

# Allsorts Childcare Centre Day Care of Children

Duns Primary School  
Langtongate  
Duns  
TD11 3QG

Telephone: 07436797945

**Type of inspection:**  
Unannounced

**Completed on:**  
3 July 2025

**Service provided by:**  
Allsorts Childcare Centre Ltd

**Service provider number:**  
SP2005007864

**Service no:**  
CS2005109544

## About the service

Allsorts Childcare Centre is registered to provide a care service to a maximum of 26 children at any one time, aged from 3 years up to attending S1 during term time.

When the service has access to the space adjacent to the playroom during term time, the care service may be provided to a maximum of 50 children aged from 3 years up to attending S1.

The care service may be provided to a maximum of 50 children at any one time aged from 3 years up to attending S1 during school holidays.

Allsorts Childcare Centre, is situated within Duns Primary School in the rural town of Duns in the Scottish Borders. The club has use of a specific playroom, gym hall, games room and toilets within the main school building. Children have access to the outdoor play area at the rear of the building.

## About the inspection

This was an unannounced inspection which took place on Tuesday 1 July 2025 between 10:00 and 17:30. 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 children using the service
- spoke with staff and the management team
- 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.

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

## Key messages

- Children were happy and enjoyed attending the club.
- Snack times could be further improved if children had more opportunities for independence and responsibility.
- Medication procedures must be developed to fully support children's health and wellbeing.
- Some progress had been made to improve children's play and learning opportunities. Children were provided with a range of interesting resources and play experiences.
- Responsibilities for child protection and safeguarding needed to be fully understood by the board, manager and staff.
- The service had made improvements within the environment which provided a more stimulating area for children.
- Self-evaluation and quality assurance processes should be improved to support the development of the service and to ensure positive outcomes for children.
- Staff recruitment and induction required improvement to improve outcomes for children.

## From this inspection we evaluated this service as:

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

How good is our care, play and learning?	2 - Weak
How good is our setting?	4 - Good
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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

## How good is our care, play and learning?

## 2 - Weak

We evaluated different parts of this key question as weak and adequate, with an overall evaluation of weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

### 1.1 Nurturing care and support

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

Staff were caring and nurturing in their interactions with children. This helped children to feel secure. One parent told us, "All of the staff make such an effort to give my child the experiences they would like while they are at Allsorts, it gives me great comfort knowing they are in such good hands." Another parent told us, "Friendly, helpful, engaging with the kids."

Children benefitted from social snack and mealtime experiences, enjoying the chance to chat and build relationships. Staff supported younger children to make healthy choices at lunch, helping them develop good eating habits. Children told us, they liked the variety of snacks offered, including fruit and vegetables. Opportunities to promote independence and responsibility were missed. Children were not consistently involved in planning or preparing food and were not always given suitable cutlery to eat their lunch. **An area for improvement was made at the previous inspection and has not been met. See 'What the service has done to meet any areas for improvement we made at the last inspection'.**

The service had made progress in developing and reviewing children's personal plans. For example, these were in place for all term time children and more detailed information had been collated for children attending holiday care. However, it was clear the manager and staff had not reviewed relevant information received for some children. This posed a potential risk of key information about children's care needs being missed, potentially resulting in them not receiving the right support at the right time. Chronologies were not in place for all children. As a result, significant events that could impact on children's well-being were not always recorded. Effective use of chronologies would allow staff to identify where targeted support may benefit children, enabling them to thrive. **A requirement was made at the previous inspection and has not been met. See 'What the service has done to meet the requirements we made at the last inspection'.**

The management of medication did not support children's health and wellbeing. Information that was in place was not always accurate, up to date or shared with staff. This had the potential to put children who required medication at risk. Monitoring of medication had not been fully implemented and therefore was yet to have an impact on practice. We signposted the service to 'Management of medication in daycare of children and childminding services' guidance to support improvement. **See requirement 1.**

The provider had not sufficiently developed and implemented effective safeguarding policies and procedures. Some staff had a limited understanding of their roles and responsibilities in protecting children. This had the potential for opportunities to safeguard children to be missed, resulting in children not being protected. **See area for improvement 1.**

### Quality indicator 1.3 – Play and learning

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Most children were engaged in their play and learning. They enjoyed arts and crafts, some children were making their own books and a Scotland flag. Lego and magnetic shapes were popular with children and a range of detailed structures were created. An ice cream parlour, supported social interaction and positive interactive roleplay as children served favourite desserts to children and adults. As a result, children were content and had fun.

There were a good range of books available to children. We observed children's appreciation and enjoyment of books, as they relaxed on the sofa. Staff encouraged a child who was settling into the service to choose a book as they sat and read together. This provided a positive calm experience and an opportunity for bonding.

Outdoor play included, children running around, bat and ball games, riding on scooters. They were encouraged to wear helmets for their own safety. Children told us, they had enjoyed playing with the parachute. There was a limited range of resources available to children in the gym hall and outdoors. These spaces could be further developed to extend children's play. Activities and play experiences were shared with families through online apps.

Effective questioning was not always used to support, engage or enrich children's experiences. For example, some staff limited children's opportunity to think critically, make connections or problem solve. As a result, opportunities were missed to extend children's play and learning. **A requirement was made at the previous inspection and has not been met. See 'What the service has done to meet the requirements' we made at the last inspection'.**

### Requirements

1.  
By 31 October 2025, the provider must ensure children's medical needs are met to keep them safe and healthy. To do this, the provider must, as a minimum, ensure that:

- a) all medication is managed in line with good practice guidance
- b) all staff have a clear understanding of children's medication needs
- c) Health Plans are well detailed and used to ensure safe and effective treatment.

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

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

## Areas for improvement

1.

To keep children protected and safe from harm, the management team should develop and implement effective child protection policies and procedures. These should include but is not limited to; how staff keep accurate records, including, information to keep meaningful chronologies.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

## How good is our setting?

## 4 - Good

We evaluated this key question as good as several important strengths taken together, outweighed areas for improvement.

### Quality indicator 2.2 - Children experience high quality facilities.

There was a calm and relaxed atmosphere in the service.

The club provided a comfortable and relaxing space for children. The service was located within the local primary school and children accessed a specific playroom, gym hall, school games room and an outdoor area. Children were confident in accessing these areas and staff used walkie talkies to support children's safety.

Improvements had been made within the environment. Play spaces were more organised which supported children to self-select and have choice. There were more varied and quality resources available which were developmentally appropriate. The service had invested in some new resources to enhance children's play experiences and families had been involved in donating toys and resources. This delivered the message to children that they were important. Children were happy and engaged in their play. Management should consider appropriate resources for older children using the service. The management team were receptive to this feedback and were keen to progress this area of practice. Parents told us, "There has been a huge improvement in the premises since Christmas. The staff have pride in their work" and "Lovely changes made to the room recently."

Staff provided comfortable spaces where children could rest and relax. Children enjoyed lying back reading on the sofa, chilling on the bean bags and making dens. These provided cosy, safe areas for children to unwind and recharge. This contributed to children experiencing an enabling environment that responds sensitively to their different needs and emotions throughout their day. Staff could consider the availability of an appropriate sleep area. This would support children to have a comfortable, cosy and inviting space, when needed. This would contribute to children's wellbeing.

A secure entry system enhanced children's safety at the main entrance area. There was a fire exit near to where children accessed the toilet independently and without supervision. We highlighted the potential risk of children leaving the service unattended as the fire exit was a push bar with no alarm system to inform staff when it was opened. The manager agreed to consider this potential risk to ensure children's safety.

Maintenance work was being carried out in the MUGA area (Multi Use Games Area) of the garden. Staff had not been made aware of this beforehand to assess any potential risks. For example, gaps in construction fencing could have resulted in children leaving the service unaccompanied by an adult. We also identified a potential risk in the storage of children's belongings. These were stored on the stairs and were a potential trip hazard. The manager agreed to address these hazards and consider risk assessing the areas to ensure children's safety.

There were some nice displays of children's work. Staff encouraged children to add their creations to display walls, or they could take these home. This encouraged children's creativity, inspiring them to explore new ideas and enhanced their confidence as their efforts were appreciated by others.

Measures for infection prevention and control were part of children's everyday routine which helped them to be healthy. Children and staff washed their hands before snack; the play areas were clean and tidy. Children's health was promoted as staff followed good hygiene practices in food storage and whilst preparing snack. There were potential risks to children, within the shared nappy change area situated within the school. For example, equipment and outdoor clothing belonging to the school were stored in the area. The manager agreed to address these issues.

## How good is our leadership?

2 - Weak

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

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

The service had experienced challenges in relation to staff recruitment and some of the staff were relatively new to the role. This impacted on the overall care of the children. The manager and provider engaged well in the inspection process. An action plan was being developed to ensure improvements were made as a priority. We provided ongoing support and guidance to the service.

Effective quality assurance systems were not in place. This resulted in gaps in key areas of practice were missed. For example, personal plans, monitoring medication, risk assessing and staff training. Whilst we recognised the challenges faced by staff changes, improvements must be made to ensure quality assurance identifies and influences improvement within the service. **A requirement was made at the previous inspection and has not been met. See 'What the service has done to meet the requirements we made at the last inspection'.**

The manager and staff carried out little to no self-evaluation. For example, there was no evidence that any work had been undertaken to assess the outcomes for children against guidance such as, 'A quality framework for daycare of children, childminding and school-aged childcare' Care Inspectorate February 2022. As a result, the approaches to children's care, play and learning were not consistently effective in supporting positive outcomes for children. **A requirement was made at the previous inspection and has not been met. See 'What the service has done to meet the requirements we made at the last inspection'.**

The service had failed to follow key elements of safer recruitment procedures, potentially compromising the safety of children. For example, some staff had started working before all the required checks and references had been received. We signposted the service to the Scottish Government document, 'Safer

Recruitment through Better Recruitment' (2016). **A requirement was made at the previous inspection and has not been met. See 'What the service has done to meet the requirements we made at the last inspection'.**

A child survey had been carried out in June 2025, where children's views were sought and used to plan outings for the holiday club. The results of the survey had been shared with families at a recent well attended committee meeting. The service should continue to make sure effective quality assurance and self-evaluation systems are in place which involve children and families and lead to continuous improvement.

## How good is our staff team?

2 - Weak

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

### Quality Indicator 4.3 Staff deployment

The service had an adequate number of staff. The recent high staff turnover had impacted on the continuity of care for children. One parent told us, "Staff turnover seems high. It would be nice to have the same staff for longer." Another parent told us, "We would appreciate more and better communication about staffing and with things that are happening in the setting, for example, if new staff start, more about them and their names would be good."

The induction process was not effective in supporting new staff into their role. Staff told us they had an induction when they started in the service, however this was basic and not consistent. The induction process required further development to ensure it was meaningful and having a positive impact on practice. We signposted the service to the National Induction Resource (Scottish Government 2023) to support them to improve the induction and mentoring of new staff. **See area for improvement 1.**

The team were at an early stage of working together and developing relationships with each other. They were adapting to their role and getting to know children. Staff communicated well across the spaces, using walkie talkies to ensure that they were working together. Staff enabled children to experience positive transitions. For example, they were conscious of safety, carrying out regular head counts when supervising children. The team were positive and flexible in supporting the care and wellbeing of children.

Some staff were experienced and held relevant qualifications in childcare. Others were inexperienced and required support. However, they had limited opportunities to undertake professional discussions, develop their knowledge and skills, to support them in their roles and in caring for children. For example, undertaking child protection, first aid and food hygiene training. **A requirement was made at the previous inspection and has not been met. See 'What the service has done to meet the requirements we made at the last inspection'.**

### Areas for improvement

1. To ensure children receive high quality care, play and learning the provider should implement and embed a robust and effective induction that ensures consideration is given to children's care, play and learning needs.



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).

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

### Requirements

#### Requirement 1

By 30 April 2025, the provider must ensure that children's care, welfare, and development needs are met by developing children's personal plans and ensuring staff use this information effectively.

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

- a) a personal plan is in place for all children and sets out children's current needs and preferences and how these will be met.
- b) personal plans are reviewed in partnership with parents or carers when there is a significant change in a child's health, welfare or safety needs and at least once every six months, or sooner if required.

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).

**This requirement was made on 17 December 2024.**

#### Action taken on previous requirement

The service had made progress in developing and reviewing children's personal plans. These were in place for all term time children and more detailed information had been collated to support children attending holiday care. This included key information such as, their needs, routines, likes and dislikes. However children did not always receive consistent care, as key information and support strategies for some children using holiday care had not been reviewed by the manager or staff. There was a potential risk to children potentially resulting in them not receiving the right support at the right time.

Chronologies were not in place for all children. As a result, significant events that could impact on children's well-being were not always recorded. Effective use of chronologies would allow staff to identify where targeted support may benefit children, enabling them to thrive.

Personal plans were not reviewed in partnership with parents or carers in line with legislation, when there is a significant change in a child's health, welfare or safety needs and at least once every six months, or sooner if required.

**This requirement had not been met. We have agreed an extension until 31 October 2025. This will allow the provider and manager time to make the required improvements.**

**Not met**

## Requirement 2

By 30 May 2025, the provider must support improved outcomes and experiences for children. The provider should continue to develop suitable self-evaluation, quality assurance and auditing procedures. These would ensure that the quality of the service is monitored and assessed effectively to make continued improvements and support positive outcome for children.

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

- a) Develop robust quality assurance practices, including safer recruitment.
- b) an improvement plan
- c) systems for monitoring the service, including;
  - monitoring medication systems,
  - personal planning,
  - infection prevention and control measures and food hygiene practices,
  - staff training
  - quality of resources available for children.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010) and

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

'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 17 December 2024.**

### Action taken on previous requirement

Some systems had been developed to audit and monitor areas of the service. For example, reviewing policies and procedures, staff files and children's care plans. These were not effective and needed further work to ensure the quality of the service is monitored and assessed effectively.

**This requirement had not been met and we have agreed an extension until 30 November 2025. This will allow the provider and manager time to make the required improvements.**

**Not met**

### Requirement 3

By 30 April 2025, to ensure that children's care and support needs are met, the provider must ensure staffing arrangements are safe and effective to meet the needs of all children in the service. To do this, the provider must, at a minimum:

- a) Ensure there are always suitably qualified and competent staff working in the service to keep children safe and supported.
- b) Ensure staff are deployed in a manner that ensures children are supervised and accounted.
- c) staff have opportunities to undertake training or professional discussions that align with their roles and responsibilities.

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 17 December 2024.**

#### Action taken on previous requirement

During the inspection, the service had an adequate number of staff. Staff were deployed in a manner that ensured children were supervised and accounted. However the recent high staff turnover had impacted on the continuity of care for children. Not all staff held a childcare qualification or were appropriately inducted into the service to understand all aspects of their role including keeping children safe and protected.

**This requirement had been partially met. We have extended the timescale to 30 November 2025. This will allow the provider and manager time to make the required improvements.**

**Not met**

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

### Areas for improvement

#### Previous area for improvement 1

To promote children's understanding and enjoyment of healthy eating and drinking, the manager and staff should involve them in the planning and preparation of snacks and drinks providing more opportunities to promote children's independence and responsibility.

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

'If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible' (HSCS 1.38).

**This area for improvement was made on 17 December 2024.**

## Action taken since then

Staff supported younger children to make healthy choices at lunch, helping them develop good eating habits. Opportunities to promote independence and responsibility were missed. Children were not consistently involved in planning or preparing food and were not always given suitable cutlery to eat their lunch.

**This area for improvement had been not met and will remain in place.**

## Previous area for improvement 2

To promote children's fun and enjoyment, the service should ensure children are provided with a range of innovative and interesting play opportunities which have been planned by staff using observations of children's interests and an improved range of quality play resources.

This should include, but is not limited to, supporting staff training opportunities to share, explore and highlight current best practices and documents focused on school-aged play activities and resources.

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 have fun as I develop my skills in understanding, thinking, investigation, and problem solving, including through imaginative play and storytelling' (HSCS 1.30).

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

**This area for improvement was made on 17 December 2024.**

## Action taken since then

Improvements had been made with more varied and quality resources being available for children. The environment and play spaces had been reviewed, these were more organised and allowed children to self-select toys and play experience they were interested in. Children were engaged in their play. Plans had been developed for the holiday club and these had been shared with children and families. Children had been asked for ideas for outings and these had been taken on board.

Staff training opportunities to share, explore and highlight current best practices and documents focused on school-aged play activities and resources were limited. This is an area which needs to be further improved. **(We have included this within quality indicator 4.3, refer to requirement 1 ).**

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

## Previous area for improvement 3

To support children's health and wellbeing the service should improve infection prevention and control measures and food hygiene practices. This should include children washing their hands safely, following food hygiene practices and ensuring the environment is clean and tidy. Staff should also have access to appropriate personal protective equipment (PPE).

This is to ensure that care and support is consistent with the 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).

'I experience high quality care and support based on relevant evidence, guidance and best practice'(HSCS 4.11).

**This area for improvement was made on 17 December 2024.**

#### Action taken since then

Progress had been made within infection prevention and control measures and food hygiene practices. For example, handwashing was part of children's and staff's routine before snack. Children's health was promoted as staff followed good hygiene practices in food storage and whilst preparing snack. Work surfaces and snack tables were kept clean and tidy. Personal protective equipment, (PPE) was readily available when needed.

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

#### Previous area for improvement 4

To support good outcomes for children and families, the provider should ensure their views are actively sought to inform the development of the service. Having effective quality assurance and self-evaluation systems in place which involve children and families would support this and lead to continuous improvement.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

'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 17 December 2024.**

#### Action taken since then

Improvements had been made. A child survey had been carried out in June 2025 where children's views were sought. These had been used to plan recent outings for the holiday club. The outcome had been shared with families at a recent well attended committee meeting. The service should continue to make sure effective quality assurance and self-evaluation systems are in place which involve children and families and lead to continuous improvement.

**This area for improvement had 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](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	3 - Adequate

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak

How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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