

Drumlithie After School Help (D.A.S.H) Day Care of Children

Glenbervie Primary School
School Road
Drumlithie
Stonehaven
AB39 3YS

Telephone: 07718 295 689

Type of inspection:
Unannounced

Completed on:
5 December 2022

Service provided by:
Drumlithie After School Help Ltd

Service provider number:
SP2009010511

Service no:
CS2009230714

About the service

Drumlithie After School Help is situated in the village of Glenbervie in Aberdeenshire. The service is registered to provide a care service to a maximum of 24 school aged children at any one time.

The care service will operate between the times of 2.30pm and 6.00pm, Monday to Friday during term time and between 8.00am and 6.00pm Monday to Friday during in-service days and holidays.

The service will normally operate from Glenbervie Primary School but when this is unavailable it will operate within Drumlithie Village Hall.

The service will comply with the following staffing: Age of children Ratio - adults to children 3 and over 1:8
Two adults to be on duty at any one time. (Only adults in contact with children for the majority of the session should count towards the ratios.)

An enclosed outdoor area provides opportunities for outdoor play.

About the inspection

This was an unannounced inspection which took place on 28 and 29 November 2022. The inspection was carried out by two inspectors from the Care Inspectorate. Feedback was given virtually on 5 December 2022.

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
- received feedback by email from six families
- spoke with committee, staff and the manager
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children appeared happy and settled during our visit and we observed staff to be caring and nurturing towards children.
- Children were having fun and were engaged in their play.
- All parents were happy with the level of care and support their child received.
- Staff induction processes were at an early stage of development and require to be further developed.
- Quality assurance and self-evaluation processes were at an early stage of development and require to be further developed.
- Children could have more opportunities to develop connections with their own and wider communities.

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.

1.1 Nurturing care and support

Children were happy and having fun during our visit. They experienced some warm, caring interactions from staff who took time to listen and respond to their needs. Parents commented that staff were nurturing and caring and their children enjoyed coming to the service. This provided a nurturing ethos and supported children to form positive attachments.

Personal plans were in place for each child and completed with prior to children starting at the club. Not all plans were fully completed, or reviewed where and when required to reflect children's most current care and support needs and support staff to meet children's needs effectively. For children requiring any additional support, there were no care plans in place to identify children's individual needs, triggers and strategies in place to support them. Care plan's should be in place for any child who requires support ensure all staff use a consistent approach.

Parents shared that they were not always involved in the review of children's plans. Staff and parents should sign and date forms when reviewed. Not all staff had accessed information in children's plans to support consistency of care. As a result not all staff were knowledgeable about children and any support needs they may have.

We suggested reviewing children's All about Me's would further support all staff to be aware of children's personal and individual preferences. Involving children in the process would support them to feel further respected and valued. **(See reinstated requirement 1 which has a new timescale of 28 February 2023.)**

Request to administer medication forms were in place and had been updated for parents to sign to confirm the first dose has been given and that there were no issues or allergic reactions. The medication policy had been updated in line with current guidance.

We identified that one child required an epi-pen, however, there was no medication consent form in his plan for this emergency medication to be administered. It was discussed with the manager that a consent form must be in place to allow staff to administer the medication. We also advised asthma plans should be in place for children with inhalers.

We identified two medications detailed on the same form and siblings sharing one form. To minimise risk to children we advised a review all information relating to medication. Further reviews should be completed with parents every three months. **(See reinstated requirement 2 which has a new timescale of 28 February 2023.)**

To support children to be safe staff had completed child protection training or refresher training. The child protection policy had been reviewed to ensure it is in line with current guidance and best practice. We advised the policy should also refer to National guidance for child protection in Scotland 2021. We further suggested a flow chart should be put in place to support staff with the child protection process as some staff were not fully clear on the process of who to contact should the manager be unavailable.

Chronologies were not in place and as a result significant information may not have been recorded. Any significant information in a child's life and should be added to their chronologies to demonstrate a summary timeline of child and family circumstances to assist in any further investigation and assessment. We advised the manager and staff should make themselves familiar with chronology guidance to support them to keep children safe. **(See reinstated area for improvement 1).**

Parents provided snacks for their children. Staff sat with children and chatted to them about their day at school. This supported children to feel respected and valued.

Staff were knowledgeable about children's allergies and what foods children should avoid. Fresh water was available from children's water bottles or a dispenser throughout the session. We suggested staff should encourage children to have a drink with their snack to support them to stay hydrated.

1.3 Play and learning

The outdoor environment provided children with opportunities to develop their gross motor skills and have fun. Children could access a number of loose parts, open-ended resources and toys outside to support challenge, problem solving and support the extension of children's play and interests. However, on the days we visited children did not access the outdoors. One child asked to go outdoors but was told not today. Staff should consider how to support children to be able to choose where they play.

Resources were set out for children for their arrival in the club. Resources were chosen taking into account the children's interests. Resources included construction, games, arts and crafts. These were of a good quality. The art and craft table was well used and children enjoyed the board games and playing cards.

There was no quiet, nurturing space for children to take part in quiet activities or to rest after their day at school. This could help support some children who may need help with regulating their emotions or for the older children who want some quiet time. Staff should consider how to soften the environment, which would promote a homely and nurturing environment, where children have access to comfortable areas to rest and relax. For example, a story corner could be developed to support children to have a quiet area and to engage children's enjoyments of books.

Resources were not easily accessible for the children, however, they asked staff for these when they wanted them. Staff should review the experiences on offer to ensure children are motivated to learn, engage, and have fun in developmentally appropriate experiences. Staff should consider the availability of open-ended and natural resources across children's experiences including messy play and sensory play. This would provide children with opportunities to develop their creative minds and become engrossed in their play and learning. **(See reinstated area for improvement 2.)**

Parents and staff shared that due to Covid-19 there had been less opportunities to connect with their own and wider communities. Staff should encourage this to enhance play and learning experiences.

Requirements

1. To ensure each child's needs are fully met, the provider must ensure that:

- a) each child has a detailed personal plan in place that reflects their current needs and wishes and how they will be effectively supported
- b) all staff have an appropriate understanding of each child's current needs and use this knowledge to fully

meet their needs

c) personal plans are reviewed at least every six months with parents.

This must be achieved by 27 June 2022.

This is to comply with Regulation 5 (1) (2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

An extension to this timescale has been agreed to 28 February 2023.

2. To ensure the health and wellbeing of all children the provider must ensure, at a minimum, that:

a) medication consent forms are in place for every child who requires medication

b) emergency plans and protocols are in place for every child who requires long term emergency medication

c) these plans and consent forms must be reviewed and updated with parents at least every three months

d) the medication policy is updated to reflect these changes in practice and to ensure it is in line with current guidance.

This must be achieved by 27 June 2022.

This is to comply with Regulation 4 (1) (a) 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)

An extension to this timescale has been agreed to 28 February 2023.

Areas for improvement

1. To safeguard children and keep them safe from harm or abuse, the provider must ensure that:

a) the child protection policy is reviewed and updated to ensure it is current and reflects best practice guidance

b) the child protection protocol is specific to the club and includes clear procedures for staff to follow

c) staff should make themselves familiar with chronology guidance.

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)

2. To support children to lead and extend their play through a wide range of quality experiences, the provider should, at a minimum:

- a) ensure that resources are reviewed and updated to offer more choice, challenge, and creativity
- b) ensure that children can access a wide range of experiences and resources suitable for their age and stage which support them to develop their imaginations and problem-solving.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state that,

"As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity." (HSCS 2.27)

How good is our setting?

3 - Adequate

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

2.2 Children experience high quality facilities

The club was based in the gym hall of the school and there was ample room for children to move around or take part in activities. The hall benefitted from plenty of natural light and ventilation.

The outdoor area consisted of a hard core surface playground area. This area was safe and secure. Staff and parents also shared that children used the nearby park to support them to be physically active.

The club had access to one display board where we could see some involvement from the children, including drawings and craft activities. However, children had limited opportunities or spaces to showcase their learning and play experiences. We suggested child led floor books. This would support children to feel involved and included in their club.

There was a noticeboard outside to display parents' information. There was minimal information here for parents. We suggested the display board should be updated to support parents to feel included and have the most up-to-date information.

Effective risk assessments were now in place which ensured children's safety was always maintained. Children's information was securely stored within the setting, which respected and maintained their privacy.

Accidents and incidents were recorded by staff and a written copy was given to parents, who signed the form to show that they had read the information. An overview sheet supported the manager to identify any patterns or triggers, helping to keep children safe.

We advised that to minimise the risk of infection children should wash their hands before snack and tables should be cleaned prior to snack. A previous recommendation regarding infection prevention and control was not able to be fully assessed at this inspection and will be reinstated. **(See reinstated area for improvement 1.)**

We had some concerns about the toilet area used by the children as the hot water was very hot. We suggested that some children may not be able to regulate the water and that the school toilets would be a better option. The provider and manager agreed to discuss this with the school.

Areas for improvement

1. To maintain the health and wellbeing of children and staff, the provider must minimise the risk of spread of infection by ensuring, at a minimum, that:

- a) staff wear the appropriate PPE during first aid treatments
- b) infection prevention and control policies and risk assessments are reviewed regularly and shared with staff to ensure consistent and safe practice is embedded within the service.

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

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

How good is our leadership?

3 - Adequate

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

3.1 Quality assurance and improvement are led well

Staff could not share with us the vision, values and aims for the setting. These should be reviewed to reflect the views of children, parents and staff to support staff and parents involvement in the setting.

We were not notified of the change of committee or an incident that had occurred at the service. We highlighted the notification reporting guidance to ensure all notifiable incidents were reported.

The current provider was keen to make improvements to the service and had created an improvement plan taking into account previous requirements and recommendations. A Quality assurance calendar was now in place, including planned training, review of personal plans, questionnaires to be shared with children and parents. We suggested adding realistic time scales, actions and measures of success. This will support the provider, manager, staff and parents to move forward together to improve the outcomes and experiences for children attending the service.

Self-evaluation documents including the new Quality Framework would also support reflection, evaluation, and ongoing improvement within the service. We discussed using floor books to evidence improvements and changes and achievements within the service. **(See reinstated requirement 1 which has a new timescale of 28 February 2023.)**

Some policies and procedures had been reviewed and identified up-to-date best practice and legislation. We advised that all policies should be reviewed to support staff to be well-informed and support a well-managed, safe service. **(See reinstated area for improvement 1.)**

Requirements

1. To ensure children and families receive a high-quality service, the provider must implement effective quality assurance processes, including an improvement plan, to support ongoing improvement.

This must be achieved by 11 July 2022.

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

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

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

An extension to this timescale has been agreed to 28 February 2023.

Areas for improvement

1. To ensure safe and consistent practice within the service, the provider should review and update all policies and procedures, to ensure they are current in relation to best practice guidance.

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

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

How good is our staff team?

3 - Adequate

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

4.1 Staff skills, knowledge and values

Staff had created a positive atmosphere where they were courteous and respectful to each other. Staff displayed warmth and kindness which helped support a happy, safe and relaxed environment for children.

To support children to be safe, staff had attended core training in child protection and first aid. An overview of training was in place and a training plan was in place for the next year. This was not individual to each staff members development needs. Staff should attend infection prevention and control and food hygiene training to improve their practice. Staff should evaluate training accessed to show any impact on their practice or professional development. Staff should also develop their knowledge of best practice documents to support ongoing improvement within the club. **(See reinstated area for improvement 2.)**

Some informal supervision and monitoring of staff team was undertaken by the manager. This should be a more formal approach and focus on specific areas. For example knowledge of children's health needs. Feedback should be shared with the team to highlight and praise good practice and discuss areas for development. This would support consistent practice, ongoing professional development/training and improvement within the service. **(See reinstated area for improvement 3.)**

This information should be further used to support appraisals. Staff should have annual meetings with the provider and management during which they can discuss their wellbeing, development, training needs, future development. Actions to develop should be identified. These should be reviewed throughout the year. Regular support and supervision should help to build strong working relationships and confidence in management and staff. Peer support and observations would also be beneficial to support development and professional dialogue and as a result make improvements for the club.

At the previous inspection we made a recommendation that staff induction should be improved. No new staff had started since the last inspection so we were unable to fully assess this recommendation, however, we advised that areas such as child protection, policies and procedures, children's personal plans, medication and child protection should be a priority in their induction. Records of reflection and staff understanding should be added to inductions to support a more knowledgeable staff team. **(See reinstated area for improvement 1.)**

Regular staff meetings had taken place, which provided the opportunity to share information. It would be beneficial for the staff team to be empowered to be more involved in these meetings, for example, developing agendas. This could offer the opportunity for reflection on practice, discussing children's experiences, sharing individual children's needs, and reviewing paperwork. Minutes of staff meetings should be fully recorded to support a consistent approach.

Areas for improvement

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

This ensures 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)

2. To support the staff team's professional development and improve play experiences and outcomes for children, the provider should implement a targeted training plan which includes current best practice documents and supports staff to evaluate the impact of their training.

This ensures 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)

3. To support positive outcomes for children the provider and manager should, at a minimum:

- a) implement supervision and monitoring of staff to support consistent practice, ongoing professional development and improvements within the service
- b) support staff with robust and regular appraisals to support their ongoing development.

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

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

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

Requirements

Requirement 1

To ensure each child's needs are fully met, the provider must ensure that:

- a) each child has a detailed personal plan in place that reflects their current needs and wishes and how they will be effectively supported
- b) all staff have an appropriate understanding of each child's current needs and use this knowledge to fully meet their needs
- c) personal plans are reviewed at least every six months with parents.

This must be achieved by 27 June 2022.

This is to comply with Regulation 5 (1) (2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

This requirement was made on 14 June 2022.

Action taken on previous requirement

Personal plans were in place for each child and completed with prior to children starting at the club. Not all plans were fully completed, or reviewed where and when required to reflect children's most current care and support needs and support staff to meet children's needs effectively. For children requiring any additional support, there were no care plans in place.

Parents shared that they were not always involved in the review of children's plans. Not all staff had accessed information in children's plans. All about Me's in plans were out of date and did not reflect children's current preferences.

This requirement has not been met. Whilst some progress had been made, there were inconsistencies in the effective use of personal planning. We have therefore reinstated and extended the timescale to 28 February 2023. **(See Requirement 1 under 'How good is our care, play and learning?')**

Not met

Requirement 2

To ensure the health and wellbeing of all children the provider must ensure, at a minimum, that:

- a) medication consent forms are in place for every child who requires medication

- b) emergency plans and protocols are in place for every child who requires long term emergency medication
- c) these plans and consent forms must be reviewed and updated with parents at least every three months
- d) the medication policy is updated to reflect these changes in practice and to ensure it is in line with current guidance.

This must be achieved by 27 June 2022.

This is to comply with Regulation 4 (1) (a) 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)

This requirement was made on 14 June 2022.

Action taken on previous requirement

Some improvements had been made to medication paperwork. Request to administer medication forms were in place and had been updated for parents to sign to confirm the first dose has been given and that there were no issues or allergic reactions. The medication policy had been updated in line with current guidance.

There was no medication consent form in his plan for one child's emergency medication to be administered. Medication was still not being reviewed every three months.

This requirement has not been met. Whilst some progress had been made, there were inconsistencies in the medication processes. We have therefore extended the timescale to 28 February 2023. **(See Requirement 2 under 'How good is our care, play and learning?')**

Not met

Requirement 3

To ensure children and families receive a high-quality service, the provider must implement effective quality assurance processes, including an improvement plan, to support ongoing improvement.

This must be achieved by 11 July 2022.

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

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

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

This requirement was made on 14 June 2022.

Action taken on previous requirement

The current provider was keen to make improvements to the service and had created an improvement plan taking into account previous requirements and recommendations. A Quality assurance calendar was now in place however this was not being fully actioned as yet.

This requirement has not been met. Whilst some systems have been developed, they are not yet effective and having a positive impact on outcomes for children. We have therefore extended the timescale to 28 February 2023. **(See Requirement 1 under 'How good is our leadership?')**

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 safeguard children and keep them safe from harm or abuse, the provider must ensure that:

- a) the child protection policy is reviewed and updated to ensure it is current and reflects best practice guidance
- b) the child protection protocol is specific to the club and includes clear procedures for staff to follow
- c) staff should make themselves familiar with chronology guidance.

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)

This area for improvement was made on 14 June 2022.

Action taken since then

The child protection policy had been reviewed and was in line with current guidance and best practice. We advised the policy should also refer to National guidance for child protection in Scotland 2021. There was no flow chart in place to support staff with the child protection process.

Chronologies were not in place for any children. The manager and staff were not familiar with chronology guidance to support them to keep children safe.

This area for improvement has not been met and has been reinstated. **(See area for improvement 1 under 'How good is our care, play and learning?')**

Previous area for improvement 2

To maintain the health and wellbeing of children and staff, the provider must minimise the risk of spread of infection by ensuring, at a minimum, that:

- a) staff wear the appropriate PPE during first aid treatments
- b) infection prevention and control policies and risk assessments are reviewed regularly and shared with staff to ensure consistent and safe practice is embedded within the service.

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

"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 14 June 2022.

Action taken since then

We did not fully assess this area for improvement.

This area for improvement has been reinstated. (See area for improvement 1 under 'How good is our setting?')

Previous area for improvement 3

To support children to lead and extend their play through a wide range of quality experiences, the provider should, at a minimum:

- a) ensure that resources are reviewed and updated to offer more choice, challenge, and creativity
- b) ensure that children can access a wide range of experiences and resources suitable for their age and stage which support them to develop their imaginations and problem-solving.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state that,

"As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity." (HSCS 2.27)

This area for improvement was made on 14 June 2022.

Action taken since then

Resources were chosen taking into account the children's interests.

No audit of resources had been undertaken.

We saw some improvement in children's engagement of activities and resources available, however, staff should further review the experiences on offer to ensure children are motivated to learn, engage, and have fun in developmentally appropriate experiences.

This area for improvement has not been met and has been reinstated. (See area for improvement 2 under 'How good is our care, play and learning?')

Previous area for improvement 4

To ensure the safety and wellbeing of the children, the provider should ensure that all risk assessments are reviewed and developed to include the level of risk, current measures in place to reduce risk and any further actions required.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state that,

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

This area for improvement was made on 14 June 2022.

Action taken since then

Effective risk assessments were now in place which ensured children's safety was always maintained.

This area for improvement has been met.

Previous area for improvement 5

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

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

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

This area for improvement was made on 14 June 2022.

Action taken since then

No new staff had started since the last inspection so we were unable to fully assess this recommendation.

This area for improvement has not been met and has been reinstated. **(See area for improvement 1 under 'How good is our staff team?')**

Previous area for improvement 6

To support the staff team's professional development and improve play experiences and outcomes for children, the provider should implement a targeted training plan which includes current best practice documents and supports staff to evaluate the impact of their training.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state that,

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

This area for improvement was made on 14 June 2022.

Action taken since then

An overview of training was now in place and a training plan was in place for the next year. This was not individual to each staff members development needs.

Staff were not yet evaluating training accessed to show any impact on their practice or professional development.

Staff also need to further develop their knowledge of best practice documents.

This area for improvement has not been met and has been reinstated. (See area for improvement 2 under 'How good is our staff team?')

Previous area for improvement 7

To ensure safe and consistent practice within the service, the provider should review and update all policies and procedures, to ensure they are current in relation to best practice guidance.

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

"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 14 June 2022.

Action taken since then

Some policies and procedures had been reviewed and identified up-to-date best practice and legislation.

All policies should be reviewed to support staff to be well-informed and support a well-managed, safe service.

This area has not been met and has been reinstated. (See area for improvement 1 under How good is our leadership?)

Previous area for improvement 8

To support positive outcomes for children the provider should, at a minimum:

- a) implement supervision and monitoring of staff to support consistent practice, ongoing professional development and improvements within the service
- b) support staff with robust and regular appraisals to support their ongoing development.

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

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

This area for improvement was made on 14 June 2022.

Action taken since then

Some informal supervision and monitoring of staff team was undertaken by the manager.

Appraisals were in place, however, could be more robust to support wellbeing, development, training needs and future development.

This area for improvement has not been met and will be reinstated. (See area for improvement 3 under 'How good is our staff team?')

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
4.1 Staff skills, knowledge and values	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.