

Mid Gavin Nursery Day Care of Children

Mid Gavin Lodge
Beith Road
Howwood
Johnstone
PA9 1DL

Telephone: 01505 843 953

Type of inspection:
Unannounced

Completed on:
8 January 2026

Service provided by:
Mid Gavin Nursery Limited

Service provider number:
SP2009010310

Service no:
CS2009195007

About the service

Mid Gavin Nursery is a daycare of children service located in the rural area of Howwood in Renfrewshire. It is close to green spaces, local village shops and amenities.

The service is registered to care for 21 children aged from zero up to two years of age, 25 children aged from two to three years of age, and 64 children aged from three years of age to not yet attending school. During the inspection, there were 45 children attending on the first day, and 41 on the second day.

Within the main building, children are cared for across four playrooms. They have access to three outdoor spaces. There is an additional building with a staff space and play spaces to support children's physical health and wellbeing.

About the inspection

This was an unannounced inspection which took place on 7 and 8 January 2025. The inspection was carried out by three inspectors from the Care Inspectorate. This included an inspector from the complaints team who followed up on previous areas for improvement and requirements made during previous complaint investigations.

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
- spoke with families of the children using the service
- spoke with staff, management and the provider
- reviewed 30 completed questionnaires from staff and families
- observed practice and daily life
- 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.

Key messages

- Staff were kind, caring and nurturing in their approach to caring for children.
- Children benefitted from personal planning processes that supported their needs.
- Children's experiences were supported through improved planning approaches that promoted their play, learning and development.
- Children's wellbeing and safety were supported through improved child protection, safeguarding, and whistle blowing procedures.
- Children's medication was stored and administered safely, supporting their health and wellbeing.
- The staff team worked well together to ensure children had a positive experience at the service.
- Outdoor areas needed to be safe and secure to support children's safety.
- Staff deployment needed to improve to provide consistency in meeting children's needs.
- Quality assurance processes, including mentoring, needed to improve to ensure consistent positive outcomes for children.

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

Leadership	3 - Satisfactory / Adequate
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Children are supported to achieve	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

Leadership 3 - Satisfactory / Adequate

Quality indicator: Leadership and management of staff and resources.

We evaluated this quality indicator as satisfactory/adequate, where strengths just outweighed the weaknesses.

The service's vision, values, and aims had been in place for over two years and were originally agreed in partnership with children, families and staff. Management informed us that they planned to review these, as they have not been updated recently. We agreed this would be valuable to ensure the vision, values, and aims are ambitious, and reflective of the aspirations of all children, staff, families, and the local community.

Self-evaluation was at an early stage. Children and staff views were gathered through daily interactions, team meetings, and questionnaires. This had helped the staff team begin to identify what was working well and what required improvement. To support a culture of continuous improvement, management should analyse these views, agree on actions, and provide meaningful feedback to children and staff on how these actions have led to change.

An improvement plan and a quality assurance calendar were in place to support planned improvements, monitoring and auditing practices. Some monitoring had already taken place, including medication audits, accident and incident audits, and environmental audits. While some of this monitoring was at an early stage, it was beginning to have a positive impact on practice. For example, medication was stored and administered safely. However, the pace of change was slow in some areas, such as staff deployment. The manager should ensure that monitoring of staff deployment and practice continues regularly and effectively to make sure all children's needs are met throughout the day.

Staff were recruited safely, with appropriate pre-employment checks completed before starting their roles. New staff were supported through an induction process linked to Scottish Government guidance 'National Induction Resource', promoting children's safety and ensuring a shared understanding of goals to achieve positive outcomes for children and families.

Staff caring for children were registered with the Scottish Social Services Council (SSSC), which promotes high standards of conduct and practice and supports professional development. Some staff were working towards their Scottish vocational qualifications (SVQ) to meet registration conditions. At a previous inspection, we identified an area for improvement around quality assurance for mentoring and supporting modern apprentices. While some progress has been made, this area for improvement remains in place. See section: 'What the service has done to meet any areas for improvement we made at or since the last inspection' for more information.

Quality indicator: Staff skills, knowledge, values and deployment.

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

Staff demonstrated a growing understanding of child development, evident through nurturing and supportive interactions. They were mindful of children's rights and used nurturing approaches. For example, we observed practice that strongly upheld children's right to privacy, dignity and choice through

their personal care. Staff took time to chat with children and ask their permission in a sensitive way to support their routines at sleep times, and when they needed their clothes and nappies changed. This supported positive outcomes for children related to their wellbeing and development.

Staff had access to a wide range of professional learning opportunities and completed training such as child protection, stages of early arithmetical learning (SEAL), and schematic play. Some of this training had a positive impact; for example, staff were knowledgeable about child protection procedures and whistleblowing, meaning they knew what to do if they needed to raise concerns about a child. This supported children's safety and wellbeing.

Staff and management worked well with local authority teaching staff and development officers. They valued their input and used their feedback to plan improvements to practice. This resulted in positive outcomes for children, such as enhancements to the environment and lunchtime experiences.

The staff team were kind, caring, and worked well together. They were respectful in their interactions with children and each other. Almost all of the staff team commented positively on the support they received from management. One person said, "My wellbeing needs are consistently recognised and supported by the leadership team. Leaders take an active interest in ensuring that staff feel valued, listened to and supported." We observed positive relationships between, management, staff and children. Most parents who provided feedback spoke positively about staff. One person said, "The staff are always very outgoing and thorough at pick up and drop off. They are very approachable and will contact you if they need to update you on anything throughout the day." This teamworking approach supported positive relationships and ensured children had a positive experience at the service.

There was a mix of experience, knowledge, and skills across the team. The manager had deployed staff well most of the time across playrooms to ensure a balanced approach that supported children's needs. We acknowledge the service had faced some staffing recruitment and retention issues, although stabilising recruitment was ongoing. Some parents who provided feedback commented on this. One person said, "Staff turnover was once an issue, but this appears to have settled for a period of time which is good for the children. The staff really make this service work and a special place for the children to come to learn in a safe and friendly environment." Another person said, "Some mornings can be very busy, but I have previously witnessed staff calling management to ask for a helping hand as they go over numbers." At the previous inspection, we identified an area for improvement to support a more outcome-focused approach to staff deployment. While some progress has been made, this area for improvement remains in place. See section: 'What the service has done to meet any areas for improvement we made at or since the last inspection' for more information.

Children thrive and develop in quality spaces

3 - Satisfactory / Adequate

Quality indicator: Children experience high quality spaces.

We evaluated this quality indicator as satisfactory/adequate, where strengths just outweighed the weaknesses.

Spaces were freshly decorated and homely, featuring soft lighting and natural tones. Some areas had been upgraded with new flooring and furniture, helping children feel valued. Additionally, the rooms were appropriately heated and ventilated to support children's wellbeing and comfort.

The entrance area contained important information for families. Family photos displayed within playrooms helped children feel seen and included. This supported a welcoming and inclusive environment for children and families.

Staff had audited the environment and agreed on some new resources. Overall, children had access to a wide range of materials to support their play and learning. The environment supported most children to lead their own play and learning and make decisions independently. In one playroom, resources were initially lacking, and we shared this with management, who agreed to follow up with staff. By the second day, the room was better resourced and, as a result, children were more engaged in their play.

Children benefitted from a well-maintained service. All parents who provided feedback agreed or strongly agreed with the following statement: "My child is cared for in a safe, secure and well-maintained environment." One person said, "The nursery have an onsite janitor who you see regularly doing maintenance around the rooms, building and gardens." A review of maintenance logs, confirmed that reported repairs were addressed swiftly, supporting a safe environment for children.

Most of the time, satisfactory infection prevention and control measures were in place. For example, the building was clean, laundry was managed well, and children's and staff practiced effective handwashing prior to eating and after visiting the outdoors and toilet facilities. However, ventilation in the baby room changing area required maintenance, and handwashing practices were inconsistent after children ate. We highlighted these issues to the manager, who confirmed they would take prompt action through maintenance and staff communication. This was a positive step toward ensuring children benefit from robust infection prevention and control practices.

At the previous inspection, we made an area for improvement to ensure children were cared for in a safe environment. During this inspection, we noted that recorded risk assessments had not all been reviewed and some did not accurately reflect identified hazards or mitigation measures to keep children safe. For example, the perimeter garden fence was very low on one side and could be easily climbed by a child. This was not recorded in any risk assessment. The area over the fence was green space that included a small stream, which posed potential risk. We also observed that staff were not always following agreed control measures to keep children safe. For instance, outdoor play areas were not gritted when icy as detailed within the recorded risk assessment. This meant staff were not always clear of the safety measures needed to keep children safe. This had potential to put children and staff at risk of accidents or injury. Therefore, we have made a new area for improvement that is more specific, to ensure children benefit from a safe environment both indoors and outdoors (see area for improvement 1).

The use of closed-circuit television (CCTV) was fair, proportionate, and safeguarded children's dignity. It was only used for purposes that supported safe, effective, and compassionate care. The CCTV policy clearly outlined its use. Children's sensitive and personal information was securely stored in locked cabinets, accessible only to staff who required it to support care. We concluded that information was managed and stored appropriately.

Areas for improvement

1. To support children's health, wellbeing and safety, the provider should ensure children are cared for in a safe environment. This should include, but not be limited to, identifying and responding to particular risks within the outdoor areas.

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).

Children play and learn 4 - Good

Quality indicator: Playing, learning and developing.

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children had the opportunity to lead their own play and learning, with staff giving them space, time and support when needed. This supported children's right to play, independence, and choices.

Almost all children had access to a range of experiences across each play space. These included making bread, listening to stories and rhymes, exploring playdough, enjoying music, using sensory light materials, and engaging in block play. Staff actively supported children during their play. For example, they danced and sang along with them. This meant children experienced a variety of learning opportunities through play while having fun.

Children enjoyed spending time outdoors. The outdoor area offered a wide range of spaces and showed potential for challenging and risky play, such as climbing apparatus, mud kitchen and green spaces. However, children only accessed the garden at set times during the day. Additionally, some areas of the garden were temporarily unavailable for children to use as a result of broken equipment and icy weather conditions. We discussed with management the opportunities to maximise children's time outdoors to promote their health, wellbeing and development. The manager agreed and assured us that they would review and prioritise repairs to support children to access outdoor play more frequently.

Staff supported children's literacy and numeracy through daily interactions, such as singing and modelling language to extend vocabulary.

Planning for younger children was based on their interests, with staff using their understanding of child development to meet individual needs. For older children, planning combined responsive and intentional approaches, linked to interests and developmental stages. This supported children's overall development.

Planning was informed by some best practice guidance and approaches, including schematic play, Scottish government guidance, 'Curriculum for Excellence', and 'Realising the Ambition'. Staff had undertaken training to support this approach. They were at the early stages of implementing learning from the training. We agreed it had potential to further strengthen play and learning experiences.

Individual learning was recorded in online journals, with observations and photographs shared to keep parents informed. Overall, staff skills in observation were inconsistent. While most observations highlighted children's achievements and next steps, some were brief and did not capture significant learning. This meant that for some children, their learning needs and progress within them were not always identified or tracked to support their ongoing development.

Quality indicator: Nurturing care and support.

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Staff had developed positive, nurturing relationships with children, families, and each other. Children benefitted from kind, caring staff who supported their wellbeing effectively. Staff knew children well. For children requiring additional support, staff used sensitive interactions and prompts such as visual flashcards or cuddles to offer reassurance. This supported children's wellbeing, development and ability to communicate their needs.

Mealtimes were calm and promoted independence. Children self-served, and staff sat with them to engage in conversation. Children's food choices were nutritious and well-balanced. Staff were aware of allergies and catered for these appropriately, supporting children's health and safety. Very young children were closely supervised during meals, with staff sitting at eye level to provide a nurturing and safe experience. Transitions to mealtimes were busy and stressful for some children. Better staff deployment would allow for staff to meet children's changing needs during mealtimes and the transition times around them. We have reinstated a previous area for improvement to support this. Please see section: What the service has done to meet any areas for improvement we made at or since the last inspection.

Transitions between home and nursery were based on children's needs and were paced to meet these. Staff took time to support children and parents in this process. Transition records were completed to support positive transition experiences and share information.

All children had a personal plan developed in partnership with families, supporting a shared understanding of individual needs. Plans were reviewed and updated at least every six months, or sooner when required, ensuring information remained current. Plans included care details, all about me information, chronologies of significant events, and progress reviews. For older children, strategies and next steps were clearly and consistently recorded, but for younger children these could be further strengthened to support children's progression.

Previously, parent reviews had taken place to discuss children's development, update personal plans and share their progress. Management told us they planned to reintroduce these to support staff to meet children's needs and keep families informed. When we asked families what could make the service better, some parents asked for increased communication about their children's learning and experiences. One person said, "Communication of child's day within nursery, more suitable platform for recording child's meals/sleeps/nappies/development/daily activities." Another said, "Communication and one to one's with parents. His learning journal was not updated very often and then all of a sudden all these backdated moments would appear, meaning I missed the opportunity to discuss these moments with my son at the time." The management should continue with their plans to share regular updates on the app and invite families to meet and discuss children progress and development.

Families had been welcomed into the setting for some stay and play sessions and nursery events, including parties, which supported engagement and positive relationships. Some staff had undertaken training in schematic play, and some families were invited to attend stay and play sessions to learn more about this approach and how it supported their child's development. Families were welcomed into rooms at the start and end of each session, where they chatted with staff, creating a warm and inclusive environment. This

helped families feel involved and welcomed, which supported positive attachments and strong partnerships with staff, benefitting children's wellbeing and sense of security.

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

Requirements

Requirement 1

By the 12 December 2025, the provider must ensure that robust systems are in place to maintain children's safety and wellbeing through effective supervision and staff deployment. To achieve this, the provider must, at a minimum:

- a) review and strengthen staff practices so that children are always appropriately supervised and accounted for throughout the day
- b) deploy staff effectively across all areas to maintain continuous supervision and promptly meet children's needs
- c) carry out regular monitoring and direct observation of supervision practices to ensure improvements are embedded and sustained, and that the outcomes of monitoring are evaluated and used to evidence that improvements are effective in keeping children safe, with prompt action taken where further improvement is required.

This is in order to comply with:

Health and Social Care Standard 3.14: 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.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 6 October 2025.

Action taken on previous requirement

Staff accurately accounted for children throughout the day by completing regular headcounts, maintaining registers and using whiteboard tracking systems. They communicated effectively as children moved across the service, received support, and arrived or left with family members at the start and end of sessions. Observations confirmed mostly positive staff interactions and generally effective deployment across the service.

During mealtimes on the first day of inspection, children in the two to three year old room did not consistently benefit from outcome-focused staff deployment. Staffing pressures at this time reduced the quality of interactions and limited staff capacity to fully meet all children's needs. This issue was raised with the manager, who responded promptly by deploying additional staff to the room. By the second day, staff in this room had agreed and implemented a more outcome focused approach to deployment during mealtimes, resulting in improved interactions and increased support for children.

Management monitoring of staff deployment was not consistently evident, which limited assurance that improvements were being sustained over time. While some progress was observed, further work was required to embed robust monitoring systems and ensure staff deployment consistently met children's needs across the whole service. Therefore, some parts of the requirement have been met and an area for improvement remains to address any outstanding issues. See section: 'What the service has done to meet any areas for improvement we made at or since the last inspection', previous area for improvement 7.

Met - within timescales

Requirement 2

By 30 October 2025, the provider must ensure that children are protected from potentially harmful behaviours. In order to achieve this, the provider must, at a minimum ensure that:

- a) clear systems are in place for staff raising concerns, with effective whistleblowing procedures in place
- b) all staff can confidently and competently demonstrate they are able to follow policies and procedures and implement them without delay, including whistleblowing and reporting child protection concerns
- c) the senior management team have robust systems in place for observing and monitoring staff practice.

This is in order to comply with:

Health and Social Care Standard 3.9: I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 28 July 2025.

Action taken on previous requirement

The provider had reviewed and updated child protection and whistleblowing policies and delivered annual refresher training for staff. Observations and discussions confirmed that staff clearly understood how to report concerns, including those related to whistleblowing. This supported staff to act confidently and appropriately in relation to child protection and safeguarding procedures.

These improvements strengthened safeguarding practice and promoted a culture in which staff felt confident to raise concerns. This helped keep children safe and protected from harm.

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 the safety and wellbeing of children using the service, the provider should ensure that any safety measures put in place are effective. This should include, but not be limited to: evaluation of the current safety gates to confirm they are appropriate for their intended purpose; introduction of regular monitoring to ensure safety measures are effective in keeping children safe.

This is in order to comply with:

Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

This area for improvement was made on 6 October 2025.

Action taken since then

The provider reviewed safety gate protocols, introduced daily checks and consistently recorded any required remedial actions. This included reflecting on and reviewing whether safety gates remained appropriate for their intended purpose. These actions strengthened environmental safety and reduced potential risks to children.

The provider and manager should continue to monitor the use and suitability of safety gates as children's needs and developmental stages change, to ensure arrangements remain effective over time.

Additionally, during this inspection we identified some areas where children's safety could be better promoted within the outdoor area. We have made a new separate area for improvement in relation to this. Please see section: 'Children thrive and develop in quality spaces' of this report for more information.

This area for improvement has been met.

Previous area for improvement 2

To support the safety and wellbeing of children using the service, communication with parents should be strengthened to ensure they are promptly informed of any accidents involving their child. The manager should continue to monitor staff practice to ensure accident and incident reporting procedures are consistently followed.

This is in order to comply with:

Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

This area for improvement was made on 6 October 2025.

Action taken since then

Through review of records and discussions with staff, accident and incident reporting procedures were found to be consistently followed. Accident and incident audits had been undertaken and were used effectively to identify trends and inform preventative measures. Staff demonstrated a clear understanding of reporting protocols, and parents were promptly and appropriately informed when accidents occurred.

These arrangements supported children's wellbeing and promoted transparency and trust with families.

This area for improvement has been met.

Previous area for improvement 3

To ensure that there is a culture of continuous improvement both as a service and for individual staff, the provider should ensure that robust quality assurance systems are in place. This should include but is not limited to robust and transparent quality assurance systems for the monitoring and auditing of mentor support and practice for trainees.

This is in order to comply with:

Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 28 July 2025.

Action taken since then

While updated mentor support records were in place and some monitoring activity had taken place, these processes were not applied consistently and lacked clear links to the service's quality assurance arrangements. As a result, the service was not yet able to demonstrate that mentor support was robust or that mentor practice was being consistently monitored and evaluated.

Further work is needed to embed effective monitoring and quality assurance systems to support continuous improvement and ensure positive outcomes for children.

This area for improvement has not been met.

Previous area for improvement 4

To support children's health and wellbeing, the provider should ensure medication is stored and administered safely.

This should include, but not be limited to, ensuring medication records including permission slips are completed accurately, before children attend the service.

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), and
'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 9 October 2024.

Action taken since then

All medication was stored securely in cupboards that were accessible to staff while remaining out of reach of children. Medication records, including written parental consent, were completed accurately before children attended and required medication. Staff administered all medication in line with prescribed instructions.

Medication arrangements were reviewed at least every three months in partnership with families, supporting safe and appropriate practice. We suggested that when new medication forms were completed, staff should refer to previous records to clearly demonstrate that medication was time limited and remained appropriate.

This area for improvement has been met.

Previous area for improvement 5

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 they should be developmentally appropriate.

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

This area for improvement was made on 9 October 2024.

Action taken since then

Staff planned in response to children interests and stages of development in all age groups. Group planning records referenced children's ideas, wishes, interests and needs. Please see section: 'Children play and learn' of this report for more information.

This area for improvement has been met.

Previous area for improvement 6

To support children's health, wellbeing and safety, the manager should ensure children are cared for in a safe environment. This should include, but not be limited to, carrying out appropriate risk assessment of the environment to establish hazards, putting control measures in place, and sharing these with all staff.

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 5.17), 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 9 October 2025.

Action taken since then

Although risk assessments were in place, they did not consistently identify hazards that posed significant risks to children. This included children having access to a low fence that they could potentially climb over, leading directly to a woodland area with a small stream. In addition, staff did not always follow the control measures outlined in risk assessments. For example, on the first day of inspection, children used the outdoor area when the ground was extremely icy, and grit had not been applied as required by the recorded risk assessment.

As a result, the service could not fully demonstrate that environmental risks were being effectively identified and managed to keep children safe. We therefore reworded this area for improvement to clearly specify the actions required to strengthen risk assessment practices, improve security in the garden area, and ensure consistent implementation of control measures, supporting a safe environment for children.

This area for improvement is no longer in place and has been incorporated into a new area for improvement under section: 'Children thrive and develop in quality spaces'.

Previous area for improvement 7

To support children's care, play, learning, wellbeing, and safety the provider should make improvement to the staff deployment.

This should include, but not be limited to, ensuring there is enough staff and management across the whole day to meet children's needs, and manage the service well.

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).

This area for improvement was made on 9 October 2024.

Action taken since then

Although staff deployment had improved across most playrooms, this was not consistently evident in all areas of the service at all times. As a result, the provider and manager were not yet able to demonstrate that staff deployment was consistently outcome-focused to fully support children's safety and wellbeing. For example, on the first day of inspection, staff within one playroom were stretched and struggled to complete required tasks while also meeting all children's individual needs.

The provider and manager should ensure that staff deployment is effective and outcome focused at all times across the service. Further information can be found in the section: 'What the service has done to meet any requirements made at or since the last inspection', previous requirement 1 of this report.

This area for improvement has not been met.

Complaints

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

Detailed evaluations

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate
Staff skills, knowledge, values and deployment	3 - Satisfactory / Adequate
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Playing, learning and developing	4 - Good
Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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