

## Cumbernauld YMCA - POMP Lenzie Meadow Day Care of Children

Lenzie Meadow Primary School  
Myrtle Avenue  
Lenzie  
Glasgow  
G66 4HW

Telephone: 07796 145626

Type of inspection: Unannounced  
Inspection completed on: 13 January 2017

**Service provided by:**  
Cumbernauld YMCA-YWCA

**Service provider number:**  
SP2003000977

**Care service number:**  
CS2003003658

## About the service

This service registered with the Care Inspectorate in April 2011. It provides before and after school care for a maximum of sixty children attending primary school up to the age of 16 years. All of the children currently using the service attend Lenzie Meadow Primary School. The service is available Monday to Friday during school term time from 7.30 to 9am and 3 to 6pm. Two Care Inspectorate inspectors carried out this inspection. We visited the service on Monday 9 and Wednesday 11 January 2016 after school. One inspector also met with the Area Manager on Tuesday 10 January 2016. Both inspectors visited the service on Friday 13 January 2016 to provide feedback about the inspection.

The service is provided from Lenzie Meadow Primary School, which is a new building opened in August 2016. The service is part of the Peace of Mind for Parents (POMP) childcare service, provided by Cumbernauld YMCA/YWCA. This service is one of twelve services currently operating across three local authorities.

Management structure includes the CEO of the YMCA, two area managers who have responsibility for six services each, and a manager and early years practitioners in each base. At this inspection, we met both area managers, the manager of the service and four members of staff. The service aims to "Create a safe, accessible, affordable, stimulating and caring environment for children".

We check services are meeting the principles of Getting it Right for Every Child (GIRFEC), Scotland's national approach to improving outcomes and wellbeing for children by offering the right help at the right time from the right people. It supports them and their parent(s) to work with services that can help them. There are eight wellbeing indicators at the heart of GIRFEC – safe, healthy, achieving, nurtured, active, respected, responsible, and included, also known as the SHANARRI wellbeing indicators.

From April 2016, we will carry out a quality audit, to gather information relating to 'How Good Is Our School Aged Childcare'. The audit will focus on the quality of children and young people's play experiences and how their rights to play and have fun are promoted and protected. The Getting it Right for Every Child (GIRFEC) framework – SHANARRI, Playwork Principles and Article 31 will underpin a list of outcome-focused questions developed for inspectors to work from when inspecting. The information gathered will form the basis of an end of year report 2017, along with information on service demand for school aged childcare throughout Scotland. Further information can be found at The Hub at [www.careinspectorate.com](http://www.careinspectorate.com)

## What people told us

We spoke with most children and spent time discussing the service in detail with eleven children. We received fourteen care standards questionnaires, and nine of these included additional comments about the service. We also spoke with one parent by telephone before the inspection was completed and one parent contacted us by email after the inspection. Overall, children and their parents were happy with the service.

Parents/carers indicated that the service was safe and secure and that staff treated their child fairly and with respect. Most parents indicated that staff had involved them in developing the service, although four parents indicated that they had not been involved. Comments from parents included:

"I have no communication other than statements from the service. I do ask but nothing is offered. As a service and staff I generally feel it is good".

"The central organisation of the service such as key dates could be greatly improved".

"My child was unsure about the service initially and what to expect. But the staff did a great job being welcoming, friendly and helpful which helped my child settle in very quickly".

"Service and care is amazing. However, in the new school the space is very restricted for kids with varying needs and requirements".

"POMP provides an opportunity for the children to relax and have fun in a supported environment before and after the busy school day. My children love it and that is the most important thing. Staff are friendly and approachable. Admin support could be more efficient".

"Overall I am happy with the service provided. My child is always happy when I pick him up and gets on well with all the staff. I have always found the staff friendly and welcoming to my family as a whole. The staff also seem to know the children really well which is nice. My son does come home talking about bullies sometimes and I am unsure of the policy on this. All children appear to be playing happily when I pick my child up".

"Very happy with the POMP ladies at Lenzie Meadow. Staff very approachable and facilities are very clean and plenty to keep the kids busy and happy".

"Staff are fantastic. They ensure that the children are safe and well looked after".

"Staff nature and ways with the children are great. But I don't know what happens on a day-to-day basis. I don't see anything planned or any theme, there's no focus on the UN Convention on the Rights of the Child. Although staff are lovely, I don't see them manage behaviour effectively. It seems to be a bit of a free for all and there doesn't seem to be consequences or a framework to manage behaviour. I've shared information with staff and I know this hasn't been recorded in my child's personal plan, although its important and staff should be taking account of this. Resources are poor. There doesn't seem to be any books. I don't rate the quality of experience for my child but it is provided within the school they attend which is great".

"I was involved in writing the personal plan for my child, with the emphasis for him to enjoy out of school care, as I've had a lot of problems persuading him to be looked after so I can work longer hours. The staff are aware of this and very supportive".

There was a varied response from children we spoke with. Comments from younger children included:

"It's a lot a lot a lot of fun"

"It's very exciting. You get to make biscuits and use sprinkles".

"We talk about safety when we go to the park".

"Staff are really nice. Sometimes they take us to the gym hall and we play really fun games".

"Staff ask us what we want to do. They come to the tables and talk to us about the next week".

"If we don't like what's for snack we get fruit. We've not been asked to make a list of what we like".

Older children raised some points for concern. They said that bullying in the service was not managed well by staff. They said that although staff intervened if there was an argument or bullying, there was no action taken and no discussions about respect and Rights to help all children understand why this behaviour was unacceptable. Children said that this meant there were times when they did not feel safe in the service. Older children also told us that they did not feel that they were given additional responsibilities suitable to their age, and they felt younger children were favoured as far as following rules and choosing activities were concerned. Older children also said they did not enjoy snacks and that there was never enough to eat. Comments from older children included:

"We could do more baking. Other groups get a chance which means that we maybe only get to do it every few weeks".

"It's hard to get homework done with the wee ones getting in the way".

"There's not enough space outside to play. We got trouble for ruining the grass. The gym hall is good but if it's closed then there's nothing to do".

## Self assessment

We discussed the self-assessment with the manager and area manager. This form contained information about training staff had undertaken which was assessed as strengths. However, although planned, this training had not taken place to date. We asked the manager to ensure that areas for improvement were recorded as such in the self-assessment as this was an evaluation of where the service was at the time the form was completed. Any planned areas for improvement should be recorded as such.

## From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

## Quality of care and support

### Findings from the inspection

Most children we talked to were confident that their views mattered, and younger children in particular enjoyed attending the service. Staff had started to develop personal plans for each child, and there was evidence that these had been discussed with children and parents before being put in place. The organisation had developed a new template for personal plans to help staff record information more effectively. However, through our discussions with some older children in this particular service it was clear that they had not been given opportunities to discuss anything other than activities they enjoyed at the service. This meant that personal plans did not contain information about health, allergies or food preferences, and there was no information about how children's health, welfare and safety was being supported. One parent we spoke with said that the preparation of the personal plans had been rushed and that there had not been time to agree a detailed and effective plan for their child. We found that staff in this service were unclear about the type of information that should be included in personal plans, and that the GIRFEC principles were not reflected in written plans or planned activities. (see requirement 1)

Most children we spoke with said they felt welcomed in the service. They felt that staff knew them and some younger children remembered having a "buddy" to help them settle when they started the service. Most children also told us that there was "enough to do" at the service, although some said that activities could be limited. Some children told us that outwith the service they enjoyed writing stories, and some attended dance classes and drama classes. These creative and expressive skills were not being taken into account by staff when planning activities and resources in the service. We found that the quality and variety of play experiences and resources to support these, especially creative and role play, could be improved. This would help children to express themselves and plan activities over several days or more.

Staff provided a suggestion box for children and we saw that this was being used and some attempts were made to address children's suggestions. Staff had also created an achievements display, where children could celebrate achievements at home or school. Staff nominated a star of the month and each group identified a star of the week. These awards were given to children who had shown particular care or been particularly helpful. This initiative was planned to help children feel valued in the service and had been effective for some children.

We observed that snack times were not used as an enjoyable social time, where children could sit, relax and have a conversation with their friends and staff. The content of snacks could also be improved. For example, most older children told us that they did not enjoy snack, and none of the children we spoke with said that they had been asked for a list of their favourite snacks. The manager confirmed that fruit was available for children who did not like snack, but not for children who had eaten the snack available. Children told us that only apples were available and that at times because of their food preferences they could not eat while at the service. (see recommendation 1)

We observed that staff interacted with children well. They were caring and listened to children's views. Children told us that they could approach staff with some of their concerns, although some children felt that not enough was done when they approached staff about behaviour in the service.

We discussed child protection with staff and found that some staff had not received any training on this subject for some years. The provider confirmed after our inspection that training was a priority for all staff and that child protection training was always provided to new staff. (see recommendation 2) Overall, we assessed this theme as weak.

## Requirements

### Number of requirements: 1

1. Management and staff must make proper provision for the health, welfare and safety of all children attending. This means that staff must have meaningful discussions with children and their parents/carers and agree how care should be provided, what is important to the child and parent, and how they will plan to meet each child's needs. This information must be recorded in a written plan for each child. Where parents have shared additional information about a child that would impact on how care should be provided, this must be reflected within the personal plans or there should be a note identifying that there is additional information and where it is held. Staff need to use the SHANARRI indicators when planning care and support and when evaluating written plans in place.

This is to comply with SSI 2011/210 Regulation 4: Health and Welfare and Regulation 5: Personal plans.

Timescale: Within three months of receipt of this report.

## Recommendations

### Number of recommendations: 2

1. The content and organisation of snacks should be reconsidered. Although some children had chosen snacks for the week, this was from the contents of the cupboard in the playroom and not from a list of children's preferences. Fruit should be more freely available and after a meaningful consultation with children to develop their personal plans, children's food preferences should be taken into account when planning the snack menu. The organisation of the snack should be reconsidered to allow children to choose and serve themselves and to have relaxed social time with their friends and staff members. National Care Standards Early Education and Childcare up to the age of 16, standard 2: Health and wellbeing.

2. Child Protection training should be planned and carried out with all staff. Until formal training has been identified, managers could use the service policies and procedures and published Significant Case Reviews to help them evaluate their knowledge and understanding of child protection processes and how these keep

children safe in their service. National Care Standards Early Education and Childcare up to the age of 16, standard 2: Health and wellbeing.

**Grade:** 2 - weak

## Quality of environment

### Findings from the inspection

We found that security and hygiene in the building were good. There was space for the children to play small group games as well as play in large groups in the gym hall. Physical play opportunities were available for most children most days. There was easy access to toilets and handwashing, and storage for food and cleaning materials had improved in this building. However, because some children did not always feel safe we have assessed this theme as weak. We have made a requirement about this under the staffing theme.

Since the last inspection, almost all staff had completed training on the safe handling of medication. They had also completed training on infection control, food hygiene, and first aid. This training was relevant to their role and helped them provide a service where children's health could be supported. We saw that children routinely washed their hands before snack. However, they did not wash their hands when returning from outdoor play. We asked staff to encourage children to do this.

Most children knew they could record their views within the floor books. This provided them with opportunities to evaluate activities and to plan future activities. We did not see many planned activities for outdoors, although staff told us this was because the outside area was still being developed.

Accidents were being recorded appropriately. However, the monitoring of these was not helpful as audits did not identify how many accidents took place in a particular area, at a particular time, or with a particular child. This information would help staff identify risks and may impact on a child's personal plan.

Risk assessments were in place. However, some of these had not been updated since moving into the new school. (see recommendation 1) There were times when staff were not aware that they could be better deployed to allow more children to take part in specific activities.

If management worked with the staff team and the children, effective risk assessments could be in place which would identify the need for more or less staff in each area depending on the activity taking place.

Overall, we saw that children enjoyed their time at the service. They played with the resources available and had opportunities to play with their friends. Generally children were happy at the service. However, the areas for development noted at this inspection should continue to be addressed to ensure all children's experiences were positive at the service.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. Risk assessments had not all been reviewed since the move to the new premises. This meant that some risk assessments had been put in place in 2015 when the service was provided from different premises. Although there was a section for children's comments on these risk assessments, when asked what these meant and what action had been taken, the manager was unsure. Children should be fully involved in developing risk assessments and their views discussed so that staff knew their concerns and children understood the risks involved. This would provide staff and children with an opportunity to have a meaningful discussion about risk. National Care Standards Early Education and Childcare up to the age of 16, standard 2: A safe environment.

**Grade:** 2 - weak

## Quality of staffing

### Findings from the inspection

We saw good interactions between staff and children and we were confident that staff were building positive relationships with children and listening to their views. However, because of the requirements and recommendations identified in this report, we have assessed this theme as weak. Staff had not identified that information gathered from children and parents should have been included in personal plans, and had not planned specifically around that. Nor had the whole staff team worked together to plan how the ethos of the service could be improved and become more respectful for all. Some children and parents/carers told us that bullying could be an issue at times and that this was not addressed effectively by management and staff. (see Requirement 1) Some changes to the staff team had taken place in the last year, and we found that team work could improve as this would impact positively on planning, and staff deployment and roles. (see recommendation 1)

Children had developed good relationships with staff, with some children being particularly close to some staff. Parents/carers described staff as "friendly and approachable", and we observed that staff greeted parents in a professional and friendly manner when they collected their children. Although children told us that at times staff did not manage bullying behaviour effectively, we observed a staff member managing behaviour between two children very well. They talked to both children to help them understand feelings and reached a manageable

solution. Another staff member had made attempts to address bullying in the service through discussions at group times. These approaches had not been consistent throughout the staff team.

All staff were registered with the Scottish Social Services Council (SSSC) and training was planned for staff who had a condition on their registration. Some staff had completed qualifications relevant to their role, and further training was planned through the provider. Training and discussion around the Play Principles, SSSC Codes of Practice, and Inclusive Play was planned and would be of benefit.

Supervision and appraisal meetings were taking place regularly. We saw good evidence that issues raised by staff were being followed up by management and that practical solutions and action plans were being put in place to support improvements in the service. Some supervision records did not include the action taken since the previous meeting and we asked management to ensure this information was included in future records.

## Requirements

### Number of requirements: 1

1. Management and staff must make proper provision for the safety of all children in the service. This includes providing the service in a way that respects all children and supports children to learn that bullying was unacceptable. Some children told us that at times they did not feel safe in the service. They said this was because staff did not manage bullying in the service. Staff had not taken into account that there was some bullying and a lack of respect for others in the service and as a result, had not planned a focus of the UN Convention on the Rights of the Child or accessed any anti-bullying resources to use with the children. An ethos of inclusion was not always evident. All children needed to know that they were respected as an individual and that they had the right to tell their peers and an adult if they were not happy with any aspect of the service. Children should be confident that any concerns raised would be addressed effectively by staff.

This is in order to comply with SSI 2011/210 Regulation 4: Health and Welfare.

Timescale: Work should start on receipt of this report and be ongoing.

## Recommendations

### Number of recommendations: 1

1. Team building exercises should take place. This would help all staff recognise the importance of their contribution to the service. This should also lead to better planning, motivated staff, clearer roles and better staff deployment. National Care Standards Early Education and Childcare up to the age of 16, standard 12: Confidence in staff.

**Grade:** 2 - weak

## Quality of management and leadership

### Findings from the inspection

Management submitted notifications and documents appropriately to the Care Inspectorate. Action plans were submitted following inspections, and most recommendations and requirements made at the last inspection had



been addressed by moving into new premises. Audits were taking place to ensure accidents and medication were appropriately managed, and staff supervision and appraisals were regular. Parents/carers found the manager friendly and helpful and staff told us they felt supported in the service. Since moving to new premises, the manager had consulted with parents/carers and children to assess what they liked about the new building and if any improvements could be made. Staff had used a "you said, we did" approach with this which was good. We suggested that using a "two stars and a wish" method of evaluation might also be helpful. Children we spoke with were unhappy with some aspects of the service. For example, snacks and activities, and by ensuring children had time to talk about these concerns and agree how they could be addressed staff would be able to make improvements and help children feel valued in the service.

Very good opportunities were available for managers of all POMP services to meet each week. These meetings allowed them to share good practice and discuss any concerns identified at their service. The manager confirmed these meetings were helpful, and that they were able to speak openly during meetings. The manager also told us that they felt their opinion mattered and that they were able to contribute to discussions and decisions made at these meetings. The manager of this service advised us that she would complete a BA Childhood Studies in the summer of this year, although she also told us that she had not felt motivated to use this learning in the service.

Area Managers were providing additional support for this service to help drive improvements. Methods used to date had been unsuccessful and we discussed various other ways that support could be offered. Although an action plan had been submitted after the last inspection, there was no working improvement plan for the service. This would be particularly helpful for this service, and a S.M.A.R.T. (Specific, Measurable, Attainable, Relevant, Time-Bound) approach should be used to ensure staff could measure improvements quickly. A S.W.O.T. analysis measuring Strengths, Weaknesses, Opportunities and Threats should be carried out with the staff team before a plan was agreed. (see recommendation 1)

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. Although an action plan had been submitted after the last inspection which detailed how improvements would be supported, the manager of the service was unclear about action taken and was unsure where the action plan was. It was clear that this was not a working document or being used as part of the quality assurance process for the service. Although Area Managers were working with the manager of the service to support improvements, the methods used had not motivated the manager or helped drive improvements. We suggested role modelling rather than audits, and visits to other services where performance was good. There was no improvement plan for the service apart from some identified areas of practice improvement. This meant that the manager and staff did not have clear goals. The staff team had not met to assess where the service was, where they wanted it to be, and how they could achieve their aims. Quality assurance systems should have highlighted the areas for improvement we noted at this inspection. Systematic, effective quality assurance procedures should be put in place which use challenge questions for staff to allow them to accurately measure the quality of the service provided. All staff, parents/carers and children should be involved in these processes. National Care Standards Early Education and Childcare up to the age of 16, standard 14: Well-managed service.

**Grade:** 2 - weak

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

### Previous requirements

#### Requirement 1

The provider must ensure that the service is meeting the health, welfare and safety needs of each child. In order to comply with this the service must show:

- a) Staff have the knowledge and skills to understand and manage children's health needs and are trained in the administration of emergency medication.
- b) Proper arrangements are put in place to ensure children have access to a sufficient number of hand washing and toileting facilities to prevent them having to queue. The service should ensure that toileting facilities meet environmental health guidelines.

This is to comply with SSI 2011/210 Regulation 4 Health and Welfare  
Timescale - Six weeks from publication of this report

**This requirement was made on 19 March 2015.**

#### Action taken on previous requirement

This requirement was not met at the last inspection and was carried over in this inspection. As the service had moved into new premises, toileting facilities had improved. Since the last inspection almost all staff had completed training in the safe use of medication.

#### Met - outwith timescales

#### Requirement 2

The provider must ensure that the premises are clean, engaging, equipment is in a good state of repair and the storage arrangements for medication and detergents are both safe and separate. In order to comply with this the service must show:

- a) Satisfactory storage arrangements are in place for medication. Staff need to have easy access to where emergency medication is stored and the storage must be secure.

If a key is used the key must be stored safely and be easily accessible, and all staff must know where it is.

- b) Detergents must be stored securely, out of the reach of children and not in the same cupboard as medication.
- c) The kitchen area needs to be cleaned and tidied. There needs to be separate areas for play resources, staff belongings and food preparation.
- d) Arrangements to store children's bags and coats need to be improved.
- e) Bins should be covered and operated by the use of a foot pedal.
- f) The condition of the resources and outdoor play equipment needs to be looked at to ensure that it is of a satisfactory standard.
- g) Electrical equipment needs to be annually PAT tested. Fire safety equipment needs to be serviced in line with regulations.

h) Set out the room in a way which is attractive and engaging for the children.

This is to comply with SSI 2011/210 Regulation 4 Health and Welfare and SSI 2011/210 Regulation 10 Fitness of Premises

Timescale - Within two weeks of receipt of this report.

**This requirement was made on 19 March 2015.**

## Action taken on previous requirement

This requirement was not met at the last inspection and was carried over in this inspection. As above, the new premises provided good space and storage arrangements for medication and cleaning materials were good. Medication was stored safely. A separate cloakroom was available. Outdoor equipment had been removed until suitable storage was purchased. This had been ordered at the time of this inspection. The building was new and areas were clean and used well.

## Met - outwith timescales

### Requirement 3

The provider must work with staff to develop their skills, experience and awareness of safety issues. In order to comply with this the service must show:

- a) Risk assessments - Some of the risk assessments we looked at were not adequate and not relevant to the situation.
- b) Staff training - Staff had not had training in the use of emergency medication and some staff did not hold a first aid certificate. Infection prevention training is required for all staff. Some staff had not attended food hygiene training. One staff member had not attended child protection training. Staff need to be trained on the updated and reviewed policies.
- c) Staff supervision - We saw on two occasions children leaving the room to go to the toilet and staff were not aware.

The provider must ensure that at all times suitably qualified and competent persons are working in the service in such numbers as are appropriate for the health, welfare and safety of service users.

This is to comply with SSI 2011/210 Regulation 15 Staffing (b) (i)  
Timescale - Within 24 hours of receipt of this report.

**This requirement was made on 19 March 2015.**

## Action taken on previous requirement

This requirement was not met at the last inspection and was carried over in this inspection. Risk assessments had not been reviewed appropriately and we have made a recommendation about this in this report. Staff had received training on the use of medication, specifically the use of Epipens, and almost all staff had completed training on first aid, infection control and food preparation. Staff deployment was safe, however we have noted a recommendation in this report that this could be improved to ensure all children could benefit from the resources available. We have also recommended that all staff complete child protection training.

**Met - outwith timescales**

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

## Previous recommendations

### Recommendation 1

The service should further establish consultation methods to encourage all stakeholders to participate in the assessment and improvement of the service.

National Care Standards Early Education and Childcare up to the age of 16, Standard 14: Well-managed service.

**This recommendation was made on 3 March 2016.**

### Action taken on previous recommendation

Some action had been taken to address this recommendation. Children and parents/carers had been consulted about the move to the new premises after it took place and another consultation was planned for later this year. We have made a recommendation in this report that quality assurance should improve in the service and that parents/carers and children should be fully involved in this process.

### Recommendation 2

The provider should ensure there are robust medication procedures and protocols in place.

We pointed out that the medication parental consent should include best practice guidance, [www.careinspectorate.com](http://www.careinspectorate.com) The Hub "Handling Medication in Daycare and Childminders settings".

National Care Standards Early Education and Childcare up to the age of 16, Standard 3: Health and wellbeing.

**This recommendation was made on 3 March 2016.**

#### Action taken on previous recommendation

Medication procedures had been updated since the last inspection. Medication forms we checked were satisfactory.

#### Recommendation 3

Personal plans should contain the correct content and additional support should be recorded.

National Care Standards Early Education and Childcare up to the age of 16, Standard 3: Health and wellbeing.

**This recommendation was made on 3 March 2016.**

#### Action taken on previous recommendation

Personal plans did not include any information that set out how staff would meet the child's health, welfare and safety needs. We have made a requirement about this in this report.

#### Recommendation 4

The service should tighten up on the prevention of the spread of infection controls. Good hand washing techniques should be implemented.

National Care Standards Early Education and Childcare up to the age of 16, Standard 2: A safe environment.

**This recommendation was made on 3 March 2016.**

#### Action taken on previous recommendation

Children routinely washed their hands when they arrived at the service before they ate snack. We asked staff to encourage children to wash their hands after they returned from playing outdoors.

#### Recommendation 5

The staff team should discuss and raise their awareness of best practice childcare guidance.

National Care Standards Early Education and Childcare up to the age of 16, Standard 12: Confidence in Staff.

**This recommendation was made on 3 March 2016.**

#### Action taken on previous recommendation

Although there were opportunities for this to take place at the four weekly meetings held, there was no evidence that meaningful discussions took place that would lead to improvements in the service. We have made a recommendation about quality assurance in this report.

#### Recommendation 6

All staff should be working as a team, identifying their skills and supporting one another. They should be fully trained in medication protocols.

National Care Standards Early Education and Childcare up to the age of 16, Standard 12: Confidence in Staff.

**This recommendation was made on 3 March 2016.**

## Action taken on previous recommendation

Staff were now trained in medication protocols. However, we found that team work could improve. This would support planning, staff deployment and roles, and staff motivation. We have made a recommendation about this in this report.

### Recommendation 7

The provider should ensure the staff team are involved in the future direction of the service.

National Care Standards Early Education and Childcare up to the age of 16, Standard 13: Improving the service.

**This recommendation was made on 3 March 2016.**

## Action taken on previous recommendation

Opportunities were provided for managers to meet weekly and share their views with Area Managers and/or the CEO of the service. Four weekly meetings were available for all staff to have their say about decisions made. These were very good opportunities and staff we spoke with said they were confident their views were taken into account.

### Recommendation 8

The provider should ensure that the monitoring of the service and quality assurance methods, including staff performance, adult/child ratios are adhered to, registers are completed correctly and medication storage checked and protocols audited.

The management should be more effective in identifying areas for improvement, development and sharing of action plans with the staff team.

National Care Standards Early Education and Childcare up to the age of 16, Standard 14: Well-Managed Service.

**This recommendation was made on 3 March 2016.**

## Action taken on previous recommendation

This recommendation is not 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).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings	
27 Jan 2016	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 3 - Adequate
19 Mar 2015	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 1 - Unsatisfactory 2 - Weak 1 - Unsatisfactory
20 Mar 2012	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 4 - Good
20 Jan 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 4 - Good 4 - Good 3 - Adequate
6 Nov 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 3 - Adequate 3 - Adequate

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