

# Blossom Day Nursery Day Care of Children

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Edinburgh  
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**Type of inspection:**  
Unannounced

**Completed on:**  
19 December 2022

**Service provided by:**  
Joan Finlayson trading as Blossom  
Day Nursery

**Service provider number:**  
SP2003002966

**Service no:**  
CS2003012071

## About the service

Blossom Day Nursery is registered to provide a care service to a maximum of 22 children at any one time, age from 0 to 8 years, of whom no more than 9 children may be less than 2 years of age.

The nursery is situated in a residential area of Portobello in the city of Edinburgh. The nursery is close to local amenities including parks, shops, the library and the beach.

The accommodation comprises of one large playroom for older children with direct access to the enclosed garden. The main area of the garden is located above street level and is accessed via a ramp. The youngest children and babies have their own playroom, which includes a small outdoor area. There is also toilet facilities, a cloakroom and office space within the building.

## About the inspection

This was an unannounced inspection which took place on Wednesday 14 December 2022 between 13:25 and 17:40 and Thursday 15 December 2022 between 10:00 and 16:50. The first inspection visit was carried out by two inspectors from the Care Inspectorate. The inspection was concluded with one inspector.

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 and six parents and carers
- spoke with five staff, the manager and the provider
- observed practice and daily life
- reviewed documents.

## Key messages

Children's health, safety and wellbeing was compromised as the service did not maintain adult to child ratios. As a result, on 14 December 2022 we issued a letter of serious concern.

The approach to staffing levels and staff deployment was not outcome-focused. As a result, children did not always experience nurturing care and support.

Children's health, safety and wellbeing was compromised due to issues within the environment. For example, ineffective heating arrangements.

Children's health, safety and wellbeing was compromised due to ineffective infection prevention and control practices.

Staff interactions were warm and they knew children well.

Families valued the small, friendly setting.

## 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?	2 - Weak
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 made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children, we made several requirements for improvement.

### 1.1 Nurturing care and support

Children's health, safety and welfare was compromised as there was not enough staff to support and supervise children effectively and sensitively. On the first day of the inspection, we found the provider was not maintaining adult to child ratios. As a result, children were not effectively supervised. For example, inspectors found children playing in the toilet with no adult in attendance. Young children's emotional needs could not be met and at times inspectors had to offer comfort. As result, of the concerns about staffing ratios and the negative impact on children's care we issued a letter of serious concern (see requirement 1). We received assurances from the provider that adult to child ratios would be maintained. We returned to the service the following day and found adult to child ratios in place.

While the requirement had been met, there remained concerns about how effectively the service supported children's needs. Staff did not always effectively and sensitively meet the varying and changing needs of children. This resulted in some children experiencing poor outcomes. For example, some children lacked interaction with important adults, which over time can have a detrimental impact on their wellbeing. At times, staff had to prioritise one child's need over another meaning some children became upset. Staff often became task focused and did not always provide enough nurture and support. Although most staff interactions were warm, due to ineffective staffing children's needs were not always effectively met. To improve outcomes for children the provider must ensure children experience a well-planned service based on effective assessment of children's needs (see requirement 2).

Children experienced chaotic mealtimes and were not well supported. Transitions to mealtimes were poorly planned meaning children had to wait for lengthy periods. This caused some children to become distressed. Staff did not always sit with children as they ate and children's support to eat their meals was often interrupted as staff had to manage competing demands. Children's health and wellbeing was potentially compromised because of ineffective supervision during meals and snacks. There was potential for children with allergies to access food that could make them ill because staff did not notice them touching other plates and food. The mealtime experience must be improved to ensure it is safe, supportive, and nurturing (see requirement 3).

Sleep arrangements for children were not always safe and sensitive. Although systems were in place to check children, in practice the frequency and quality of checks were insufficient. This had the potential to compromise children's safety. Sleep arrangements were not calm and nurturing as children slept in main playrooms which were at times noisy. Sleep arrangements must be improved so that children are safe, and their emotional security and wellbeing is promoted. Most children slept in buggies which is not in line with good practice guidance for safe and comfortable sleeping in a daycare setting. A previous area for improvement relating to safe sleeping had not been met and as a result of enhanced concerns we have made a requirement at this inspection (see requirement 4).

Staff knew children well and were able to share how they followed children's individual preferences and routines. Routines from home were respected, which provided children with a sense of familiarity. Personal

plans had been reviewed with parents. Updated plans provided staff with key information that helped them get to know children and plan for their care. Observations of children's development and learning helped staff to understand children's needs and interests. However, this was not consistent for all children meaning there were some missed opportunities to plan effective support. One child who needed support with communication and language had clear strategies outlined, whereas another child with similar needs did not have an effective support plan in place. We were concerned that the availability of staff and staffing arrangements meant the care outlined in plans was not always effectively provided (also see requirement 2).

The storage of medication and the recording of information had improved. This meant medication was available and the information outlined how staff should provide care. However, we were concerned that relief staff covering in the setting or those working on a part-time basis were not always clear on what medication children had and how they would present when they needed the medication. All staff must be fully aware of the needs of the children in their care and how to support their health should the need arise (see area for improvement 1).

### 1.3 Play and Learning

While most children enjoyed playing with their friends, they needed more support to get the most out of the play experiences available. For example, staff did not effectively extend play or plan interesting experiences. Children had very few opportunities to reflect on and consolidate learning as staff were not confident using effective questions to support children's thinking and learning. This resulted in missed opportunities to support children to explore their ideas and learn new skills. Staff need to develop their understanding of theory and practice with a focus on child development and play experiences. This would enable them to identify and plan appropriate experiences and activities based on the individual needs of children. Improvements could support children to have fun, be engaged and contribute to their wellbeing (see area for improvement 2).

The environment and resources did not enable children to make independent choices or lead their own play. Areas of the playrooms were often under resourced and uninviting, meaning children did not use them well. Babies had few opportunities to explore sensory materials that can support their young brains to be active, curious, and creative. Older children had some opportunities to be creative with core resources such as gluing and painting. These experiences allowed them to express their ideas. However, overall children's play and learning was restricted as they did not experience a good range of materials and toys that enhanced their play. At times, children became bored and unsettled. Improvements were needed across the environment and play spaces to support children to be engaged and have fun (see area for improvement 1 in key question: 'How good is our setting?').

### Requirements

1. By 15 December 2022, the provider must support children's health, welfare, and safety needs by maintaining appropriate staffing levels at all times.

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

- a) ensure adult to child ratios are met,
- b) plan staff in such numbers as are appropriate to meet the health, welfare, and safety needs of children attending.

This is to comply with Regulation 15(a)(b) (Staffing) 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 Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

2. By 03 February 2023, children must experience a well-planned service based on the effective assessment of children's needs.

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

a) ensure children are cared for by a sufficient number of staff who have the knowledge, experience and skills to care for and nurture them,

b) plan and manage the numbers of children attending based on their needs, with children's ages and stages of development assessed and staffing planned to support this.

This is to comply with Regulation 15(a) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My needs are met by the right number of people' (HSCS, 3.15). (HSCS 3.15).

3. By 31 January 2023, children must experience well-planned, safe and nurturing mealtimes that promote their wellbeing.

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

a) review the mealtime experiences and ensure there are enough staff available during these periods to provide effective supervision and meet children's needs,

b) ensure staff provide nurture and support by sitting with children as they eat and remain focused on the children's needs,

c) plan the tasks of mealtimes effectively so that children's needs are prioritised,

d) review snacks provided by the service to ensure they meet current nutritional guidance,

e) provide children with more opportunities to be involved in the mealtime experiences and develop their independence in a safe and supportive manner.

This is to comply with Regulations 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 care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS, 1.34) and 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible (HSCS, 1.35).

4. By 31 January 2023, children must experience safe, comfortable and nurturing sleep arrangements.

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

- a) ensure sleeping children are monitored and checked at regular intervals, including checking their comfort and positioning while sleeping. Accurate records should be kept to support these arrangements,
- b) ensure the equipment used for sleeping reflects good practice guidance,
- c) review the use of buggies for sleep and ensure good infection prevention and control measures are adhered when outdoor equipment such as buggies and prams are used within the setting,
- d) record sufficient information about children's sleep times to ensure parents are correctly informed about their child's care.

This is to comply with Regulations 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: 'My care and support meet my needs and is right for me' (HSCS, 1.19) and 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS, 5.18).

### Areas for improvement

1. To effectively support children's health care needs, the provider should ensure children's medical needs are safely managed. This should include, but not be limited to, all staff working with children being aware of each child's medical condition and how these may present.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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) and 'Any treatment or intervention that I experience is safe and effective' (HSCS, 1.24).

2. To support the quality of children's play and learning experiences, improved approaches to planning for play and learning should be developed and implemented.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS, 1.25) and 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS, 1.31).

## How good is our setting?

### 2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children, we made several requirements for improvement.

### 2.2 Children experience high quality facilities

Children did not experience a consistently safe and comfortable environment because hazards and required maintenance issues had not been effectively addressed. These concerns had the potential to compromise children's safety. For example, heating equipment was ineffective and standalone heaters were not positioned safely. Other issues included a broken garden gate, tired decoration, and ineffective assessment of risks. The arrangements for monitoring maintenance and repairs in the setting were not sufficient to maintain children's safety and comfort. For example, during the inspection the garden had not been checked prior to children playing in it and slip hazards had not been identified and addressed. As a result of the inspection, the provider took some immediate action to address the heating concerns and some other issues. For example, they removed the stand-alone heaters and purchased new fixed heaters. The provider must ensure children always experience a safe and comfortable environment (see requirement 1).

A range of clutter and an excess number of buggies and prams made some areas of the service difficult to move around. This resulted in the potential for trips and falls and meant children's play spaces were restricted. The service must address storage to ensure children's space to play and relax is not compromised (see requirement 1).

Children's health, safety and wellbeing was compromised due to ineffective infection prevention and control practices. Staff did not always follow good practice guidance to minimise the spread of infection and promote a clean environment. Examples of ineffective practice included children not being supported to wash their hands before and after eating. Some staff did not wash their hands prior to preparing food or after wiping a child's nose. Floors were not always cleaned after mealtimes and when children's buggies had been present. As a result, children did not experience consistently clean and comfortable play spaces (see requirement 2).

Children lacked opportunities to relax and rest due to the lack of cosy, inviting spaces. More attention to detail was needed to ensure a more homely and welcoming environment is provided to children. For example, the baby room was sparse and had little soft furnishing to make it feel warm and cosy. Some furnishings such as mats and cushions were showing signs of wear and tear. The environment must be improved to ensure it is comfortable and welcoming (see area for improvement 1).

The environment did not effectively and sensitively support children's play and learning experiences. Toys, resources, and materials were not always well maintained. Staff did not use stimulating items to create interesting and inviting play spaces. While some core materials and toys such as paint, sand and building blocks were available, further work was needed to support children to have consistently positive and motivating play and learning experiences. Improvements should be made to ensure children have access to a range of stimulating play resources and developmentally appropriate spaces (see area for improvement 1).

## Requirements

1. By 31 January 2023, children must experience safe and comfortable environment.

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

- a) ensure effective and safe heating arrangements that promote comfortable temperatures and safety,
- b) ensure essential maintenance is carried out to fix the garden gate,
- c) develop effective quality assurance systems to manage the environment and prevent risks,



d) declutter the environment to ensure people can move safely around the spaces.

This is to comply with Regulations 4(1)(a) (Welfare of users) and Regulations 10(2)(c), (d) (Fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My environment is secure and safe (HSCS, 5.17). 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

2. By 03 February 2023, children must experience a clean environment and effective infection prevention and control measures must be implemented to promote their health and wellbeing.

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

- a) ensure all children and staff follow effective handwashing measures in line with good practice guidance,
- b) ensure effective cleaning arrangements are carried out to maintain a clean and safe environment,
- c) develop quality assurance systems for the management and monitoring of infection, prevention and control practices,
- d) improve the handwashing facilities for children and staff.

This is to comply with Regulations 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: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS, 4.11).

### Areas for improvement

1. To support children's play and learning experiences, the provider should improve the environments and the resources available to children. This would include but not be limited to; ensuring areas are appropriately resourced, developing cosy and comfortable spaces for children to relax and play, adding open-ended materials and ensuring resources reflect children's interests and that they are in a good condition.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials, (HSCS, 1.31) and 'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax' (HSCS, 5.6).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children, we made several requirements for improvement.

## 3.1 Quality assurance and improvement are led well

Most parents said they felt well informed about the service, which helped them to feel included in the life of the service. However, some parents said they were not always aware of staff changes and would like to be better informed about this. To ensure parents feel informed about their child's care the provider and manager should improve communication around staffing changes, including when relief staff are used in the service. Regular newsletters and parents' evenings supported parents to be included in their child's experiences and hear about their development and interests at nursery. For example, parents received photos about seasonal events that children had enjoyed taking part in.

Parents valued the small, family orientated nature of the service. One parent described the service as, "very personal" and said "(the service) does not feel as disconnected as some larger settings which have much more children. I feel the staff know my child personally".

Quality assurance systems were not robust or effective and as a result the quality of the service was weak. Inspection evidence highlighted many issues with the quality of the environment, the management of children's sessions and the overall quality of children's experiences. While the manager was aware of some of these concerns, little work was carried out to address areas for improvement. For example, the manager and provider acknowledged that the deployment of staff was not effective but had been unable to address this issue over time. Also, the manager was aware the quality of play experiences needed to improve but had not effectively developed ways to address this area for improvement. Quality assurance processes need to be established and embedded to help ensure children have a safe, comfortable, and engaging early years experience (see requirement 1 and requirements within, How good is our care, play and learning and How good is our setting?).

The service did not have clear improvement plan. Although some progress had been made since the last inspection, for example personal plans had been developed, overall, the quality of the service had not improved and in many areas children's experiences were less positive. To support the development of a culture of continuous improvement, the provider, manager and staff team should familiarise themselves with good practice guidance such as 'A quality framework for day care of children, childminding, and school-aged childcare' (Care Inspectorate, 2022) and use this to consider improvements. A clear and robust improvement plan should be developed to help address the concerns found during the inspection (see area for improvement 1).

## Requirements

1.  
By 03 February 2023, the provider must implement robust quality assurance processes covering key areas of practice.

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

- a) implement safety and wellbeing checks for environment,
- c) carry out monitoring of staff practice and deployment,

- d) carry out monitoring of children's care, play and learning experiences,
- e) ensure effective and realistic planning to address any issues found.

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

### Areas for improvement

1. To support the service to address required improvements, the provider should develop a clear and robust improvement plan.

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

## How good is our staff team?

### 2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children, we made several requirements for improvement.

#### 4.3 Staff deployment

The approach to staffing within the service was not outcome-focused and as a result children did not always experience nurturing care and support. Although, following the letter of serious concern the service maintained appropriate adult to child ratios; staffing levels and deployment did not always meet the varying needs of children. The approach to staffing and staff deployment must be addressed to ensure children experience high quality care and support that is right for them (see requirement 1).

Across the staff team and at key points in the day, there were gaps in the skills, knowledge and decision making needed from staff to promote high quality outcomes. For example, mealtimes were disorganised, and children did not receive the right levels of support to maintain their safety and wellbeing because staff became task focused. As evidenced in this report, some staff missed opportunities to follow safe infection, prevention and control practices, potentially compromising children's wellbeing. Improvements must be made to the mix and deployment of staff to ensure outcomes for children improve. The provider was actively recruiting staff, however, they must consider the current staff team's skills and knowledge in relation to the needs of children attending and address any areas of development (see requirement 1).

Staff had completed some training to support them in their role, but this was not having a significant impact on the quality of children's experiences. For example, staff had completed food hygiene training, but this was not resulting in them consistently following good practice in relation to the preparation of meals. This had the potential to compromise children's wellbeing (see area for improvement 1).

## Requirements

1. By 15 February 2023, the provider must improve the deployment and management of staff to ensure children are well supported.

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

- a) ensure staffing levels and staff deployment effectively support the children attending, taking account of the specific and changing needs of all children,
- b) develop a clear plan to address the gaps within the mix of staff skills, knowledge and decision making through effective learning and development opportunities,
- d) ensure play spaces are effectively and safely managed, with children having the right number of staff to consistently meet their needs.

This is to comply with Regulations 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulation 15(a) (Staffing) 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 which state that: 'My care and support meets my needs and is right for me' (HSCS, 1.19).

## Areas for improvement

1. To support children to experience consistently positive outcomes, the provider should support staff to access training and learning experiences based on the individual needs of each staff member, taking account of any gaps in their skills, knowledge and practice. This should include but not be limited to training and learning relating to, children's play and learning, infection prevention and control, children's wellbeing and improving environments.

This is to ensure 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 areas for improvement we made at or since the last inspection

## Areas for improvement

### Previous area for improvement 1

Personal plans should contain the information needed to support children's wellbeing, development and progress. The service should review information recorded in children's personal plans regularly to ensure it

remains accurate and meaningful. Children's progress and learning should be recorded as part of their personal plan to ensure they are making the best progress possible and their needs are being fully identified and met.

This is to ensure that the care and support is consistent with the Health and Social Care Standards which state: '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 1.14) and 'My needs as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

**This area for improvement was made on 10 November 2021.**

#### Action taken since then

Personal plans had been reviewed with parents. Updated information provided staff with key information that helped them get to know children and plan for their care. For many children the personal plan outlined their needs and the support strategies in place that could help them make progress. However, this was not consistent for all children. The manager and provider were aware further work was needed to outline support strategies for all children as needed, but overall the information in personal plans and the use of the service made of this information had improved.

#### Previous area for improvement 2

To effectively support and promote children's health care needs the service should ensure the management of medication is carried out in line with best practice guidance.

This is to ensure care and support is consistent with the Health and Social Care standards which state, '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) and 'Any treatment or intervention that I experience is safe and effective' (HSCS, 1.24).

**This area for improvement was made on 10 November 2021.**

#### Action taken since then

The service had followed good practice guidance in relation to the management of medication. Medication was stored safely and the information needed to keep children safe was available. However, we had some concerns about staff knowledge of children's medical needs. We have adjusted this area for improvement and restated it within this report.

#### Previous area for improvement 3

To support children's safety and comfort children's sleep arrangements should be reviewed and developed to ensure they consistently meet good practice guidance. The service should review their policy on safe sleeping in line with good practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21) and '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 10 November 2021.**

## Action taken since then

Concerns remained about the sleep arrangements for children. Overall, good practice to promote safe and comfortable sleeping was not being followed. As a result of enhanced concerns, we have made a requirement about children's sleep arrangements at this inspection.

## Previous area for improvement 4

The service should develop the environment and resources provided to enable children to have a rich and interesting play environment that promotes their learning and development.

This is to ensure care and support is consistent with the Health and Social Care standards which state, 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials (HSCS 1.32) and '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 10 November 2021.**

## Action taken since then

The environment did not enable children to have rich and interesting experiences. We have made requirements about the safety of the environment and further areas for improvement about the environment, resources and children's play experiences at this inspection.

## Previous area for improvement 5

To promote children's privacy and ensure effective infection control measures are in place; the service should improve the toilet arrangements for children in line with current best practice guidance.

This is to ensure care and support is consistent with the Health and Social Care standards which state, 'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS, 1.4) and 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS, 5.16).

**This area for improvement was made on 10 November 2021.**

## Action taken since then

Improvements had been made to the toilet arrangements. Additional doors had been fitted to support children's privacy and dignity and limit the spread of germs. We have agreed with the provider that we will continue to liaise with them about the most suitable options for toilets within the space the service operates from.

## Previous area for improvement 6

To improve outcomes for children the service must develop and embed an effective system of improvement planning and quality assurance. Self-evaluation processes should be implemented to support the overall development of the service. To support a cycle of continuous improvement the manager and staff team should develop their understanding and knowledge in relation to key good practice guidance relating to early learning and childcare and implement this within their work.

This is to ensure care and support is consistent with the Health & Social Care Standards which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent

quality assurance processes' (HSCS, 4.19) and '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 10 November 2021.**

#### Action taken since then

There were concerns about the quality of the service. Children were not experiencing consistently positive outcomes. There was no evidence of quality assurance systems supporting the quality of the service. A robust approach to improvement planning had not been implemented. Due to the concerns about the quality of the service and the outcomes for children, we have made a requirement about quality assurance processes and effective monitoring within the service. Improvements must be made in relation to quality assurance, including improvement planning and self-evaluation are led.

## 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
1.5 Effective transitions	2 - Weak
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
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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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।

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