

Chatelherault Nursery School Day Care of Children

Avon Mill Cottage
(over Old Avon Bridge)
Old Avon Road
Hamilton
ML3 7UH

Telephone: 01698 283 027

Type of inspection:
Unannounced

Completed on:
25 August 2025

Service provided by:
Chatelherault Nursery School Limited

Service provider number:
SP2003001437

Service no:
CS2003006341

About the service

Chatelherault Nursery School is registered to provide care to a maximum of 30 children aged from birth to those not yet attending primary school. There are 45 children registered with the service. The service is in partnership with South Lanarkshire Council to provide early learning and childcare to children aged between three and five years. There were up to 24 children present on both days of inspection.

The service is provided by Chatelherault Nursery School Limited and operates from a semi-detached property in the Hamilton area of South Lanarkshire. Children have regular access to the secure garden area for active play in the fresh air.

About the inspection

This was an unannounced inspection which took place on Monday 18 August 2025 between 10:00 and 12:50. We continued the inspection on Wednesday 20 August 2025 between 08:50 and 17:45. We requested additional documentary evidence before giving inspection feedback to the management team on Monday 25 August 2025. Two representatives from the local authority early learning and childcare team were also in attendance. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- Spoke with some of the children using the service and reviewed survey responses from 24 parents, whose children attend the service.
- Spoke with the service provider, temporary manager and staff. We also reviewed survey responses from three staff.
- Observed practice and staff interactions with children.
- Reviewed documents.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning.

This included reviewing the following aspects:

- Staff deployment
- Safety of the physical environment, indoors and outdoors
- The quality of personal plans and how well children's needs are being met
- Children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- Children experienced warm and friendly interactions with almost all staff, which gave them a sense of belonging.
- Parents were very complimentary of the staff team, highlighting that they were satisfied with the quality of care and support their children received.
- The manager should continue to work with staff and families to consolidate children's personal plans, ensuring children have appropriate support for their care, development and progress.
- Most children were happily engaged in play of their choice. The resources offered supported them to follow their interests, and to achieve.
- Infection control measures and risk assessments should be meaningfully implemented to support children's health, safety and wellbeing.
- Children were potentially at risk of harm due to the significant gaps in the areas covered by quality assurance processes.
- A serious concern letter detailing requirements surrounding staff deployment was issued to the provider on 18 August 2025. Further details of this can be found within this report.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	3 - Adequate
How good is our setting?	2 - Weak
How good is our leadership?	3 - Adequate
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?

3 - Adequate

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

Quality Indicator 1.1: Nurturing care and support.

We observed that children experienced warm and friendly interactions from almost all staff. Staff knew children's personalities and home circumstances. They mostly responded appropriately to children's cues including when they needed a cuddle. This helped children feel reassured and supported their overall wellbeing. Staff were sometimes busy with other tasks which meant that, when children required support, they were not able to immediately respond to their needs. A consistently nurturing and responsive culture supports children to thrive and flourish.

Parents all agreed that they were involved in developing and reviewing their child's personal plan. Their comments included, "There is often a care plan given out that gets filled out at home and then handed back to the staff. It feels as though they are all fully invested in every child's care which is lovely to see". Parents commented positively about their involvement in children's personal plans, and staff had some awareness of children's needs, which supported children's wellbeing, learning and development. We made an area for improvement about personal plans in the last report and found at this inspection that some gaps in the information held about children remain and have reported on this under 'Actions taken on areas for improvement'. To ensure children's overall health, wellbeing, and safety needs are met and supported, information about children should be detailed and known to staff in order to provide the right support.

The service had engaged with the Care Inspectorate improvement team's programme on improving the mealtime experience for children. Embedding ideas from this were at an early stage of development. Children of all ages enjoyed homely snack experiences where they were able to self-serve, select their own portion size and where they sat at the table in social groups. Specific dietary needs were taken account of, such as halal. Lunchtime was a different experience for children. To relieve pressure on staff having to prepare lunches, the service provider had contracted an external caterer to provide children's lunches for a trial period. The first day of the trial was on the second day of our inspection. It was good practice that changes to the lunch routine were explained to older children, although this could have been done earlier in the day. Children experienced lengthy waiting times for lunch to arrive and be served by staff. During this time, we observed some children becoming restless. It also meant there were missed learning opportunities for children, such as the development of independence skills, as they had not been involved in preparation or serving their lunch. The service should continue to evaluate the lunchtime experience so that they can embed and sustain good practice.

Staff told us that they were aware of their responsibility to keep children safe when in their care. Comments included, "I am aware of the procedures to follow if I have any concerns about a child's wellbeing". This contributed to an environment where children were less vulnerable to harm.

We observed instances that compromised children's safety and wellbeing. For example, a bottle of paracetamol had been left on a shelf within children's reach and was only removed when we drew this to the attention of the manager. We were advised that the medication was due to be returned to the family. However, there was no accompanying paperwork to demonstrate that appropriate information about the medication had been recorded, when originally brought in.

Accurate record-keeping and appropriate storage of medication is essential to accountability within the management of children's medication. It ensures the health and safety of children in the setting (see area for improvement 1).

At our previous inspection, we found that children's registers were not being used as an effective tool to support children's safety, for example, ensuring all children are accounted for and helping maintain correct child-to-staff ratios. This continued to be the case, therefore we have noted areas to develop within the outstanding areas for improvement - 'What the service has done to meet any areas for improvement we made at or since the last inspection' at the end of this report.

Quality indicator 1.3: Play and learning.

Most children were happily engaged in play of their choice. The resources offered supported them to follow their interests, and lead their own learning. Children were having fun, particularly when engaging with friends in the outdoor area as they explored their natural world. For example, the mud kitchen included real life resources and children added to this by digging up earth and transporting water to make meals. One child said, "I'm making soup". Other children's comments about activities they enjoyed at nursery, included, "It's fun and lots of fun things to do and play with" and "I like the park and playing outside. The mud kitchen is my favourite! I like doing tasks with Mogo especially tricky puzzles".

There were some opportunities for children to engage in experiences to support the development of skills in literacy, numeracy and STEM (Science, Technology, Engineering and Maths). For example, books were available in keeping with children's interests, visual displays of printed numbers and environment print helped some children in number and letter recognition. We heard children using mathematical language in their play, such as the height of their block tower or how many cups they needed in the home corner. Staff sometimes used these opportunities to use questioning to extend children's thinking or offer more challenge. In the baby room staff frequently used singing to support children's language development through introducing new words in a fun way.

The outdoor play area had the advantage of providing naturally shaded areas that protected children from sunny or rainy weather. It also made an exciting area for children to explore and use their imagination to make dens or chat about, "where dinosaurs live". Some staff needed to be more confident about supporting children's risky play, particularly if modelling the benefits of this for less experienced staff. Risky play motivates children to be more active, developing gross motor skills as they test their balance, strength, and agility.

Displays within each playroom reminded staff about the adult role in supporting children's play and learning. Plans for children's activities throughout the term were also displayed, and staff were at an early stage of using trackers to measure children's individual progress. However, due to minimal staffing, there were missed opportunities to build on children's interests or extend their play. Children's experiences across the day were not effectively monitored and evaluated.

Staff had worked with the early year's specialist teacher from the local authority, to look at big book planning and should continue to embed this approach. It will enable children to talk about their learning and their interests, which will help develop their skills in reflection. In this way children will feel their perspective is listened to and valued.

Parents agreed that their children were involved in a range of opportunities and fun experiences to meet their individual needs and support their development. Their comments to us highlighted that their

children's learning and progress was shared with them. This happened either formally in reports, including an online learning platform, or informally at children's handover times.

This sometimes differed over the age group of children. Parents comments included, "Staff provide daily reports on activities and are always happy to chat and answer any questions" and "More communication from staff about what older children are doing day to day/learning opportunities". Working in partnership with parents strengthens the home-setting links, contributing to a consistent and supportive learning environment where children can achieve.

Areas for improvement

1. To support the health and wellbeing of children, the manager and staff should ensure that medication is stored and administered safely.

This is to ensure that medicine management practices are consistent with the Care Inspectorate guidance: 'Management of medication in daycare of children and childminding services' (December 2024).

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 because people have the necessary information and resources' (HSCS 4.27).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare or safety of children may be compromised.

Quality Indicator 2.2: Children experience high quality facilities.

Children benefitted from a comfortable, welcoming environment with plenty of fresh air, natural light and outdoor play experiences. Parents particularly appreciated the homely feel of the setting and the opportunities their children had to play outdoors. Their comments included, "The nursery is very homely and has a family feel to it" and "My sons love to play in the mud kitchen and with the outdoor toys. They regularly come home filthy from digging in the mud. I love that they have the opportunity to play in nature".

There were plans in place to develop the landscaping and drainage for the outdoor area. More time was needed for staff to evaluate how spaces were used and reflect on how improvements were embedded to support positive outcomes for children.

The service had made decluttering the indoor play spaces a priority. They had already made progress with this, making it easier for children to access resources to extend their play ideas. Children could move around freely without the potential of trip hazards. A hedge had been planted around the children's play park, which was adjacent to the driveway that provided families and visitors access to the service. This minimised the risk of children wandering from the park and leaving the service boundaries. However, on arrival for inspection we observed some immediate risks to children's safety that were not recorded. For example, main gates to driveway left open; back door left open giving children unaccompanied access to a stone staircase; absence of staffing contingency plan; paracetamol on hallway shelf within children's reach, nappy and waste disposal bags within children's reach in nappy changing room.

The door had been fixed by the time of our return visit, however, recording robust risk assessments were identified as an area for improvement in the last inspection report. It is therefore repeated as an area to develop within the outstanding areas for improvement - 'What the service has done to meet any areas for improvement we made at or since the last inspection' at the end of this report.

We highlighted an area that required immediate attention to ensure a safe outdoor environment for children. Parents, staff, and visitors' cars were parking or accessing areas that were close to where children played. There was a notice on the gate indicating that it was the entrance to private property but not advising that the gate should be kept closed. We observed the gate to be opened throughout the day. We have made an additional requirement for there to be a robust risk assessment, to manage how cars or the public access the grounds surrounding the service (see requirement 1).

Planned work to convert the children's cloakroom area to an adult toilet had still to be completed. The adult toilet was situated within the child nappy changing room and used by children, staff and visitors, which posed a risk of cross infection. The nappy changing unit was worn making it difficult to clean. We were advised that the child handwashing sink was only used for potty washing, however, there was no step for children to reach the adult handwashing sink, to enable effective hand hygiene. In the children's toilet cubicles, paper towel dispensers were not regularly replenished so that children could independently dry their hands. Children from the 2-5 room were reminded to wash their hands at appropriate times but were not always supervised in this task. Effective hand washing was particularly challenging for some younger children to achieve. Personal protective equipment (PPE, such as aprons and gloves) was worn by staff during children's personal care routines. However, we had to intervene to advise that this should be removed when leaving the food preparation and nappy changing areas. This is to prevent cross contamination and support the health and safety of everyone. Infection prevention and control measures were identified as an area for improvement in the last inspection report, and as there had been limited progress will be continued in a reworded area for improvement. (See area for improvement 1)

Requirements

1. By 17 October 2025, the provider must ensure children experience high quality facilities that support children to play outdoors in an environment that is safe and secure. To achieve this, the provider should ensure the gate to the driveway is kept closed.

This is to comply with Regulation 10 (2)(a)(d) (fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

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

Areas for improvement

1. Children's health and safety should be supported within an environment where the risk of cross infection is minimised through good hygiene practices. This should include but not be limited to ensuring:

a) Nappy changing facilities are provided separately from staff toilets

- b) All areas used by children are clean, hygienic and fit for purpose
- c) Staff support effective hand hygiene with children
- d) Staff are knowledgeable and competent about appropriate use of aprons and gloves.

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?

3 - Adequate

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

Quality Indicator 3.1: Quality assurance and improvement are led well.

The service was in partnership with South Lanarkshire Council and therefore had access to their improvement plan templates and support from the early education and childcare team, for its implementation. It was good practice that the improvement plan was informed by the action plan, which the management team had devised following the last inspection of the service. It was a positive step that there was a floorbook with photographic evidence of the improvement journey the setting was on. This made the information readily accessible to families, although the photo journal would have been strengthened by annotated evaluations. Extra notes would have helped everyone have a shared understanding of what the service was trying to achieve and what they still needed to do. It would also help demonstrate how the views of children and families had been listened to and valued within this process.

In our survey feedback, the majority of parents agreed or strongly agreed that they and their child were involved in a meaningful way to help develop the service. Two did not agree. Comments included, "Given development plan and asked for feedback. My child's interests are important to staff and they use these to engage her regularly". Involving parents in decisions about the setting contributed to them feeling respected and included.

Changes to the service management arrangements had resulted in insufficient capacity and skill to support a programme of continuous improvement. Although, there was a job profile for the temporary manager, this had not been shared within a formal induction process for them. Staff absences meant the manager was needed to maintain adult to child ratios within the playrooms, which left no time to familiarise themselves with their roles and responsibilities. As the service provider was also playroom committed, there was no one with management oversight of the setting, such as monitoring the safety and wellbeing of children and staff. We encouraged the service provider to ensure that the manager was supernumerary, so that they could focus on operational duties and quality assurance. Management oversight would include monitoring the deployment of staff at key times, such as when children are settling or making transitions. This would support children's safety and wellbeing. (See area for improvement 1)

Self-evaluation for improvement was at an early stage of development. One of the managers had participated in the Care Inspectorate's improvement programme. This programme aims to support settings to improve the quality of early learning and childcare, and meet the National Standard set by Scottish Government. It was too early for the learning from this to be embedded and impact on outcomes for children. Monitoring the robustness of children's personal plans was included in the quality assurance

calendar but had not been consistently completed. This would have ensured that children were receiving the right support at the right time. Policies were in the process of being updated but we asked that the management team ensure that these, and any information displayed about the setting, reflected current guidance and regulatory requirements. This would provide people with reassurance that the setting was following good practice, to ensure children's safety and wellbeing, and support their care learning and development.

There were other significant gaps in quality assurance processes, which potentially put children at risk of harm, and meant that none of the areas for improvement given at the last inspection had been met. For example, templates to monitor risk assessments and the management of medication had not been kept up-to-date. Plans to offer staff more support had not been implemented and there was no contingency plan for unexpected staff absence. On the first day of our inspection this had led to children experiencing inconsistent support. We acknowledged the intention to allocate staff champion roles to lead on areas of practice. Supporting staff to take a lead in themes they were passionate about would build their confidence in initiating change and to feel ownership of the setting's improvement journey.

At our previous inspection, we found that staff and children's confidential information was not always stored or managed securely. Some progress had been made by providing locked cupboards for safe storage. On our arrival for this inspection, there were several copies of partially completed children's care plans lying in the hallway, for parents to complete or update. Personal information was visible, which raised issues about respecting the confidentiality of families. The service renewed their membership of the Information Commissioner's Office (ICO). They should refer to ICO guidance, to help ensure arrangements for the storage of confidential information complies with general data protection requirements (GDPR).

At the last inspection, we made an area for improvement about quality assurance, which remains in place. This has been noted within the outstanding areas for improvement - 'What the service has done to meet any areas for improvement we made at or since the last inspection' at the end of this report. Effective quality assurance can impact on outcomes for children by ensuring a safe, nurturing environment with motivating play and learning experiences.

Areas for improvement

1. To support high quality outcomes for children and families, the service provider should develop and improve management oversight across all areas of the setting. This should include but is not limited to:

- a) Having a robust contingency plan in place to ensure children's needs are met.
- b) Ensuring that there is always appropriate and effective leadership of the service, to keep children safe and support their wellbeing
- c) Ensuring leaders are clear about their role and responsibility in relation to quality assurances.

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).

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. Without improvement as a matter of priority, the welfare or safety of children may be compromised.

Quality Indicator 4.3: Staff deployment.

All parents responding to our survey stated they had a good relationship with the staff caring for their child. Their comments included, "(Staff) are always friendly, supportive, and keep me well-informed, which gives me great confidence and reassurance" and "The nursery staff are all so welcoming and I know I can speak to any staff member regarding care, play or learning. I also know that all staff members know my child very well". Trusting relationships between families and staff can contribute to a nurturing environment where children feel secure.

As part of safe recruitment, the manager had begun to monitor staff registration with their professional body. However, we noted that this had not identified that one member of staff had not registered within the required three months of taking up employment, and another had let their registration lapse. Regulatory bodies responsible for the registration of staff help safeguard children by promoting high standards of staff conduct and practice. We were satisfied that these issues had begun to be addressed by the end of our inspection. There were also plans to employ a temporary member of staff, and once safely recruited, this would address short term staff absence. Some staff confirmed they had an induction when they started in the service, which included being allocated a mentor, and reflected the national induction resource. However, during our inspection, experienced staff did not have enough time to support newer colleagues or trainees. As a result, some staff lacked the guidance they needed to develop their skills and meet children's individual needs.

The service operated shift patterns for staff but staff did not sign in and out of their shift. Keeping a staff register would ensure management could account for who was in the building and keep everyone safe. When we arrived for inspection, we counted enough staff across the setting to meet minimum adult to child ratios. However, staff were not deployed effectively to meet the health and wellbeing needs of children attending. The staffing levels within the two to five playroom were not consistent with the expected minimum standards, to meet the individual needs of all children. Some children had limited opportunities for responsive care due to the number of staff available to respond to children's needs. For example, one member of staff took their lunch break in a playroom so that they could supervise a sleeping child. Staff were often task focused rather than child-led, meaning children requiring support did not receive this in a timely manner. We encouraged the provider to ensure staff were aware they could use the available walkie talkie radios to call for support when working alone with children.

As a result of the potential risks to children's safety, wellbeing and emotional security, we issued a serious concern letter to the provider on 18 August 2025. The letter outlined the immediate improvements to staffing levels we required the provider to make. This was to meet their duty to protect and support children effectively. (See section 'What the service has done to meet any requirements we made at or since the last inspection'). A further visit to the service was carried out on 20 August 2025 to evaluate whether improvements had been made. We evaluated that this requirement had been partially met, as we needed to be sure that effective staff deployment would be monitored and sustained. Effective levels of staff, who are known to children, can contribute to high quality outcomes for them. We have therefore made an area for improvement. (see area for improvement)

Staff spoke positively about support from the management team, which included their presence and visibility within the playrooms. They felt everyone worked well together. Respectful teamwork can contribute to an atmosphere of mutual trust where children feel confident about approaching staff for

support and reassurance. Staff comments included, "We have had days where we are short staffed but everyone does their best to meet every child's individual needs". Staff reflected informally together during their working day, however, there were few opportunities for professional discussions and learning that could influence positive change to outcomes for children and families. At the last inspection, we made an area for improvement about support for staff, which remains in place. This has been noted within the outstanding areas for improvement - 'What the service has done to meet any areas for improvement we made at or since the last inspection' at the end of this report.

Areas for improvement

1.
To consistently support children, and meet their health and wellbeing needs, the provider should ensure staff are effectively deployed across the setting at all times.

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

'My needs are met by the right number of people' (HSCS 3.15).

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

Requirements

Requirement 1

By 20 August 2025, the provider must ensure that the care and support needs of children are being effectively met. To do this, they must, at a minimum:

- a) Ensure staffing levels meet the individual health and wellbeing needs of children. Staffing levels must be safe and at least be consistent with the minimum standard.
- b) Ensure staff are effectively deployed across the setting to consistently support children, and meet their health and wellbeing needs.

This is in order to comply with:

Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210).

Part 3, Section 7(1) of the Health and Care (Staffing)(Scotland) Act 2019.

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

"My needs are met by the right number of people". (HSCS 3.15)

This requirement was made on 18 August 2025.

Action taken on previous requirement

The service provider responded to our request within 24 hours. A member of their own bank staff, known to children and families, was working within the setting. An additional member of staff had been recruited, which increased the number of available staff. Settling periods for some children had been postponed, while other children had reached an age that required lower staff ratios. There were less children attending the setting on our second day of inspection therefore, the urgency of this requirement in relation to part a) had been met. However, we have made an area for improvement related to part b) deployment of staff consistently supporting children under 'How good is our staff team?'

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 support children's wellbeing, learning and development, the management team should work with staff to consolidate approaches to personal planning. This should include, but is not limited to, recording children's needs, how they will be met and reviewing plans regularly with parents.

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

'My personal 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 2 April 2025.

Action taken since then

The service were continuing to implement South Lanarkshire Council's format for children's personal plans. Children's care plans were at different stages of completion and reviewed dependant on when they joined the service. There were different systems for learning journals, dependent on the age group of children. Older children had individual big books in paper copy, while younger children had an electronic journal. The electronic journal was used to share photographs of children's activities rather than an illustrated record of their learning and progress. Parents confirmed they had been fully involved in developing and reviewing their children's personal plan. However, more time was needed to consolidate and fully embed the new format of children's personal plans. Having access to all elements of children's personal plans will help staff support children's wellbeing, learning and development.

There were different types of information held, which made up a child's plan, such as registration information, electronic journals and daily routines. However, there remained gaps in the information held

about children, and some staff were unaware of what information was kept and where to find it. We acknowledge the time since the last inspection may have impacted on this being progressed. This area for improvement has been reported on within 'How good is our care, play and learning?' quality indicator 1.1 and will remain as not met.

Previous area for improvement 2

To ensure the safety and security of children at all times, the management team should ensure that accurate registers of children's attendance are maintained throughout the day.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14)

This area for improvement was made on 2 April 2025.

Action taken since then

Registers for children's attendance were available in the baby room and the 2-5 playroom but these were not accurate to support safe staffing. Not having transparent registers potentially made it difficult to safely account for children's presence and for the management team to make decisions about safe deployment of staff.

This area for improvement had not been fully met and has been reported on within 'How good is our care, play and learning?' quality indicator 1.1.

Previous area for improvement 3

To support children's health, safety and wellbeing, children should be cared for in a safe and secure environment, both indoors and outdoors. Robust risk assessments should be undertaken, and a record kept of action taken to mitigate risks to children.

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

'My environment is secure and safe' (HSCS 5.17); and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 2 April 2025.

Action taken since then

Risk assessments were displayed in different rooms/areas, however, these were turned toward the wall, which meant staff could not immediately see what the hazards might be or add any new ones themselves. The risk assessments had been signed by a manager but not dated to indicate whether they were still relevant.

This area for improvement had not been fully met and has been reported on within 'How good is our setting?' quality indicator 2.2.

Previous area for improvement 4

Children's health and safety should be supported within an environment where the risk of cross infection is minimised through good hygiene practices. This should include but not be limited to:

- a) Ensuring all areas and resources used by children are clean, hygienic and fit for purpose.
- b) Ensuring staff model and support effective hand hygiene with children.

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

'My environment is secure and safe' (HSCS 5.19); and

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'. (HSCS 5.24)

This area for improvement was made on 2 April 2025.

Action taken since then

Progress within this area for improvement had been limited, therefore a new area for improvement has been created under 'How good is our setting?' quality indicator 2.2.

Previous area for improvement 5

To support high quality outcomes for children and families, the service provider and manager should streamline their quality assurance processes, including for monitoring and evaluating the service. This should include, but not be limited to updating policies and procedures in line with policy and good practice guidelines.

For example: monitoring children's personal plans and medication, risk assessments, secure storage of confidential information, staff practice.

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); and

'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 2 April 2025.

Action taken since then

We recognised that a range of processes had been introduced to support quality assurance of the service. These included a monitoring calendar, policy updates, risk assessment records, staff support arrangements. Quality assurance processes had not yet led to sustained improvement. We acknowledge the time since the last inspection may have impacted on this being progressed.

This area for improvement had not been fully met and has been reported on within 'How good is our leadership?' quality indicator 3.1.

Previous area for improvement 6

To fully support positive outcomes for children, the service provider should plan for staff to participate in continuous professional development that meets the individual needs of children and service improvement priorities. This should include regular formal support and supervision and full team meetings, which enable staff to develop and improve through reflective practice.

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); 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 2 April 2025.

Action taken since then

Systems to support staff continuous professional development had been introduced although not fully implemented. For example, staff meetings, training and annual appraisals. One member of staff shared training they had already participated in and what was planned. This had the potential to impact positively on the quality of children's experiences. We observed that the trainee was not being sufficiently mentored in areas of their practice, particularly infection prevention and control, which potentially could impact on the health and safety of children.

This area for improvement had not been fully met and has been reported on within 'How good is our staff team?' quality indicator 4.3.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	4 - Good
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

To find out more

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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

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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।

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