirty and the laundry was poorly organised to ensure that linen and cleaning equipment was kept separately. We made a requirement at our last inspection with regard to infection prevention and control practices. This

requirement has not been met and the timescale has been extended. **(See requirement 1 in 'What the service has done to meet any requirements we made at or since the last inspection.')**

Across the setting there was limited space for storage of equipment and cleaning products. We have asked staff to ensure that at all times resources and equipment are stored safely and that cleaning products are out of reach and sight of children **(see area for improvement 1.)**

Information held about children and their families was kept appropriately and followed GDPR guidance. Parents had been made aware of what information was shared and with whom as part of the setting policies and procedures. Digital information on the Family system was password protected.

Areas for improvement

1.
To ensure that children's safety and wellbeing is promoted staff should ensure that resources and equipment are stored safely and that cleaning products are stored out of reach and sight of children.

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

How good is our leadership?

3 - Adequate

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

Quality indicator 3.1 - Quality assurance and improvement are led well.

The manager of the setting was very new to the post and had made good progress to continue the improvement work already started by the operational director and staff group. The management team and staff engaged well with professional discussions held as part of the inspection process.

Self-evaluation work was underway and had enabled the management team to develop an improvement plan. Staff had engaged well with the significant amount of improvement support provided by the local authority. Further work to include staff in the meaningful evaluation of the service provided for children should be considered. This will help staff begin to be more familiar with expectations and understanding of what high-quality experiences look like for the children they care for.

There was evidence through planning for play and some of the evaluations that children had opportunities to give their views and have some influence on aspects of the service. This could be further extended to ensure that account was taken of the child's voice throughout all age groups. Staff needed to consider how the needs and views of non verbal children were taken into account. This would enable children to influence the pace of the day and layout of the environment.

Parents who responded to our questionnaire said that they had been provided with more opportunities to be meaningfully involved in the life of the setting. They confirmed that there had been an improved range of information about what goes on in the setting and opportunities to attend events. Some opportunities had been provided for parents to give comments and suggestions as part of the self-evaluation process. We discussed with the manager the need to continue to seek the views of parents and provide feedback to them regarding how their views influence improvement.

There were systems for auditing processes and procedures. Some of these had been more impactful than others. For example, accident records had been audited and used effectively to make changes where necessary to improve the safety of some play areas. However, cleaning and the staff understanding of infection prevention and control had also been audited but these processes and procedures still needed significant improvement. We have asked the manager to ensure that whoever is delegated tasks for auditing fully understands what the good practice and regulations require. This will help to ensure that auditing is useful and consistent. **(See area for improvement 9 in 'What the service has done to meet any areas for improvement we made at or since the last inspection'.)**

Staff newer to the setting described the induction process. They indicated that they felt it had prepared them for working in the setting and had given them a good understanding their roles and responsibilities. New staff members were allocated a senior member of staff as a mentor. Further work could be carried out to ensure that senior staff have clear guidance on what the expectations of this role are to ensure it is an effective process.

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

Parents who responded to our questionnaire made some very positive comments about the staff group. They felt that they were approachable and kind to their children. "A positive environment for my toddler. All staff are welcoming, friendly and caring. Staff know my child well and will tailor experiences based on his interests/needs. Communication is clear." "The staff are always welcoming, my child absolutely loves the staff in the baby room and waves goodbye to us with a big smile on their face."

Across the setting the overall deployment of staff supported children's experiences. We have asked managers to continue to look at deployment at times when there are a significant number of routines. For example, before lunches and naps. This will ensure that there were enough staff present to support good quality experiences and care for children.

Several of the staff group responded to our questionnaire. They made positive comments about the improvements that they felt they had achieved since our last inspection. When speaking to staff they were enthusiastic and positive about their experience in the setting which helped them to feel ownership of what was being provided for children. Managers were proactive in ensuring that staff health and wellbeing was supported through staffing policies. This helped staff feel valued as employees.

There were communication processes in place to make sure that staff knew what was happening over the week, this helped them to plan deployment and share tasks. Overall, staff communicated well with each other over the course of the day to ensure that there were no significant staffing gaps which would impact on children's care. Time was allocated for team meetings and larger staff meeting took place monthly. These provided staff with opportunities for professional discussion and to develop a shared understanding of their individual roles and responsibilities.

Although we have identified areas which needed continued improvement, staff had made some progress to make positive changes to their practice which was supporting some of the improvement to the setting. An appraisal process was in place and each staff member had a personal development plan. Although some

training and in house information sessions had taken place there was a need for staff to consistently implement what they had learned. A wider range of training opportunities would benefit staff and further support children. **(See area for improvement 12 in 'What the service has done to meet any requirements we made at or since the last inspection.')**

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

Requirements

Requirement 1

By 31 October 2024, the provider must ensure children, staff and families experience a clean, safe and well-maintained environment.

To do this, the provider must:

- a) ensure all areas of the setting are clean and well-maintained to support effective infection prevention and control procedures in line with good practice guidance.
- b) ensure that staff have the necessary information and training to follow the settings infection prevention and control policies.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 9 September 2024.

Action taken on previous requirement

There were areas across the setting that were not clean enough to promote infection prevention and control. Some staff did not carry out good infection control practices. For example the lack of appropriate handwashing for children and staff during personal care and before eating. Some areas for nappy changing were visibly dirty and the laundry was poorly organised to ensure that linen and cleaning equipment were kept separately. This posed a risk for contamination and infection.

This requirement has not been met and the timescale has been extended to 10 September 2025.

Not met

Requirement 2

By 31 October 2024, the provider must demonstrate how they will ensure children, staff and families experience a clean, safe and well-maintained environment.

To do this, the provider must submit a plan to the Care Inspectorate of how they intend to:

- a) provide increased nappy changing and/or toilet facilities which must be arranged to meet good practice guidance for the number of children attending the setting
- b) provide suitable handwashing facilities in playrooms as per the good practice guidance.

The provider must detail a reasonable timescale within which improvements will be made.

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

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

This requirement takes account of the good practice documents Space to Grow and Thrive, Design guidance for early learning and childcare and school age childcare settings and Nappy changing for early learning and childcare settings (excluding childminders) Publication date: July 2023 (updated February 2024.)

This requirement was made on 9 September 2024.

Action taken on previous requirement

Action had been taken by the provider to adapt nappy changing and handwashing facilities to meet good practice guidance.

There were now a suitable number of toilets and nappy change facilities to meet the needs of children.

This requirement was met.

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 ensure that children were nurtured and supported throughout their daily experience. Staff should be supported to develop a secure working knowledge of nurture, attachment and child development.

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

This area for improvement was made on 9 September 2024.

Action taken since then

Some staff had developed and understood the value of nurture. Overall, children went to staff easily and sought them out for comfort, questions and support.

However, the understanding of nurture and the importance of positive relationships was not consistent across the nursery and further training and understanding would benefit staff.

This area for improvement was met.

Previous area for improvement 2

Individual strategies for children should be followed consistently and tracked to assess the impact on children's progress or wellbeing. To ensure that children's individual wellbeing benefits from the effective use of personal planning.

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

This area for improvement was made on 9 September 2024.

Action taken since then

Throughout the setting staff had collected information about children and their individual needs as part of their personal plan. On the whole these provided a suitable overview of each child.

There were procedures for updating information and in most personal plans there were pastoral notes with information on children and their individual needs. Staff needed to give further consideration on the content of some recording to ensure that the language used promoted respect.

Some individual strategies had been developed for children and these were being used effectively. To develop consistency of approach staff needed an increased understanding that strategies were not just for children with diagnosed additional needs.

This area for improvement was met.

Previous area for improvement 3

Staff should review and improve the procedure at mealtimes. This is to ensure that they meet with good practice guidance and are well supported by staff to provide children with social experiences and opportunities for choice and independence.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 9 September 2024.

Action taken since then

Improvements had been made to the routines for meals and these now provided a meaningful social experience for children. We have asked staff to further consider opportunities for children to make choices at mealtime and be involved in the preparation of snacks.

This area for improvement was met.

Previous area for improvement 4

To support children to have fun and experience high quality play, learning and developmental opportunities. Staff should increase the range and quality of the play and learning provision indoors and outdoors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 September 2024.

Action taken since then

There has been an improvement to the range of play experiences for children and overall the range of activities provided for learning were suitable.

We have asked staff to continue to look at the level of challenge for children to ensure that they remain engaged and curious.

This area for improvement was met.

Previous area for improvement 5

Staff in the ELC should develop planning approaches that were child centred and responsive to children's interests, intentional promotions and life experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 September 2024.

Action taken since then

Planning approaches had been developed across the setting. This was beginning to impact positively on the quality of play opportunities provided for children. We have asked staff to continue developing systems to ensure that they are effective.

This area for improvement was met.

Previous area for improvement 6

The tracking and sharing of children's learning and development should be further supported by a consistent approach to the recording procedures. This should include guidance for all staff on the expectations of sharing development with parents and monitoring observation quality to ensure the effective tracking of children's development.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which state: "I am supported to achieve my potential in education and employment if this is right for me." (HSCS 1.27.)

This area for improvement was made on 9 September 2024.

Action taken since then

Although there had been improvement to the system for tracking and sharing of learning and development this needed to continue to ensure that progression in learning could be identified.

This area for improvement was not met and has been re-stated in this report.

Previous area for improvement 7

The leadership team and staff should ensure that the indoor and outdoor areas used by ELC children are structured to provide developmentally appropriate, rich and appealing places in which to play and be cared for.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am able to access a range of good quality equipment and furnishings to meet me needs, wishes and choices.' (HSCS, 5.23.)

This area for improvement was made on 9 September 2024.

Action taken since then

There had been improvements to the layout and range of play opportunities in the ELC. Work needed to continue to ensure that all areas were fully set up in preparation for children arriving and consideration needed to be given to additional resources to provide challenge and learning extension for children who needed it.

This area for improvement was met.

Previous area for improvement 8

To ensure that children receive a high quality of care and support the leadership team should develop an effective self-evaluation procedure, which includes benchmarking against good practice documents. This system should be clearly understood by staff and gather their views as part of the evaluation process.

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

This area for improvement was made on 9 September 2024.

Action taken since then

Self-evaluation work was underway and had enabled the management team to develop an improvement plan. Staff had engaged well with the significant amount of improvement support provided by the local authority. Further work to include staff in the meaningful evaluation of the service provided for children should be considered.

This area for improvement was met.

Previous area for improvement 9

The leadership team should ensure that quality assurance systems, such as auditing of processes and procedures, is effective in identifying gaps in the service or areas of practice which need improvement.

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

This area for improvement was made on 9 September 2024.

Action taken since then

Some auditing of processes and procedures was having a positive impact. This was not consistent and some auditing did not capture the quality of what was being done. For example cleaning and clear recording of non-prescribed medications.

We have asked the manager to ensure that whoever is delegated tasks for auditing fully understands what the good practice and regulations require. This would help to ensure that auditing is useful and consistent.

This area for improvement was not met and has been re-stated in this report.

Previous area for improvement 10

The leadership team should increase the opportunities for children and families to be meaningfully involved and influence change in the setting.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which state: '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 9 September 2024.

Action taken since then

Some opportunities had been provided for parents to give comments and suggestions as part of the self-evaluation process. We discussed with the manager the need to continue to seek the views of parents and provide feedback to them regarding how their views influence improvement.

This area for improvement was met.

Previous area for improvement 11

The induction of staff should provide them with a good understanding of their roles and responsibilities. To strengthen the current induction process it should be reviewed alongside good practice documents such as the Scottish Government The Early Learning and Childcare - National Induction Resource.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which state: '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 September 2024.

Action taken since then

The process for induction had been reviewed and improved to ensure that there was a more in depth process. Staff confirmed that they felt the induction procedure gave them the information that they needed to fulfil their role in the setting.

This area for improvement was met.

Previous area for improvement 12

Children should receive care from staff who are well trained and skilled in their childcare role. A training plan for staff should be developed to include areas such as child development, nurture, interactions to support learning and infection prevention and control.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which state: '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 September 2024.

Action taken since then

There had been a range of training offered to staff since our last inspection. Although a positive start had been made further work was needed to ensure that staff used their training in their role. A more in depth understanding of current good practice documents would improve the outcomes for children.

This area for improvement was not met and has been re-stated in this report.

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	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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