

Thrive Childcare and Education Happitots Thornliebank Day Care of Children

8 Spiersbridge Way
Spiersbridge Business Park
Thornliebank
Glasgow
G46 8NG

Telephone: 01416 381 910

Type of inspection:
Unannounced

Completed on:
27 April 2023

Service provided by:
Enchanted Forest Limited

Service provider number:
SP2010010955

Service no:
CS2010238287

About the service

Thrive Childcare and Education Happitots Thornliebank was registered with Care Inspectorate on 1 April 2011. The service is provided by Enchanted Forest Limited and is registered as a day care of children service to provide a service to a maximum of 103 children at any one time.

The conditions of registration are;

To provide a care service to a maximum of 103 children: 30 children under 2 years, 25 children 2 years to under 3 years and 48 children 3 years to those not yet attending primary school.

The service currently has partnership status with East Renfrewshire Council to provide commissioned places for some children.

About the inspection

This was an unannounced inspection which took place over two visits to the service on Monday 17 April 2023 and Wednesday 19 April 2023. In addition to onsite visits, we requested the service engaged in virtual inspection activity. Feedback was provided to the senior management team on Thursday 27 April 2023. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with people using the service during our visits and consulted 43 of their family representatives by Microsoft Forms survey
- spoke with all staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Some priority action is required by the provider to address the aspects of practice that compromise the safety and welfare of children identified throughout this report.
- Some staff were working hard to develop meaningful relationships with children.
- Inconsistent staffing arrangements meant there were times across the day that children's wellbeing was compromised, and their rights were not upheld.
- Medication processes must be improved to ensure children's safety is paramount.
- Personal plans should be improved to ensure they clearly identify what strategies are in place for children and where children require additional support, all staff should have an understanding of how to support identified needs.

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

Quality Indicator 1.1: Nurturing care and support

We evaluated this quality indicator as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses that impacted children's wellbeing and development.

Most children were cared for by staff who showed warm and caring approaches, which helped children feel welcome and supported positive relationships to form. Some parents spoke positively about the relationships their child had formed with staff. Comments made included; "The staff in the toddler room are so friendly, caring and nurturing. My child loves attending nursery because of them" and "Some of the staff do seem to really care for the children which is a positive".

We saw that some positive relationships with familiar staff helped children to feel comfortable and settled. We observed staff within the baby and tweenie playrooms implementing child led routines from home, which enabled young children to feel safe and secure. However, we observed that for children attending the two to three playroom children's sleep routines were not individual to each child. This resulted in the main large play space being unavailable for excessive periods and significantly limited play space for children who did not require to rest. The management team and staff should ensure all children's sleep routines are reflective of their individual needs and consider ways to offer calming, quiet spaces to rest whilst reducing disruption to play and learning.

We observed positive mealtime experiences for children attending the baby and tweenie playrooms, where staff sat with children and supported a relaxing and unhurried mealtime. However, we found that the approach to mealtimes was inconsistent. For children aged two years and over, staff support and supervision was limited and resulted in times where no staff were sitting with children. We saw that children's safety was compromised by children carrying hot meals, when other children were throwing objects within proximity of the lunch area. To ensure all mealtimes are safe, supportive, and nurturing management and staff should review snack and lunch routines and make the necessary improvements (area for improvement 1).

Further improvements must be made by staff when working closely with families and other professionals to provide effective support for children. Where children required additional support, we observed that staff were not implementing agreed multi agency support strategies to ensure children's needs could be met and we found that most children's personal plans had not been updated for some time or reviewed with parents, resulting in plans not reflecting children's current needs. Personal plans should be supported by and reflective of accurate assessments of risks and chronologies which provide a clear account of significant events in a child's life, the actions taken and support strategies in place. This will ensure all children receive the right support at the right time (requirement 1).

Medication was not consistently administered safely which had the potential to cause harm to children. We found that the recordings of administrations were not always shared with parents and that staff had accepted into the service and administered the first dose of a medication which had expired and were unaware of any potential adverse reactions. We also found that medication details were not shared promptly when children were transitioning to new playrooms. To ensure children are kept safe, the provider and management team must take priority action to review and improve the processes for administration of medication (requirement 2).

Quality Indicator 1.3: Play and Learning

We evaluated this quality indicator as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses that impacted children's wellbeing and development.

While some children enjoyed playing with their friends, we found that approaches to planning for play and learning were not consistently in place to support children's interests. This resulted in missed opportunities to support children to be meaningfully involved in leading their own play. Planning processes should be further improved in all playrooms to ensure they support children's interests and offer meaningful engagement, support and challenge (area for improvement 2).

There were no formal approaches in place to evaluate children's progress and achievements. Staff were not consistently using observations effectively to enable them to respond and plan appropriately to meet children's individual needs. The use of children's learning journals was inconsistent, and the quality of information shared with parents was variable. Staff would further benefit from undertaking training or self-directed study relating to effective observations of children and we sign posted them to Scottish Social Services Council resource, observing children available at <https://learn.sssc.uk.com/observing>.

Within the playrooms for children aged two years old and older, almost all play areas were under resourced and uninviting. Children had very few opportunities to explore sensory materials which would enable them to be active, curious, and creative. Children's play and learning was restricted as they did not experience a good range of materials that enhanced their play and resulted in children becoming bored, disengaged and displaying disruptive behaviours. Management and staff should improve the play and learning materials and experiences available to children (see area for improvement 1, within key question 2: How good is our setting?).

Requirements

1. By 30 June 2023, the provider must ensure that all children receive nurturing care and support that is right for them and which meets their needs. In order to achieve this, the provider must at a minimum:

- a) ensure personal plans are in place for all children attending the service
- b) ensure each child's personal plan reflects their current needs and sets out how these needs should be met
- c) ensure that plans are developed in partnership with parents and children (where appropriate) and are reviewed and evaluated at a minimum of six monthly intervals or sooner where required
- d) ensure that where children require additional support, their personal plans are supported by accurate assessments of risk and chronologies of significant events within the child's life
- e) ensure that when a significant event has occurred in a child's life, staff promptly implement strategies of support and review any assessments of risk in place
- f) ensure that where children have identified support strategies in place, all staff caring for those children have an understanding of how to meet children's individual needs and are skilled to implementing any strategies into practice.

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

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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. By 31 May 2023, the provider must ensure that medication is stored and administered safely and in line with Care Inspectorate's guidance, 'Management of medication in daycare of children and childminding services'. To do this, the provider must, at a minimum:

- a) ensure all medication is stored safely and in line with Care Inspectorate's guidance
- b) ensure medication parental permission and medication recording forms are consistently completed accurately
- c) ensure an audit of medication stored on the premises is completed and implemented as part of regular quality assurance arrangements
- d) review organisational procedures for safe administration of medication with all staff and arrange training for staff to ensure they can safely and competently administer medication because they are well trained and skilled to do so
- e) ensure that in the event of a medication error occurring, a robust investigation is carried out which determines the facts of the incident and identifies any planned actions to prevent reoccurrence
- f) ensure that where children require medication, and are transitioning to, from or within the setting, the transition records and medication documentation support staff caring for children to administer medication safely.

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

Areas for improvement

1. The provider, management and staff should review lunch time arrangements to ensure children have opportunities for high-quality social engagement and learning social skills in a calm and relaxed environment. The management team and staff should refer to NHS Health Scotland's guidance 'Setting the table, nutritional guidance and food standards for early years childcare providers in Scotland'.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35) and 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

2. To support children's wellbeing, learning and development, improvements should be made to the planning for play and learning processes. Children's ideas, wishes and interests should inform planned play

experiences and should be evident within the observation, assessment and planning cycle. The provider, manager and staff should ensure that information about children's development and learning is consistently recorded and shared with parents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported to achieve my potential in education' (HSCS 1.27) 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

Quality Indicator 2.2: Children experience high quality facilities

We evaluated this quality indicator as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses that impacted children's wellbeing and development.

Although the service employed a cleaner who completed daily cleaning tasks and cleaning schedules were in place to support playroom cleaning, we found that these measures were ineffective and did not promote a suitably clean environment for children. We observed that most door handles and handrails were sticky and within the playrooms for children aged two years old and over, play resources were unclean, some walls were stained with food waste and paint, and soft furnishings were worn and needed replaced. We asked that prompt action was taken to improve the overall cleanliness and presentation of the premise. On the second day of inspection, we found that some improvements had been made. However, we have asked that the provider and management team continue to improve and monitor the cleanliness and presentation of the premises and infection prevention and control practices to ensure a clean, safe environment for children (requirement 1).

Risk assessments were in place and had been regularly reviewed to support a safe environment for children. Arrangements were in place for maintenance and repairs within the setting, however, we found that there were areas within the service that required significant improvement and there were at times unnecessary delays to some items being repaired or replaced. For example, on the first day of our inspection we found that as the result of two damaged lights, the staircase leading to the garden was poorly lit and presented a risk to children's safety. We asked the management team to provide effective lighting and on the second day of our inspection we found that this had been improved. We have asked that where maintenance tasks are delayed, there is a process developed to support management to escalate tasks to ensure safe environments for children. We have asked the management team to develop a long term maintenance plan for the environment to ensure a comfortable and inviting space for children and families (requirement 1).

Whilst we recognise that the baby and tweenie playrooms were better equipped to provide fun play experiences for children, the overall nursery environment did not effectively support high quality play and learning for children. Staff did not use stimulating materials to create interesting and inviting play spaces. While some core materials such as water and playdough were available, further improvements were needed to support children to consistently have positive and motivating play and learning experiences. Improvements should be made to ensure children have access to a range of stimulating and developmentally appropriate play spaces at all times (Area for improvement 1).

Improving the quality of the outdoor play environment and the frequency of children's access to outdoors was an area for improvement made at the service last inspection in September 2022. Whilst we recognise plans were in place to improve the garden, at the time of this inspection there had been no significant

improvements made and we could not clearly evidence that children had daily access to outdoors. We have therefor repeated this area for improvement within this inspection report (area for improvement 2).

Requirements

1.

By 30 June 2023, the provider must ensure that children are cared for in a safe and hygienic environment. To do this, the provider must, at a minimum;

a) review with staff, the service procedures for routine and deep cleaning of the premises; including playrooms and play resources both indoors and outdoors. This will ensure staff understand what is expected of them

b) monitor staff infection, prevention and control practices. This should include but is not limited to; monitoring staff hand washing, food preparation and implementation of cleaning tasks

c) carry out a detailed audit, reviewing infection control practice across the service to ensure compliance with Health Protection Scotland guidance 'Infection Prevention and Control in Childcare Settings (Day care and childminding settings)'

d) develop a maintenance plan for the service considering both the indoor and outdoor environments. This should include but is not limited to; replacing or repairing damaged and worn playroom furniture items and play resources, replacing worn porous units within children's bathrooms, painting all playrooms and communal areas and a more robust and effective method of managing the temperature within the 2-3 small playroom and entrance spaces.

This is in order to comply with Regulation 4(1)(d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

This is to ensure that the environment is consistent with Health and Social Care Standard which states, "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

Areas for improvement

1. To ensure children receive uninterrupted high quality, developmentally appropriate play and learning experiences and experience positive interactions with staff, the management team should support staff to develop their skills, knowledge and understanding of inviting, stimulating play opportunities. To do this, the provider should, at a minimum:

a) arrange a programme of training to support staff to improve their knowledge and understanding of relevant early learning and childcare theory and practice. This should include but is not limited to Education Scotland's Realising the ambition: Being me, child development theory and how to effectively observe children and plan for children's play and learning experiences. This will ensure children receive responsive care and support from staff

b) improve the quantity and quality of play resources available to children to ensure they are provided with sufficient opportunities to engage meaningfully with their play and learning environments

c) ensure that staff, parents and visitors are not entering the tweenie room as an access route to other parts of the building. This will limit disruption to children's play and support their right to privacy

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) 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).

2. Management and staff should recognise that some children have a preference for learning outdoors and should minimise the barriers for children accessing the outdoor play space. Management and staff should also review and improve the quality of the outdoor garden space and should develop planning systems that include planning for daily outdoor play and learning experiences within the setting and beyond.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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, I play outdoors everyday and regularly explore a natural environment' (HSCS 1.32).

How good is our leadership?

2 - Weak

Quality Indicator 3.1: Quality assurance and improvement are led well

We evaluated this quality indicator as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses that impacted children's wellbeing and development.

The service had experienced changes in leadership and staffing since their last inspection and were at the early stages of their improvement journey. We suggested that the management team would benefit from revisiting their vision, values and aims for the service with all stakeholders to ensure this reflected shared aspirations for the service delivery.

Quality assurance processes had recently been reviewed and new systems developed. This had resulted in a new monitoring calendar being introduced and some monitoring of staff practice being undertaken. However, we found that these processes were at the early stages and were not yet resulting in positive improvements within the service or improved experiences and outcomes for children. Quality assurance processes should continue to be improved and embedded to ensure Inconsistencies in staff practice are fully identified and staff are sufficiently challenged to raise their standards which improves outcomes for children.

Self-evaluation processes were at early stages of supporting reflective practice. We found that the quality of reflections were variable and did not result in improvements in service delivery or improved outcomes for children and families. To support staffs understanding of self-evaluation and to ensure self-evaluation leads to improvements for children and families the team would benefit from implementing the use of a self-evaluation framework such as Care Inspectorate's Quality Framework for daycare of children, childminding and school-aged childcare, available at <https://hub.careinspectorate.com>.

Inspection evidence highlighted significant weaknesses within the service. This included; infection prevention and control practices, poorly managed medication processes and the overall quality of children's play and learning experiences and environments. Through internal and external auditing processes the provider and management team were aware of these concerns prior to our inspection, however, limited

action was taken. We would expect a leadership team with capacity and willingness to make improvements would act promptly where improvements are required.

As part of this inspection, we requested to review incident records for a medication incident which occurred in February 2023. We found that no investigation had been completed and therefore no actions were identified to prevent reoccurrence or to identify training needs for the staff team. We discussed with the management team the need to ensure an incident investigation is undertaken when a significant incident occurs which impacts on a child or staff members health, welfare or safety. To build the confidence and skills of the management team we have asked that a programme of training is implemented (area for improvement 1).

Areas for improvement

1.

The provider should Implement a plan to provide further support and training for the management team to ensure the manager and depute manager are provided with the opportunity to develop skills appropriate to their role and seek support and guidance where required. Training and support should include but is not limited to;

a) Scottish Social Services Council (SSSC) 23 things leadership

b) review of Care Inspectorate's 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'

c) overview of organisational procedures for undertaking internal investigations where staff or children's health, welfare or safety are compromised or at risk

This is to ensure that the management and leadership is consistent with the health and social care standards which state; "I use a service and organisation that are well led and managed" (HSCS 4.23).

How good is our staff team?

2 - Weak

Quality Indicator 4.3: Staff deployment

We evaluated this quality indicator as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses that impacted children's wellbeing and development.

As part of this inspection process we asked the management team to share a Microsoft forms questionnaire with all families using the service. We received 42 responses, with 86% of families agreeing that staff were nurturing and responsive to their child's needs. Comments made included; "The staff are amazing, lovely with the kids and you really get a sense that they love being with the kids", "Some Individual staff are very kind and caring" and "Staff in the baby room are excellent".

The senior management team told us that they had been experiencing significant challenges in recruiting and retaining staff and felt this was reflective of the national health and social care staffing crisis. We found that for a sustained period, the service had a high number of staff vacancies, and due to recruitment challenges, this had resulted in frequent temporary room closures which were communicated to families in advance. We found there was dependency on supply staff to enable the service to operate and maintain staff to child ratios, however, where possible the service sought consistency with supply staff. In attempt to

retain the current staff and recruit, the provider had reviewed staff working conditions and made some improvements.

Staff told us that they felt able to approach the management team with any concerns, and that they felt their well-being was supported. We observed some staff working well together and supporting each other. Newly recruited staff told us that they had been supported to feel welcome within the team, however, some could not identify knowledge gained during their induction process and were not clear on who to contact for ongoing support. The management team should improve their induction process to ensure new staff members are given opportunity to consolidate learning and have time to meet with their mentor to discuss their success and achievements or areas of practice to develop further. This will ensure staff are confident and competent within their role.

We discussed with the management team the need to develop an approach to staffing within the service that is more outcome focused. We observed that continuity of care was variable and compromised children's care, privacy, and dignity. For example, we observed that staff breaks were planned for during mealtimes, where higher levels of supervision were required and that children's personal care routines were not consistently carried out by staff who knew children well. Management and staff should review and improve staff deployment to ensure children are consistently supported by key people in their lives to ensure they receive care and support that meets their needs (area for improvement 1).

We observed gaps in the skills, knowledge and decision making needed from staff to promote high quality outcomes for children. Within the playrooms caring for children aged two years and older, most staff responded to children who approached them but did not often initiate conversations and interactions, resulting in numerous missed opportunities for engagement and relationship building. Management should continue to implement their planned programme of training for staff to ensure interactions with children are consistently positive and staff are skilled to pick up on children's cues for support or stimulation.

Areas for improvement

1. The provider should ensure that staff deployment provides the right mix of experience and depth of knowledge to meet children's needs. To achieve this, the provider must, at a minimum:

- a) ensure the deployment of staff takes account of the staff qualifications and skills and consider routines and activities of the day and children's individual care needs
- b) ensure staff deployment is consistent within all playrooms to ensure children can build relationships with key adults and to ensure personal care routines are supported by staff that know children well
- c) review the process for planning for staff breaks to ensure children's safety is prioritised during mealtimes

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I experience stability in my care and support from people who know my needs, choices, and wishes, even if there are changes in the organisation' (HSCS 4.15).

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

The provider, manager and staff, should ensure that all children have a detailed personal plan that sets out how their health, welfare and safety needs will be met. Personal plans should be developed in partnership with parents and should be reviewed and evaluated at a minimum of six monthly intervals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 area for improvement was made on 16 September 2022.

Action taken since then

We found that whilst all of the children we sampled did have a personal plan, these did not consistently identify their individual needs and in some instances had not been reviewed in line with current legislation. We now require the service to take action and have outlined personal planning as a requirement within this inspection report (see Key Question 1: How good is our care, pay and learning? requirement 1).

Previous area for improvement 2

Management and staff should recognise that some children have a preference for learning outdoors and should minimise the barriers for children accessing the outdoor play space. Management and staff should also review and improve the quality of the outdoor garden space and should develop planning systems that include planning for outdoor play and learning experiences beyond the setting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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, I play outdoors everyday and regularly explore a natural environment' (HSCS 1.32).

This area for improvement was made on 16 September 2022.

Action taken since then

Whilst we found that plans were in place for further development of the outdoor play spaces, we observed that the current outdoor facilities did not fully support children to explore high quality play and learning outdoors. In addition, we could not determine that children had consistent daily access outdoors and had regular planned quality experiences within their wider community. Therefore this area for improvement is not met and has been repeated within this inspection report.

Previous area for improvement 3

To ensure children receive quality early learning experiences the provider, manager and staff should ensure effective quality assurance systems are developed and implemented to improve outcomes for children. At a minimum, they should ensure;

a) Views are routinely sought from children, staff and parents on aspects of the service and that their views are used to inform improvement planning.

b) Self-evaluation processes are developed and include but are not limited to the introduction of formal systems that support reflective practice across the setting.

c) Monitoring of staff practice is routinely carried out and imbedded to identify strengths and any areas for further improvement.

This is in order 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 16 September 2022.

Action taken since then

We found that the current management team had reviewed the quality assurance systems and made some improvements. Management had consulted children, staff and parents in some aspects of service delivery, had started a process of monitoring staff practice and initiated some self-evaluation processes. Whilst we recognise this progress, these processes were not yet positively impacting on children's experiences.

This area for improvement is met, however, we have made suggestions within Key Question 3: How good is our leadership? on how processes should be further improved and should now be imbedded in to practice to support more positive outcomes for children and families.

Previous area for improvement 4

The management team should ensure that all staff working with children are suitably recruited, deployed throughout the setting in a way that meets the needs of children and are registered as appropriate with a regulator body. The management team should at a minimum;

a) Undertaking a regular audit of Scottish Social Service Council register to ensure all staff are appropriately registered.

b) Develop a policy and/or procedure to support the service decision making process when using supply and agency staff.

This is to ensure staffing is consistent with the Health and Social Care Standards (HSCS) which state; '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 16 September 2022.

Action taken since then

We found that the current management team had recently undertaken an audit of staff registration with the Scottish Social Service Council (SSSC). We reminded them that professional registrations should form a routine part of their auditing processes. We found that a policy had been developed to support management decision making in the deployment of agency and supply staff.

This area for improvement has been met, however, we have made a further area for improvement regarding improvements to staff deployment with Key Question 4: 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?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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