

# Stompers Childcare Services Ltd Bridge of Don

## Day Care of Children

Campus 3  
Balgownie Science and Technology Park  
Balgownie Drive, Bridge of Don  
Aberdeen  
AB22 8GW

Telephone: 01224 478 997

**Type of inspection:**  
Unannounced

**Completed on:**  
5 May 2023

**Service provided by:**  
Stompers Childcare Services Limited

**Service provider number:**  
SP2013012131

**Service no:**  
CS2012310677

## About the service

Stompers Childcare Services Ltd Bridge of Don is situated in a large, detached building located in an industrial estate in Bridge of Don, Aberdeen.

The service is registered to provide a day care of children service to a maximum of 106 children at any one time from three months to those not yet attending primary school.

The nursery is located close to shops, green spaces and is accessible by public transport. Children are cared for in four playrooms, three of which have an upper level. Nappy changing and toilets are accessible for children in each room and a separate sleep room is available for babies. Children have direct access from each playroom into the large garden. The youngest children have a separate garden which is accessed directly from their playroom.

Children have access to a soft play area in the centre of the building, with supervision and support from staff.

## About the inspection

This was an unannounced inspection which took place between 09:00 and 18:00 hours on 27 April 2023 and 09:00 and 17:30 hours on 28 April 2023. The inspection was carried out by three inspectors from the Care Inspectorate.

We issued an improvement notice to the provider on 28 February 2023 due to significant concerns in relation to the children's health, welfare and safety needs. Detailed information can be found on the Care Inspectorate's website. We assessed compliance with the notice and have reported on this under 1.3: 'How good is our care, play and learning?' and 3.1: 'How good is our leadership?'.

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;
- reviewed feedback from 17 families;
- spoke to two families;
- spoke with staff and the manager;
- observed practice and children's experiences; and
- reviewed documents.

## Key messages

- We have carried out several support and monitoring visits to the service following the last inspection.
- Children's care and support was inconsistent across the service.
- Some improvements had been made to the environment to help provide safe and secure surroundings for children.
- Refurbishment of the building had started and was planned to continue to help create comfortable, a welcoming space for children.
- Quality assurance processes had been developed and were in the early stages. Further development was needed to impact positively on children's outcomes.
- Staff skills and knowledge were not sufficient to meet children's developmental and care needs.
- Insufficient management support resulted in gaps in leadership and lack of progress in development of the service.
- Children's needs were not fully met due to insufficient staffing and ineffective staff deployment.

## 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?	3 - Adequate
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 we identified some strengths, these were compromised by significant weaknesses.

### Quality indicator 1.1: Nurturing care and support

We issued an improvement notice to the provider on 28 February 2023 in relation to personal plans to support children's care, safety and wellbeing. Of the personal plans we sampled during the inspection, there was one in place for every child. The plans had been improved to capture more information about children's individual care and support needs. Staff had started to use this information to support children's health, welfare and safety needs. We therefore assessed that the provider had complied with this improvement.

Some personal plans lacked detail on how staff supported children's most up-to-date care needs, and parents had not been involved in agreeing this information. Personal plans now need to be developed further to support staff to consistently use information to promote positive outcomes for children. (See area for improvement 1).

We made a requirement at the previous inspection in relation to improving the mealtime experience. We assessed that children's safety and experiences at mealtimes had improved. Extra staff had been employed to support the lunch time experience and staff sat with children to supervise and support them. Staff demonstrated an understanding of choking prevention, and supporting children's with allergies and food preferences. Children were encouraged to be independent, serving themselves and helping to clear away. Transitions to meal and snack times at times were poor. Some children waited for lengthy periods for their snack and, on one occasion, there was not enough food for all of the children. The management team agreed to improve mealtimes to ensure children's dietary needs were met and they had a consistently positive experience. (See area for improvement 2).

Children experienced inconsistent interactions across the setting. Babies received care which was nurturing and respectful. We observed some nurturing interactions, such as children being cuddled and spoken to kindly. However, some staff missed opportunities for interacting with children and did not always pick up on their cues. This resulted in poor experiences for those children, when their requests for help and support were not met. (See area for improvement 3).

When children were supported with personal care, the interactions with staff were respectful of their privacy and dignity. At times, however, children's support needs were not recognised and acted upon. For example, a child needing support in the toilet was not noticed for over five minutes. As a result, they did not receive the support they needed. (See area for improvement 3).

Children's sleep routines were inconsistent across the service. Some children had to wait lengthy periods for staff to take them for a sleep, resulting in one child becoming upset. Management agreed to ensure that children were supported in their individual sleep routines. (See area for improvement 4).

We made a previous requirement in relation to child protection. We assessed that children's welfare was not fully protected by staff knowledge of child protection guidance and procedures. Most staff were knowledgeable of safeguarding and protecting children; however, not all lead staff were confident in how to progress any concerns. Some children's chronologies had missing information about key events in their

lives, resulting in potentially ineffective responses to child protection concerns. We have therefore restated this requirement and extended the timescale to 23 June 2023.

Children's wellbeing was promoted through the safe storage and administration of medication. We highlighted some minor issues around the recording of medication with the manager, who agreed to monitor medication records regularly and make the required improvements.

Families were welcomed into the service regularly. They enjoyed Stay and Play sessions and a sports day was planned. Parents spoke positively of being able to develop relationships with management and staff during drop off and collection times. One parent was invited to stay with their child over lunch time, helping them feel valued and respected.

### Quality indicator 1.3: Play and learning

Children's play opportunities were inconsistent across the service. Most children had fun; however, activities did not provide rich learning opportunities where children could engage their imagination and curiosity. Older children lacked challenge in their play and learning and staff missed opportunities to build on their interests. Staff lacked the skills to extend children's learning through high quality interactions. (See area for improvement 5).

Children's access to outdoors varied throughout their time in the service. Some children were able to access outdoors freely at certain times. In some rooms, staff found children's free flow to the garden difficult to manage safely, resulting in staff not always being aware of where all children were. Some children experienced dirty play surfaces and environment from mud being brought in on people's feet. Other children had to wait until staff took them outside. For some children, this was late in the afternoon, which limited their access to outdoors and opportunities for physical play and fresh air. The manager agreed to improve these experiences for children.

Children's opportunities to develop numeracy and literacy skills were limited. Some staff sang with children, encouraging language development. Other staff chatted with children; however, language was not always rich and meaningful and did not promote age appropriate vocabulary or understanding. Books and mark making materials were available; however, many of these were tired and uninspiring. Lack of variety in opportunities meant that learning was not relevant, personalised or sufficiently challenging for most children. (See area for improvement 5).

Children had few opportunities to be actively involved in planning and leading their play. Planning for children's learning did not provide stage and age appropriate strategies to effectively support them. For example, plans included the use of flash cards and word recognition to promote children's literacy awareness. Staff lacked detailed knowledge of child development to support appropriate strategies for promoting children's choice and individualised learning. (See area for improvement 5).

### Areas for improvement

1. To support children's wellbeing, learning and development needs, the provider should ensure staff use up to date, relevant information to support children's care. This should include, but not be limited to, the use of personal plans to consistently support children's current care and support needs.

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).

2. To support children's wellbeing, the provider should ensure that staff are responsive to children's needs, providing consistently positive experiences for children. This should include, but not be limited to, improving mealtimes to ensure children's dietary needs are met and they are not waiting for extended periods of time.

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

3. To support children's wellbeing, learning and development needs, the provider needs to ensure children receive appropriate nurturing interactions and support. This should include, but not be limited to:

- a) ensuring staff have the relevant knowledge, skills and attributes and effectively foster nurturing relationships with children; and
- b) ensuring effective monitoring of staff practice is in place to assess and improve children's experiences and outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

4. To support responsive and nurturing sleep experiences for children the provider needs to ensure staff are knowledgeable of safe sleep guidance and implement this in practice.

We signposted the service to the Scottish Cot Death Trust 'Reduce the Risks of Cot Death, Early Years Safe Sleeping Guide' guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

5. To support children's learning and development, the provider needs to ensure they experience consistently high-quality opportunities for play and learning. This should include, but not be limited to:

- a) providing opportunities for children to actively lead their play and learning;
- b) providing a balance of planned and spontaneous experiences that promote curiosity, choice and independence;
- c) ensuring children experience rich opportunities to develop literacy, numeracy and language skills; and
- d) ensuring staff have the skills and knowledge and promote enriched learning opportunities for children.

## How good is our setting?

## 3 - Adequate

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

We made an area for improvement at the last inspection in relation to providing an appropriate and safe environment for the children. All areas had been tidied and hazards removed to help provide safe surroundings for children. Staff had begun to develop areas such as cosy corners; however, this was inconsistent across the setting. The oldest children benefitted from a recently refurbished playroom, which

provided sufficient basis for further development. However, remaining areas were tired and poorly maintained. The provider advised that further improvements were planned throughout the service to upgrade the learning environment for all children. Children were provided with resources which did not sufficiently challenge them or extend their learning. Many resources were worn, poorly maintained and did not inspire curiosity, interest and imagination. Some work had begun on developing resources; however, further development was needed to provide all children with rich, open-ended play opportunities. Lack of attention to detail, such as a water tray containing an insufficient amount of water to facilitate play, and too few blocks in the construction area, limited children's enjoyment and learning. This area for improvement has not been met and remains in place.

When outdoors, children enjoyed the opportunity move around and play. A lack of high-quality, open-ended resources limited opportunities for children to explore and use this space to its full potential. This area was large and in need of development. The management team told us they were looking at ways to develop the outdoor area and improve children's play experiences.

We identified some issues with infection prevention and control. Improper disposal of PPE, potties not being thoroughly cleaned and disinfected, and dishes being stacked in sinks contributed to potential risks to children's health through cross infection. (See requirement 1).

## Requirements

1. By 2 June 2023, the provider must ensure the health and safety of children through effective infection prevention and control measures. To do this the provider must, at a minimum, ensure:

- a) staff are knowledgeable and competent in infection prevention and control guidance and procedures;
- b) staff follow infection prevention and control guidance and procedures; and
- c) quality assurance processes are in place to monitor the effectiveness of infection prevention and control practices.

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

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

## How good is our leadership?

**2 - Weak**

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

We issued an improvement notice to the provider on 28 February 2023 in relation to effective quality assurance processes being in place to ensure children's health, welfare and safety needs. We assessed that some quality assurance processes had been developed and implemented; however, these were in the early stages. For example, the manager's daily monitoring of the environment helped support staff's understanding of how to provide safe, secure surroundings for children. Some children were beginning to experience improved outcomes in their health, welfare and safety. Effective systems to audit and improve other areas of the service needed to be further developed. Monitoring of staff practice through supervision and appraisals was not regular and accident audits lacked detail of patterns, trends and action planning.

Further development was still needed to support staff practice and provide consistently positive outcomes for children. We have assessed that the improvement notice has not been complied with and have agreed an extension to the improvement notice to 2 June 2023.

Management were in the early stages of creating a shared vision with staff for the setting. We discussed the benefits of reviewing the setting's vision, values and aims with all stakeholders, to reflect the current aspirations of staff, parents and children.

An area for improvement was made at the last inspection in relation to involving children and parents in the development of the service. Families had some opportunities to provide feedback to the service. Parents told us they were able to give their opinions and make suggestions verbally during daily drop off and collection. Feedback slips from parents had also provided some ideas for improvements and staff should now consider how to gather children's views. Collecting feedback from all stakeholders needs to be formalised and embedded to ensure improvements are made to the service. This was still in the early stages and the area for improvement remains in place.

Staff were in the early stages of evaluating their practice. They had opportunities to discuss developments at regular team meetings. Management had only recently begun to minute these and we discussed the benefits of keeping a record of all team discussions to support ongoing improvements. Staff were aware of the Care Inspectorate's 'Quality framework for daycare of children, childminding and school-aged children'. We encouraged the use of this document to help evaluate all areas of practice. Management agreed to continue to develop robust self-evaluation processes to support ongoing improvements.

Improvement plans, which detailed realistic goals, were in place. The provider and manager must now ensure that they take action to improve the outcomes and experiences for children and families. The manager readily accepted improvement support offered by the Care Inspectorate and the local authority to support progression and improvements.

## How good is our staff team?

**2 - Weak**

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

Children's care and support was inconsistent across the setting. At times, although staff were aware of individual children's support needs, the lack of available staff meant they struggled to meet these. This resulted in poor outcomes for children. In one room, staff carried children from one activity to another, limiting their opportunities for choice and independence. Staff called across the rooms for children's attention and used language that was not developmentally appropriate. This limited the opportunities for children to develop confidence, independence, and emotional security. (See requirement 1).

Supervision of children was not effective across the service. Babies received appropriate support in a small group; however, older children lacked consistency and attention to detail in their care. In some rooms, transitions, such as pick up times, provided particular challenges, as staff were occupied getting children ready to leave. This resulted in children's needs for support going unnoticed. On one occasion, staff failed to notice and respond to a child's requests for help in the bathroom and another child drank out of the water tray unnoticed. Although staff numbers met the minimum ratios, this did not provide sufficient support to effectively meet all children's individual needs. (See requirement 1).

Transitions throughout the day were poorly managed. Staff were not deployed effectively to meet children's



needs at busy points in the day. These included before and after meals, sleep and collection times. Some staff chose to not to take breaks to help support children's needs at these times. We discussed this with management, who told us they were working on recruiting new staff to increase staff numbers and improve the deployment of staff throughout the service. This will help to help achieve consistently positive experiences for children.

Staff knowledge and skills to support positive outcomes for children was not consistent across the staff team. Some staff did not have sufficient knowledge of child development to effectively support children's learning. (See area for improvement 3 under 'How good is our care, play and learning?'). Other skills needed to fulfil their roles were inconsistent. For example, some staff reported that they were not confident in using the app on which registers were recorded. This led to information not always being readily available about which children were present. Staff development needs would be more easily identified with regular staff monitoring. (See requirement 1 in 3.1: 'Quality assurance and improvement are led well.').

Families benefitted from positive communication with staff when dropping off and collecting their children. Parents commented positively on the friendly staff, and we observed staff passing on relevant and helpful information about how children had spent their day. This helped provide parents with confidence in the care their children received.

Current management arrangements posed significant challenges to the effective running of the service. One manager was employed to lead a large service in need of significant improvement. Parents and staff spoke positively of the impact of the manager's employment in the role. However, although some improvements had been achieved, progress was slow and inconsistent.

We discussed this with the provider, and the manager told us that plans were in place to increase management support to help progress improvements and positively impact on children's outcomes and experiences. (See requirement 2).

## Requirements

1. By 2 June 2023, the provider must ensure that children are effectively supported and supervised in order to keep them safe. To do this, the provider must, at a minimum:

- a) ensure children's care and support is consistent and stable throughout the day;
- b) ensure staff communicate and work together effectively;
- c) ensure staff are flexible in their approach to meet children's requests for help and attention; and
- d) monitor staff practice and deployment and, where necessary, make improvements.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23); and 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. By 23 June 2023, the provider must ensure that effective management and leadership arrangements are in place to improve the service. To do this, the provider must, at a minimum:

- a) ensure managers and leaders are knowledgeable and competent in their role;

- b) ensure that an improvement plan is in place, which identifies the required actions and outcomes;
- c) ensure that all staff understand their role and are fully supported to undertake their responsibilities; and
- d) ensure sufficient management capacity is in place to improve the quality of the children and families' experiences and outcomes.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

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

### Requirements

#### Requirement 1

By 22 July 2022, the provider must ensure children's care, welfare and development needs are met by developing children's personal plans and ensuring staff use this information effectively. To do this, the provider must, at a minimum, ensure:

- a) personal plans set out children's current needs and how they will be met
- b) all staff are aware of and understand the information within the personal plans, including support strategies, and use this to effectively meet each child's needs
- c) personal plans are regularly reviewed and updated in partnership with parents
- d) chronologies are recorded accurately, include detail and action is taken promptly by staff, where needed, to protect children

This is to comply with Regulation 5(2)(a) and (b) (Personal plans) of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This requirement was made on 24 June 2022.**

#### Action taken on previous requirement

- a) Personal plans had been developed to include 'My story' information which highlighted key aspects of children's support needs and how these will be met. These could be further developed to fully support implementation of strategies to consistently meet children's needs.
- b) Staff used the information within the personal plans, including support strategies, where included, to meet each child's needs.
- c) Parents had not been involved in reviewing and updating personal plans.

d) Some chronologies were recorded accurately, including detail and actions to be taken promptly by staff, where needed, to protect children. However, some chronologies were missing entries of information known to staff that would support children's welfare.

## Met - outwith timescales

### Requirement 2

By 16 September 2022, the provider must ensure improved outcomes for children by implementing effective and robust quality assurance processes. To do this the provider must, at a minimum, ensure:

- a) regular, effective, and focused monitoring is carried out across the setting
- b) robust audits are developed and implemented, and any actions are addressed promptly
- c) clear and effective plans are developed to maintain and improve the service
- d) the management team effectively monitor the work of each member of staff and the service as a whole.

This is to comply with Regulation 3 Principles and Regulation 15 (a) and (b) Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) (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: '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 24 June 2022.**

### Action taken on previous requirement

- a) Regular, focused monitoring had been developed and implemented, resulting in improvements to children's health, safety and welfare. However, at times follow up actions had not been identified or actioned and some daily routines had yet to be monitored. This meant that children were not experiencing high quality care. Monitoring now needed to be further developed to ensure improvements are made throughout the service and at all times of the day.
- b) Environmental audits had been developed and were having a positive impact on outcomes for children. However other audits, such as accidents, did not identify patterns and actions to be followed up on. Further development of audits is needed.
- c) Action plans had been developed and implemented. These held realistic and achievable targets which had supported staff to begin to make positive changes to keep children safe.
- d) Observations of some staff practice have helped to inform improvements. Regular support and supervision was in the early stages of being implemented and was not yet positively impacting on outcomes for children.

Whilst some systems have been developed, they are not yet effective and having a positive impact on outcomes for children. The improvement notice, issued on 28 February 2023, required the provider to improve quality assurance processes. This requirement also relates to quality assurance. We will assess compliance at the next inspection.

This requirement has not been met and has been extended to 23 June 2023.

### Not met

## Requirement 3

By 16 September 2022, the provider must ensure children are safe and the service is effectively managed by ensuring the required notifications are made to the Care Inspectorate in line with guidance.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 24 June 2022.**

### Action taken on previous requirement

Improvements had been made to notification reporting to the Care Inspectorate.

This requirement has been met.

**Met - outwith timescales**

## Requirement 4

By 21 November 2022, the provider must ensure that children are safe and protected. To do this, the provider must at a minimum:

- a) ensure that there are clear, robust, and effective procedures in place where complaints or concerns are raised by families or others.
- b) ensure that procedures and relevant information is shared with families, staff and other agencies involved in the service.
- c) keep a record of any complaint or concern made, the investigation report, the outcome, and the actions taken.
- d) ensure that a thorough investigation is carried out and actions identified are addressed timeously.
- e) ensure that the complainant is provided with a detailed response with any actions to be taken within the required timescale.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 18 (Complaints) of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I use a service and organisation which is managed and well led.' (HSCS 4.23).

**This requirement was made on 17 November 2022.**

### Action taken on previous requirement

- a) The complaints policy had been updated to ensure clear procedures were in place for families or others to raise concerns.
- b) The complaints procedure is shared with families, staff and other agencies.
- c) Not fully assessed, as no complaints to the service had been received.
- d) Not fully assessed, as no complaints to the service had been received.

e) Not fully assessed, as no complaints to the service had been received.

This requirement has not been fully assessed and will be followed up at the next inspection.

This requirement has not been met and has been extended to 23 June 2023.

### Not assessed at this inspection

## Requirement 5

By 3 March 2023, the provider must ensure that children are safeguarded and protected from harm. To do this, the provider must, at a minimum ensure:

- a) staff with lead responsibility for child protection are competent, skilled and knowledgeable in relation to local and national child protection guidance relevant to their role
- b) staff apply their learning into practice.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state 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 requirement was made on 16 January 2023.**

### Action taken on previous requirement

Staff had attended child protection training and most were knowledgeable and confident in following procedures to keep children safe. However, lead professionals were not confident and did not have the relevant knowledge. We identified that staff did not fully understand the importance of chronologies to protect children. See section 1.1.

This requirement has not been met and has been extended to 23 June 2023.

### Not met

## Requirement 6

By 17 February 2023, the provider must ensure that children are safe and protected. To do this, the provider must, at a minimum ensure:

- a) a clear and robust absent child procedure is developed
- b) staff, including the management team are competent, skilled and knowledgeable in relation to the absent child procedure
- c) staff, including the management team, apply their learning to practice

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state 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 requirement was made on 16 January 2023.**

## Action taken on previous requirement

- a) A clear and robust absent child procedure had been developed and shared with staff.
- b) Staff we spoke with were confident and knowledgeable in relation to the absent child procedure.
- c) staff, including the management team, apply their learning to practice.

This requirement has been met.

**Met - within timescales**

## Requirement 7

By 10 April 2023, the provider must ensure they keep children safe at all times. To do this, the provider must, at a minimum:

- a) Ensure staff effectively supervise and support children at meal/snack times to keep them safe.
- b) Ensure the environment is safe and that children do not have access to potentially hazardous items.
- c) Ensure that staff are knowledgeable and competent in how to keep children safe and free from potential harm, including the risk of choking.
- d) Implement regular risk assessment and ensure that staff understand and implement these

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which 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 requirement was made on 6 April 2023.**

## Action taken on previous requirement

- a) Children were effectively supervised and supported children during meal times to keep them safe.
- b) Children were kept safe as they did not have access to potentially hazardous items.
- c) Staff were knowledgeable and competent in how to keep children safe and free from potential harm, including the risk of choking.
- d) Staff had been involved in risk assessing and had implemented the mitigations in their practice to help keep children safe.

This requirement has been met.

**Met - within timescales**

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

### Areas for improvement

#### Previous area for improvement 1

To enable all children to be cared for in an environment that meets their needs and supports them to reach their full potential, the manager and staff should as a minimum ensure:

- a) all children experience an environment that is welcoming, well furnished, comfortable, and homely
- b) play spaces offer a range of resources and materials to effectively challenge and stimulate children and reflect their current interests and curiosities, both indoors and outdoors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I 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 24 June 2022.**

#### Action taken since then

- a) Some children experienced improvements to the environment. For example, one room had been redecorated to create a welcoming and comfortable space. Other areas of the nursery had not yet been refurbished.
- b) Play spaces did not offer a range of resources and materials to effectively challenge and stimulate children and reflect their current interests and curiosities, both indoors and outdoors.

This area for improvement has not been met and remains in place.

#### Previous area for improvement 2

To support children and families to be meaningfully involved in developing the service, the manager and staff should seek regular feedback from them and use this to improve the quality of experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

**This area for improvement was made on 24 June 2022.**

#### Action taken since then

Some feedback from parents had been gathered and used to help inform improvements. This was in the early stages and the manager recognised that this needed to be further developed.

This area for improvement has not been met and remains in place.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.



## Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
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

## 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](http://www.careinspectorate.com)

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## 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

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