

Allsorts Childcare Centre Day Care of Children

Duns Primary School
Langtongate
Duns
TD11 3QG

Telephone: 07436797945

Type of inspection:
Unannounced

Completed on:
11 February 2026

Service provided by:
Allsorts Childcare Centre Ltd

Service provider number:
SP2005007864

Service no:
CS2005109544

About the service

Allsorts Childcare Centre is registered to provide a care service to a maximum of 26 children at any one time, aged from 3 years up to attending S1 during term time.

When the service has access to the space adjacent to the playroom during term time, the care service may be provided to a maximum of 50 children aged from 3 years up to attending S1.

The care service may be provided to a maximum of 50 children at any one time aged from 3 years up to attending S1 during school holidays.

Allsorts Childcare Centre, is situated within Duns Primary School in the rural town of Duns in the Scottish Borders. The club has use of a specific playroom, gym hall, games room and toilets within the main school building. Children have access to the outdoor play area at the rear of the building.

About the inspection

This was an unannounced follow up inspection which took place on 06 February 2026 between 12:45 and 16:00. The inspection was carried out by two inspectors from the Care Inspectorate.

The inspection focused on the requirements and areas for improvements made during the previous inspections on 10 December 2024 and 01 August 2025. We evaluated how the service had addressed these to improve outcomes for children.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service, and intelligence gathered since the last inspection.

In assessing progress with the requirement and areas for improvement, we:

- spent time with children using the service
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Improvement was evident in all required areas made during the previous inspection. As a result, children's needs were being met.
- One area for improvement has been continued and new area for improvement made. This will allow the service further time to make the improvements needed.
- Children were confident, happy, having fun and most were engaged in the experiences available.
- The manager and staff were committed to supporting the development of the service.

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 are supported to achieve	3 - Satisfactory / Adequate

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

Leadership 3 - Satisfactory / Adequate

We re-evaluated this heading as satisfactory/adequate where strengths just outweighed the weaknesses.

Quality indicator - Leadership and management of staff and resources

We made a requirement at the last inspection to ensure that self evaluation, quality assurance, and auditing procedures were developed. This requirement has been met. Although we acknowledge the progress made in certain aspects of quality assurance and auditing, further work is needed to ensure processes were fully established, consistently implemented and used effectively to drive continuous improvement. Strengthening these systems will support sustained development and lead to more positive outcomes for children (See section 'What the service has done to meet any requirements we made at or since the last inspection' in this report.)

A new area for improvement has been made to allow the manager and staff to fully embed quality assurance processes and evaluate progress to measure the impact on children's experiences (See area for improvement 1).

Quality indicator - Staff skills, knowledge, values and deployment

We made a requirement at the last inspection to ensure that staffing arrangements were safe and effective to meet the needs of all children. This requirement has now been met. Improvements were achieved through the effective deployment of staff, the development of staff supervision sessions and the provision of training aligned to staff needs. These measures were beginning to strengthen staff practice and improve the experiences and outcomes for children (See section 'What the service has done to meet any requirements we made at or since the last inspection' in this report.)

We made an area for improvement at the last inspection to implement and embed a robust and effective induction process that ensured appropriate consideration was given to children's care, play, and learning needs. This area for improvement has not been met. Although an induction process has been developed, further work is required to ensure it is robust, clearly structured and effective in supporting staff in their roles. Therefore this area for improvement is carried forward (See section 'What the service has done to meet any areas for improvement we made at or since the last inspection' in this report.)

Areas for improvement

1. To promote consistently positive outcomes for children the provider and manager should develop an effective quality assurance, auditing and self evaluation system to evaluate the quality of the provision. This would support the service to plan and make improvements that have a positive impact on children's experiences.

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

Children are supported to achieve 3 - Satisfactory / Adequate

We re-evaluated this heading as satisfactory/adequate where strengths just outweighed the weaknesses.

Quality indicator - nurturing care and support

We made two requirements and one area for improvement at the last inspection.

Requirement one

We made a requirement at the last inspection to ensure that children's medical needs were met in order to keep them safe and healthy. This requirement has now been met. Improvements were achieved through the effective management of medication in line with good practice guidance and by ensuring staff had a clear understanding of each child's medical needs. Health plans were detailed and used appropriately to support safe and effective treatment.

Requirement two

We made a requirement at the last inspection to ensure that children's care, welfare and development needs were met by developing personal plans and ensuring staff used this information effectively. This requirement has now been met. Improvements were achieved by ensuring that all children had an up to date personal plan. These contained information about their current needs, interests and preferences, along with clear details on how these needs would be supported. Personal plans had been reviewed to ensure they remained current and relevant to each child. We had asked the service to further develop strategies to support children who required additional help. This would ensure their needs were consistently recognised and met (See 'What the service has done to meet any requirements we made at or since the last inspection' in this report.)

Area for improvement one

We made an area for improvement at the last inspection relating to children's snack time. This has been met. Improvements were achieved by developing opportunities to promote independence skills, promoting children's choice and involving them in the planning of snacks and drinks (See 'What the service has done to meet any areas for improvement we made at or since the last inspection' in this report.)

Quality indicator - Safeguarding and child protection**Area for improvement one**

We made an area for improvement at the last inspection relating to safeguarding and child protection. This area for improvement has now been met. Improvements were achieved through the development and implementation of effective child protection policies and procedures. This included strengthening record keeping and recording accurate information to support meaningful chronologies. Staff had attended relevant safeguarding training. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection' in this report.)

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

Requirements

Requirement 1

By 30 November 2025, the provider must support improved outcomes and experiences for children. The provider should continue to develop suitable self-evaluation, quality assurance and auditing procedures. These would ensure that the quality of the service is monitored and assessed effectively to make continued improvements and support positive outcomes for children. To do this, the provider must, at a minimum:

- a) Develop robust quality assurance practices, including safer recruitment.
- b) an improvement plan
- c) systems for monitoring the service, including; -monitoring medication systems, -personal planning, -infection prevention and control measures and food hygiene practices, -staff training -quality of resources available for children.

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) Regulation 2011 (SSI 2011/2010).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23). 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 10 December 2024.

Action taken on previous requirement

Some quality assurance practices had been developed, including safer recruitment procedures. The manager should update the front sheet of the recruitment file to ensure it was robust and clearly indicated whether any follow-up actions were outstanding. This should include confirmation that staff had registered with the SSSC within the required timescales.

An improvement plan had been developed and was being used as a working document. The manager, along with other staff members, had been actively progressing through the actions. This provided some evidence of improvements that had already been implemented.

Some monitoring systems were in place and improvements had been made in relation to medication systems, personal planning and snack routines. The service should continue to develop these to ensure consistent and robust practice across the setting.

Overall, quality assurance processes were beginning to positively impact on outcomes for children. As a result, a new area for improvement has been made to allow the management team and staff to fully embed planned quality assurance processes and evaluate progress to measure the impact on children's experiences.

Met - within timescales**Requirement 2**

By 30 November 2025, to ensure that children's care and support needs are met, the provider must ensure staffing arrangements are safe and effective to meet the needs of all children in the service. To do this, the provider must, at a minimum:

- a) Ensure there are always suitably qualified and competent staff working in the service to keep children safe and supported.
- b) Ensure staff are deployed in a manner that ensures children are supervised and accounted.
- c) staff have opportunities to undertake training or professional discussions that align with their roles and responsibilities.

This is in order to comply with section 7(1)(a) 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 10 December 2024.

Action taken on previous requirement

The service had enough staff to keep children safe and supported. They were appropriately deployed throughout the service, including the outdoor area. Staff have a range of qualifications, with some working towards a formal childcare qualification. We observed positive teamwork, with staff engaging well with the children and offering support when needed. There was lots of chat and laughter, this created a relaxed environment where children appeared comfortable and happy. At times, some of the younger children were not engaged within the service and staff should remain mindful of this and ensure younger children were closely supported.

The provider should review staff roles to ensure responsibilities were clearly defined for each position,

including manager, lead practitioner, practitioner, and support worker. This should be closely aligned with the role definitions set out by the SSSC.

Staff had opportunities to engage in professional discussions and training. The manager had observed practice and held individual meetings with staff, with records shared accordingly. Moving forward, these meetings should now provide clear, role-specific actions and allow staff to reflect on learning and its impact on their practice. Team meetings had also been used to support development, including personal planning approaches and strategies for supporting children with additional needs. Staff need to evaluate how this professional development informed their practice, through one-to-one meetings or self-evaluation. This would strengthen one-to-one processes to ensure staff continued to meet SSSC professional development and registration requirements.

Although improvements in staffing arrangements were evident, the manager should continue to develop the quality assurance systems to ensure children were safe and supported (see area for improvement under Quality heading: leadership).

Met - within timescales

Requirement 3

1. By 31 October 2025, the provider must ensure children's medical needs are met to keep them safe and healthy. To do this, the provider must, as a minimum, ensure that:

- a) all medication is managed in line with good practice guidance –
- b) All staff have a clear understanding of children's medication needs.
- c) Health Plans are well detailed and used to ensure safe and effective treatment.

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

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

This requirement was made on 1 July 2025.

Action taken on previous requirement

Medication was stored appropriately and in line with good practice. All relevant documentation had been completed and reviewed by families. The manager should include reviewing medication within a robust auditing system and ensure records were reviewed by families every three months.

Staff demonstrated a clear understanding of children's medical needs and were able to confidently discuss known allergies and intolerances. Their confidence was supported by regular discussions at team meetings and, for some staff, up-to-date training in the use of EpiPens.

Health plans were detailed and supported safe and effective treatment. All plans were consistent and provided sufficient information to identify symptoms and follow the required actions. Several plans included photographs illustrating what a severe reaction looked like for individual children, which supported staff in monitoring for changes in appearance. This kept children safe.

Met - within timescales

Requirement 4

By 31 October 2025, the provider must ensure that children's care, welfare, and development needs are met by developing children's personal plans and ensuring staff use this information effectively. To do this, the provider must, at a minimum, ensure:

- a) a personal plan is in place for all children and sets out children's current needs and preferences and how these will be met.
- b) personal plans are reviewed in partnership with parents or carers when there is a significant change in a child's health, welfare or safety needs and at least once every six months, or sooner if required.

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

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

This requirement was made on 10 December 2024.

Action taken on previous requirement

Personal plans were in place for all children and generally provided clear information about individual needs, preferences and how these would be met. Some children who needed additional support had a care Plan+ and where appropriate, individual risk assessments. Staff should further develop chronologies and strategies to record significant observations or decisions. Strengthening this recording would support the service's ability to track patterns, evidence decision-making and enhance the continuity and quality of support.

Personal plans were reviewed when required. All term-time plans had been reviewed and the manager understood the statutory expectation around review timescales. However, the process could be strengthened to ensure parents formally acknowledged any changes or amendments, providing a clear audit trail. Personal plans for holiday-only children were pending review as attendance was being confirmed. The manager had assured us that these would be completed once the necessary information had been received.

Staff demonstrated good knowledge of children's individual needs and confirmed that changes were discussed during team meetings. While this supported consistency, these discussions were not consistently recorded within children's chronologies, limiting the ability to monitor changes over time or evidence professional judgement. Staff should ensure updates were routinely documented. This would strengthen the service's approach to quality assurance, reflective practice and promote children's safety and continuity of care.

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 keep children protected and safe from harm, the management team should develop and implement effective child protection policies and procedures. These should include but is not limited to; how staff keep accurate records, including, information to keep meaningful chronologies.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This area for improvement was made on 1 July 2025.

Action taken since then

The manager had developed a safeguarding policy, which had been discussed with staff and shared appropriately. All staff demonstrated an understanding of their roles and responsibilities in protecting children and had completed relevant safeguarding training. Further training was planned and the manager intended to review and update the safeguarding policy once this had taken place. This would ensure staff were continually developing their knowledge and equipped to keep children safe and protected.

This area for improvement is met.

Previous area for improvement 2

To ensure children receive high quality care, play and learning the provider should implement and embed a robust and effective induction that ensures consideration is given to children's care, play and learning needs.

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 1 July 2025.

Action taken since then

A basic induction had been compiled by the manager and signed by staff on their first day at the club. However, we had discussed that providing staff with a large amount of information at once had the potential to overwhelm them and limited their ability to retain key details. The manager agreed to review the national induction pack and use this to inform the development of a more robust, phased induction process. By delivering the induction over a period of time, staff would be able to absorb information at a manageable pace, revisit important areas and develop practical understanding through observation. This phased approach would support staff wellbeing and enabled them to ask questions as their understanding of the role developed. As a result, staff would gain a secure understanding of policies, procedures and expectations. This would lead to confident staff and a more consistent standard of care for children.

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

Previous area for improvement 3

To promote children's understanding and enjoyment of healthy eating and drinking, the manager and staff should involve them in the planning and preparation of snacks and drinks providing more opportunities to promote children's independence and responsibility.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible' (HSCS 1.38).

This area for improvement was made on 10 December 2024.

Action taken since then

The manager had made immediate changes to the snack routine. Children now had increased opportunities to develop independence and responsibility. Staff continued to prepare the snack for practical reasons, including time constraints. However, children's independence had been promoted through tasks such as collecting their plates and cups, serving their own food and drinks and spreading butter on their toast. One child also described how they voted on snack options and shared their views. We observed children engaging in this voting system. These changes had resulted in children being more actively involved in routines and decision-making.

Children were familiar with the routine: washing their hands, collecting their crockery and food, and sitting at the table. Staff should consider reviewing how they join the children at the table. This would help promote a richer social experience during snack time.

Staff had begun to evaluate the snack process. Continuing this work would ensure staff and children were actively contributing to the continued development of the service.

This area for improvement is met.

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

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate
Staff skills, knowledge, values and deployment	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate
Safeguarding and child protection	3 - Satisfactory / Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.