

# Newmachar After School Club Day Care of Children

Newmachar Primary School  
7 School Road  
Newmachar  
Aberdeen  
AB21 0WB

Telephone: 07900 680 123

**Type of inspection:**  
Unannounced

**Completed on:**  
18 February 2026

**Service provided by:**  
Newmachar After School Club

**Service provider number:**  
SP2003000522

**Service no:**  
CS2003002660

## About the service

Newmachar After School Club is a daycare of children service, situated in the village of Newmachar, Aberdeenshire.

The service is registered to provide a care service to a maximum of 32 primary school aged children at any one time when operating from Newmachar Primary School or a maximum of 24 primary school aged children at any one time when operating from Newmachar Church. Ninety-one children were registered with the service and up to 31 children attended during the inspection.

Children have access to the school gym hall, playground and multi-purpose sports court. The service is near a bus route and is close to local facilities, playpark and green spaces.

## About the inspection

This was an unannounced inspection which took place on Tuesday 17 February 2026 between 14:45 and 18:00 and Wednesday 18 February 2026 between 07:30 and 10:50. The inspection was carried out by two inspectors from the Care Inspectorate. We inspected the service whilst it was operating within Newmachar Primary School.

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 throughout the inspection year.

To inform our evaluation we:

- spoke with children using the service
- spoke with three parents/carers
- received six responses to our request for feedback from parents and staff through our online questionnaire
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well-maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary within the Children thrive and develop in quality spaces and Children are supported to achieve sections of this report.

During this inspection, we 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 were looked after by kind and caring staff.
- Seven areas for improvement from the previous inspection remained unmet and five new requirements have been made.
- Quality assurance and self-evaluation processes did not support continuous improvement of the service.
- Systems and procedures were not effective to support the safe administration of medication.
- Personal planning did not effectively support staff's awareness of children's individual needs and preferences.
- Children benefited from access to the outdoor area.
- Staff need to improve their interactions with the children and provide them with sufficient interest and challenge.

## 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	2 - Weak
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	2 - Weak

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

## Leadership 2 - Weak

We evaluated different parts of this key question as weak and satisfactory/adequate, with an overall grade of weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

### Quality indicator: Leadership and management of staff and resources

There were two areas for improvement made at the previous inspection relating to management and leadership, self-evaluation and quality assurance. These areas for improvement had not been met and have been incorporated into a new requirement (see requirement 1).

The aims of the service included "to provide a caring environment where all children are welcomed and accepted". These aims were shared with parents in the club handbook. However, these were not visible and had not been updated recently. To support positive outcomes for children, more work was needed to develop these in practice with children, families and staff to ensure a clear vision for all involved.

Self-evaluation for improvement was at an early stage of development and had not resulted in sustained improvements. The manager told us some children's meetings had taken place to gather their ideas, and a number of new resources had been purchased in response to their suggestions. Parents were able to join the parent committee, but they had not yet been asked for feedback. As a result, involvement of families was not yet impacting on meaningful change.

Quality assurance, self-evaluation and improvement plans did not support continuous improvement of the service to promote high quality outcomes for children and families. A quality assurance calendar was in place, however there were significant gaps in ensuring children's safety, health and wellbeing. Effective and regular audits of staff practice, environment and key documents, such as personal plans and medication, were not carried out to ensure children were kept safe and well (see requirement 1).

Overall, recruitment processes were in line with safer staffing guidance. This supported children's safety and wellbeing. Staff told us they felt supported by management and colleagues and the induction process helped them settle into the service. We signposted the service to the Scottish Government's National Induction Resource to strengthen the induction process and help support all staff in identifying areas for development and improving their knowledge and skills.

Since the last inspection, an assistant manager had been recruited to support the running of the service. Roles and responsibilities for leadership with the staff team were not clearly outlined. Staff were not effectively supported by the management team to ensure children received consistently high quality experiences and care.

Some monitoring of staff practice took place through annual appraisals and informal day-to-day oversight. Further development was needed in how staff performance was monitored. For example, observations of practice were informal and were not recorded. A more structured approach to observations would help recognise staff strengths and identify any learning and development needs. This would support accountability and improved outcomes for children.

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

Parents and carers valued the service and the support provided by staff. Some parents described staff as "friendly and approachable" One parent commented: "We would be lost without the service."

Staff deployment did not always support children's safety and wellbeing. For example, at times older children were unsupervised in the school playground, which meant staff were not consistently aware of children's whereabouts or able to respond promptly to their needs, compromising their safety. We asked the manager to address this safety matter to ensure appropriate supervision at all times. The manager informed us on 23 February 2026 that children were now cared for within the service and supervised during this transition.

Staff were respectful towards one another and felt they had developed positive relationships as a staff team. Some staff held childcare qualifications, and there was a mix of skills, knowledge and experience across the team. Most staff had completed core training such as first aid and some staff had taken part in some additional learning. However, professional development had not yet focused on supporting children's play both indoors and outdoors. This limited their ability to provide high quality play experiences for children. Further information is provided under the quality indicators Playing, learning and developing and Nurturing care and support.

There had been limited progress in addressing the areas for improvement made at the previous inspections. There was one area for improvement made at the previous inspection relating to staff confidence, knowledge and skills. This area for improvement has not been met and has been incorporated into a new requirement (see requirement 2).

### Requirements

1. By 1 June 2026, to ensure children experience consistently safe, consistent and high quality care, the provider must ensure that skilled and effective leadership is in place at all times.

To do this, the provider must, at a minimum:

- a) ensure that management and staff have the necessary knowledge and skills to carry out their roles confidently and competently
- b) establish clear and designated roles and responsibilities for all staff, ensuring these are understood and consistently followed
- c) implement effective and regular quality assurance processes, including audits of staff practice, the environment, personal plans and medication systems
- d) ensure the service's vision, values and aims are clearly communicated and consistently demonstrated in day-to-day practice
- e) develop and implement an effective improvement plan that addresses weaknesses, while building on current strengths.

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

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

2. By 1 June 2026, the provider must ensure children's learning and development needs are effectively met. To do this the provider must, at a minimum:

- a) ensure staff have the knowledge, skills and experience to provide high quality experiences for children to support their potential
- b) ensure staff provide children with consistently positive interactions, support them to have fun and promote their curiosity
- c) ensure staff effectively enable children to facilitate and extend their own play and learning
- d) ensure the environment is well-resourced, stimulating and inviting.

This is to comply with Regulation 4(1)(a) 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 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).

**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.

There were three areas for improvement made at the previous inspection relating to play experiences and the environment. These areas for improvement had not been met. Two areas for improvement have been incorporated into a new requirement under the quality indicator Staff skills, knowledge, values and deployment. The other area for improvement will remain in place (see area for improvement three under What the service has done to meet any areas for improvement we made at or since the last inspection).

Children were cared for in a shared room within the school building which staff set up daily. There was some use of children's artwork in displays to present a more welcoming space. Bean bags, mats and cushions were available. However, these did not provide a relaxing and inviting area for children to rest and self-regulate. We discussed with management possible ways of enhancing the space further to make it more welcoming.

Children's health and wellbeing were supported through outdoor play. Some children chose to play football and enjoyed having space to run around. Children told us they liked being able to choose where to play and enjoyed spending time outdoors with their friends. Some new resources, such as footballs and badminton racquets, had been purchased. The service should continue to develop outdoor resources and staff interactions further, to enhance children's play experiences.

Children accessed a range of toys and materials indoors. This included drawing materials, small world and construction kits. Children told us staff supported them to access further resources stored in cupboards. However, extended and interesting opportunities were limited, particularly for older children. Staff told us children enjoyed making dens but there were no materials on offer to support this. There were limited real life, open ended and natural resources to support children's problem solving creativity and curiosity.

Some infection prevention and control measures were in place. Staff cleaned tables before and after eating and children were encouraged to wash their hands at key times such as before eating. Staff did not consistently supervise the cloakroom and toilet areas to ensure good handwashing routines and children did not consistently wash hands after eating in line with guidance. The manager agreed to take the necessary action.

Some policies were in place to support the running of the service. However, these were not always followed in practice. For example, children's personal information was not consistently stored in line with data protection best practice. This meant children and families' information was not always secure, and staff did not always have access to the relevant details needed to support children's care (see requirement 1).

## Requirements

1. By 10 April 2026, the provider must ensure children and families' information is confidentially and securely stored at all times.

To do this the provider must, at a minimum, ensure:

a) Arrangements for the storage and processing of children and families' personal information complies with relevant legislation and best practice.

b) Management receive training on data protection and can demonstrate understanding of their responsibilities.

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

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

## Children play and learn 3 - Satisfactory / Adequate

### Quality indicator: Playing, learning and developing

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

There were three areas for improvement made at the previous inspection relating to play experiences, the environment and staff training and skills. These areas for improvement have not been met. Two areas for improvement have been incorporated into a new requirement under the quality indicator Staff skills, knowledge, values and deployment. The other area for improvement will remain in place (see What the service has done to meet any areas for improvement we made at or since the last inspection).

Most children enjoyed playing with their friends. Some children enjoyed drawing indoors, while others spent time playing games outdoors. Play experiences promoted opportunities for children to play together and helped them build positive social skills.

Staff planned experiences for the children during staff meetings; however, it was not clear how children's views or information from their personal plans informed this planning. Floor books or other tools to evaluate children's experiences were not used, meaning staff did not routinely reflect on what children enjoyed or what could be improved. As a result, children had limited influence over their play environment or the activities offered. We discussed a range of approaches the manager and staff could use to gather children's views to help plan experiences that reflected their age, stage and interests.

Some children's play was supported by staff, as they joined in children's games. Most staff chatted pleasantly to children, however, these conversations lacked depth and challenge to support children to extend their thinking. Some opportunities were missed, when staff failed to respond or were focused on tasks. For example, some children sought staff to engage their interests but staff did not always notice or respond. A few children became disengaged or told us they were bored. This resulted in varied experiences, and some children did not have opportunities to take part in activities that met their needs or sustained their interest.

Children benefited from some opportunities to develop their literacy and numeracy skills. Children self-registered on arrival and some children spent time creating their own costumes with paper and made their own books and matching games. Children had opportunities to practice numeracy skills through card games and construction activities. This could be further developed and we encouraged management to audit all areas with staff. This could help identify where further opportunities for learning could be embedded in the routines and daily provision.

Children's opportunities were enhanced through some links with the community. During holiday provision, children visited local parks, a hotel and welcomed visitors such as a magician. Some parents felt this was a strength of the setting and that their children benefited from exploring their community with their peers. A parent commented: "My child loves how outdoors focused holiday club is." These opportunities promoted children's health and wellbeing and connection with the local community.

**Children are supported to achieve 2 - Weak****Quality indicator: Nurturing care and support**

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

There were two areas for improvement made at the previous inspection relating to snack time experiences and staff training. These areas for improvement had not been met. One area for improvement has been incorporated into a new requirement under the quality indicator Staff skills, knowledge values and deployment. The other area for improvement will remain in place (see area for improvement under What the service has done to meet any areas for improvement we made at or since the last inspection).

Staff welcomed children and families on arrival which helped build relationships. Updates including photographs and information shared on Facebook as well as club newsletters provided some insight into children's experiences. Opportunities for regular information sharing were limited and should be further developed to build stronger engagement and connections with families, helping to enhance children's experiences and ensure their needs are well understood.

Children experienced kind and caring interactions from staff. Most children appeared happy and settled in the service. Some positive relationships had been formed which helped children feel safe and secure. Overall, staff knew the children well, although at times, they were not as responsive as they should be. This meant staff did not always pick up on children's non-verbal cues to support them in social situations or to encourage their participation in activities. As a result, some children's needs were not consistently met. Staff should be supported to develop their skills and confidence in engagement and responsiveness so they can better promote children's wellbeing, play and learning.

Children's overall wellbeing was not fully supported through the effective use of personal planning. Key information had been gathered when children started in collaboration with families. However, some plans lacked information on children's needs and interests and information was not consistently reviewed every six months to ensure it was relevant and up-to-date, as required. The absence of timely reviews and clear and updated strategies of support meant continuity and consistency of care was compromised. Not all staff were aware of information contained in children's personal plans or individual support strategies, limiting their ability to be familiar with children's individual needs and preferences. This meant children were at risk of their health and wellbeing needs not being fully met (see requirement 1).

Children's health and safety was compromised by inconsistent management of medication procedures. One child's medication had expired, some medication information was not available to staff and records had not been reviewed every three months to ensure children's medical needs were up-to-date. We discussed this with management and some immediate action was taken to ensure children's safety and health prior to their return (see requirement 2).

Since the previous inspection, new menus had been created and one parent told us: "Menus are better, it's more healthy." Children were able to self-serve fruit and pour their own drinks at snack time. At breakfast, staff poured cereal and milk and prepared food for children which limited opportunities for independence. Mealtimes offered children a chance to sit and socialise with their peers, but interactions with staff were limited as staff were often focused on tasks rather than engaging with children. This meant staff were not consistently modelling social skills or building positive relationships. Snack and breakfast routines could be further developed so that children are more meaningfully involved. For example, by helping to set up or prepare some of their own food to promote responsibility and life skills.

## Requirements

1. By 1 June 2026, the provider must ensure that children's health, care and wellbeing needs are met through the implementation of effective personal planning.

To do this the provider must, at a minimum, ensure:

a) Personal plans are reviewed and updated in partnership with parents or carers, and children where appropriate, at least once every six months or sooner if required.

b) Staff are familiar with the information recorded in personal plans, personal plans consistently include strategies to support children and staff to use this to effectively support children.

This is to comply with Regulation 5(2)(a) and (b) 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).

2. By 10 April 2026, the provider must ensure children are safe through the effective management of their medication and healthcare needs.

To do this the provider must, at a minimum, ensure:

a) Medication systems and procedures are reviewed and reflect Management of medication in daycare of children and childminding services guidance and legislation.

b) Staff are knowledgeable and competent in the safe storage, administration and record keeping of medication.

This is to comply with Regulation 4(1)(a) 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).

## 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 promote children's understanding and enjoyment of healthy eating and drinking, the manager and staff should improve snack time experiences. This should include, but not be limited to, providing healthy and nutritious food choices and more opportunities to promote children's independence and responsibility.

The guidance *Setting the Table*, October 2024, may be helpful. It is found on the Care Inspectorate Hub.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning" (HSCS 1.33).

**This area for improvement was made on 14 October 2024.**

#### Action taken since then

Menus had been reviewed since the previous inspection. Children were offered a variety of healthy fruits, and there were fewer foods high in sugar or salt. Staff should refer to current guidance, including *Food Matters* and *Healthy Eating in Schools: guidance 2020*, to make sure all food choices are healthy and in line with best practice.

There were limited opportunities encouraging children's responsibility and independence. For example, children were able to self-serve fruit and pour their own drinks at snack time, although at breakfast time staff poured children's cereal and milk and spread foods for them. Snack and breakfast routines could be further developed so that staff support children to be more meaningfully involved. For example, helping to set up and promoting responsibility and life skills by preparing their own food. Interactions with staff were limited as they were focused on tasks and not consistently focusing on children to model social skills and build on relationships.

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

#### Previous area for improvement 2

To promote children's fun and enjoyment, the manager and staff should ensure children are provided with high quality play experiences and resources, relevant to their interests and stage of development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "As a child, I have fun as I develop my skills in understanding, thinking, investigation, and problem solving, including through imaginative play and storytelling" (HSCS 1.30).

**This area for improvement was made on 14 October 2024.**

## Action taken since then

Some improvement had been made to improve the play experiences for children. Children had opportunities to follow their interests, independently accessing the resources set up by staff. Children had been consulted on what they wanted to do and some new toys and games had been purchased. However, this needs to be sustained so that children are actively involved in shaping their environment and can influence opportunities for motivating and engaging play.

There were missed opportunities to build social skills and leadership opportunities for children as needs and interests were not always reflected in planning. Further training was needed to improve staff skills and confidence in supporting children's play and interactions.

**This area for improvement is no longer in place and has been incorporated into a new requirement under Quality indicator: Staff skills, knowledge, values and deployment.**

## Previous area for improvement 3

To ensure children's physical and emotional needs are met, the manager and staff should ensure the environment is well set out and includes comfortable and inviting spaces for children to relax and play quietly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have enough physical space to meet my needs and wishes" (HSCS 5.22).

**This area for improvement was made on 14 October 2024.**

## Action taken since then

Staff told us about some improvements to the layout of the room. This included the purchase of pop up tents, although these were not available to children during the inspection. Bean bags and mats were available but further improvements should be made to ensure the environment is well set out and inviting. Children had limited involvement in influencing the use and design of spaces within the playroom. Staff should continue to evaluate how the space is used and adapt the space to meet the needs of the children attending.

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

## Previous area for improvement 4

To support improvement to the service and ensure good outcomes for children, the manager should ensure self-evaluation and quality assurance of the service are embedded in practice.

This should include, but not be limited to, ensuring:

- a) The vision, values and aims for the setting are relevant, shared with children and their families, and are followed by staff.
- b) Effective quality assurance and self-evaluation are in place which have involved staff, children and parents and lead to continuous improvement.

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

state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

**This area for improvement was made on 14 October 2024.**

#### Action taken since then

The vision, values and aims for the setting were shared with parents in the club handbook. However, these were not visible and had not been updated recently. Self-evaluation for improvement was at an early stage of development and had not resulted in sustained improvements. The manager told us some children's meetings had taken place to gather their ideas, and a number of new resources had been purchased in response to their suggestions. Parents were able to join the parent committee, but they had not yet been asked for feedback. As a result, involvement of families was not yet impacting on meaningful change.

A quality assurance calendar was in place, however there were significant gaps in ensuring children's safety, health, and wellbeing. Effective and regular audits of staff practice, environment and key documents, such as personal plans and medication, were not carried out to ensure children were kept safe and well.

**This area for improvement is no longer in place and has been incorporated into a new requirement under Quality indicator: Leadership and management of staff and resources.**

#### Previous area for improvement 5

In order to improve outcomes for children, the provider should ensure staff complete training and learning specific to their role and are competent in the application, including but not limited to child protection and safeguarding.

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

**This area for improvement was made on 14 October 2024.**

#### Action taken since then

Most staff were trained in child protection, food hygiene and infection prevention and control. However, they had not yet undertaken any professional development in supporting children's play both indoors and outdoors.

**This area for improvement is no longer in place and has been incorporated into a new requirement under Quality indicator: Staff skills, knowledge, values and deployment'.**

#### Previous area for improvement 6

To support children's wellbeing, learning and development, the provider should ensure that children have regular opportunities for outdoor play.

This should include but is not limited to:

a) Increasing staff confidence, knowledge and skills in providing safe, high quality outdoor play opportunities for children.

b) Providing regular access for children to outdoor areas and suitable play equipment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "As a child, I play outdoors every day and regularly explore a natural environment" (HSCS 1.32).

**This area for improvement was made on 5 February 2024.**

### Action taken since then

Children's health and wellbeing were supported through outdoor play opportunities. Children told us they liked being able to choose where to play and enjoyed spending time outdoors with their friends. Further work was needed on increasing staff confidence, knowledge and skills in providing safe, high quality outdoor play opportunities for children.

**This area for improvement is no longer in place and has been incorporated into a new requirement under Quality indicator: Staff skills, knowledge, values and deployment.**

## Previous area for improvement 7

To support positive outcomes for children, the provider should ensure that there are lines of management and leadership in place at all times. This should include, but not be limited to, designated roles and responsibilities for leadership within the staff team when the manager is not present in the setting.

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).

**This area for improvement was made on 5 February 2024.**

### Action taken since then

Since the previous inspection, an assistant manager had been recruited. Further work was needed on designated roles and responsibilities for leadership within the staff team including when the manager is not present in the setting.

**This area for improvement is no longer in place and has been incorporated into a new requirement under Quality indicator: Leadership and management of staff and resources.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com)

## Detailed evaluations

<b>Leadership</b>	<b>2 - Weak</b>
Leadership and management of staff and resources	2 - Weak
Staff skills, knowledge, values and deployment	3 - Satisfactory / Adequate
<b>Children thrive and develop in quality spaces</b>	<b>3 - Satisfactory / Adequate</b>
Children experience high quality spaces	3 - Satisfactory / Adequate
<b>Children play and learn</b>	<b>3 - Satisfactory / Adequate</b>
Playing, learning and developing	3 - Satisfactory / Adequate
<b>Children are supported to achieve</b>	<b>2 - Weak</b>
Nurturing care and support	2 - Weak

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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