

# Cardenden Primary School Nursery Day Care of Children

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Cardenden  
Lochgelly  
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**Type of inspection:**  
Unannounced

**Completed on:**  
30 May 2025

**Service provided by:**  
Fife Council

**Service provider number:**  
SP2004005267

**Service no:**  
CS2003017080

## About the service

Cardenden Primary School Nursery is registered to provide a care service to a maximum of 74 children at any one time, aged from two years to an age to attend primary school, of whom no more than 10 may be age two to three years. It is located in the village of Cardenden, Lochgelly, Fife, within a residential area.

Children are cared for across three playrooms that all have direct access to the outdoor play space. Each room has its' own toilets and there is a nappy change close to the playroom for under threes.

## About the inspection

This was an unannounced inspection which took place on Wednesday 28 May 2025 between 09:00 and 17:30 and Thursday 29 May 2025 between 08:30 and 17:50. We visited again on Friday 30 May 2025 to provide feedback to the headteacher/manager and two representatives from Fife Council. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included 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:

- spent time with 43 children
- received feedback from ten of their family members
- spoke with 13 staff
- spoke with the manager, education manager and area principal teacher
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

During the inspection, we were concerned about how well children were being kept safe and protected from harm. As a result of these concerns, we assessed and evaluated an additional quality indicator under key question 1, 'How good is our care, play and learning?'

Our inspection raised significant concerns in relation to how children's health, welfare and safety needs were met. As a result, we issued the service with an Improvement Notice on 9 June 2025. For further details of this enforcement, see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

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

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

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

## Key messages

- An Improvement Notice with five required improvements was issued to the provider on 9 June 2025. Please see the service's page on our website for more information.
- We were very concerned about several aspects of the care being provided and found that children mostly experienced an unsatisfactory quality of care.
- Children's safety and welfare was significantly compromised because child protection and safeguarding procedures were not implemented effectively by staff or leaders. Staff also lacked an understanding of how to assess and manage risks to children's safety.
- Some children experienced inappropriate physical intervention and staff did not always support children with warmth, kindness and compassion. Staff must improve practice to offer children rights-based care that nurtures their emotional wellbeing.
- Personal planning approaches were ineffective and this meant that children's needs, rights and choices were not being met consistently by staff. This must be improved to keep children safe and healthy.
- Staff did not follow safe medication procedures to keep children safe and healthy and they must improve practice by following best practice guidance.
- There had been a concerning number of accidents and incidents in the service. We found that children were not supervised well enough by staff to keep them safe and protected from harm.
- The new manager was beginning to inspire confidence in staff and families. The local authority had plans to support the service to improve.

## From this inspection we evaluated this service as:

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

How good is our care, play and learning?	1 - Unsatisfactory
How good is our setting?	2 - Weak
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory

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

## How good is our care, play and learning?

## 1 - Unsatisfactory

We were very concerned about aspects of the care being provided which compromised children's health, safety and welfare. Therefore, we evaluated this key question as **unsatisfactory**. We issued the service with an improvement notice connected to our concerns. For further details of this enforcement, see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

### Quality indicator 1.1: Nurturing care and support

We evaluated this quality indicator as **unsatisfactory** where there were major weaknesses in critical aspects of performance and immediate remedial action is needed to improve children's experiences and outcomes.

We were very concerned that children were not experiencing nurturing care that respected their rights. On three occasions, we observed staff using inappropriate physical intervention with children that constrained their movement and choice. There had also been two previous instances of staff using inappropriate physical intervention in recent months which parents had observed and reported. We found that children mirrored these behaviours in their own play. When staff recorded these incidents of conflict between children, this showed a lack of understanding of how to understand children's behaviours and respect their rights from a trauma-informed perspective. This poor staff practice compromised children's safety and wellbeing. We raised our concerns immediately with the manager and shared our policy position on the use of restrictive practice to support improvement. **This is now subject to an improvement notice which was issued on 9 June 2025.**

We observed several interactions between staff and children that lacked warmth, kindness and compassion. This included disrespectful language which compromised children's confidence and self-esteem. One parent told us they wanted staff to have "a little more patience" and for them to be "not so abrupt when communicating with children." A few children enjoyed caring interactions that were warm and kind. Some children were happy in their play and asked staff to help them. Some staff did not interact with children for extended periods of time and several staff did not get down to children's level to speak with them. We were concerned that children's progress, development and confidence was compromised as a result of these interactions. We raised our concerns immediately with the manager and communicated that staff must ensure all children are treated with respect and dignity. **See requirement one.**

Some children had personal plans in place, however, these did not give staff enough detail to effectively meet children's individual needs and choices. Plans had not been developed with families and some children with additional support needs did not have a plan in place. Almost all staff lacked an understanding of how to plan to meet children's needs, including when supporting a child following a serious incident that compromised their wellbeing. Where plans had been developed to meet children's health care needs, these were not implemented and did not help to keep children safe and healthy. We were very concerned that staff approaches to personal planning did not protect children from harm and were ineffective in keeping them safe and healthy. All children must have a personal plan that staff use effectively to meet their needs and keep them safe and protected from harm. **This is now subject to an improvement notice which was issued on 9 June 2025.**

A few children's medical needs were not being met because staff did not always implement health care plans and were not following procedures for safely administering medication.

This meant staff could not respond appropriately. During the inspection, staff did not use one child's health care plan to offer them the right support at the right time to keep them safe and healthy. We found that best practice guidance for managing medication was not being implemented which compromised children's health, safety and wellbeing. For example, we found that a few children had not received the right amount of medication to meet their needs. We raised our concerns with the manager immediately. **This is now subject to an improvement notice which was issued on 9 June 2025.**

There had been a concerning number of accidents and incidents in the service, with two serious incidents where children's health, safety and wellbeing was compromised. There were no incident records available for either of these serious incidents. Staff and leaders had not communicated with families well enough about these incidents. This had caused families distress and concern over their children's safety which contributed to their lack of trust and confidence in the service to keep children safe. We found several accident and incident forms that had not been signed by families or the keyworker. We were very concerned that families were not always being kept well informed about their child's health, safety and welfare. During our inspection, two further incidents relating to children's health and safety were reported to us. Staff had not communicated these to the manager in a timely manner and the actions staff took were not appropriate to keep children safe and protected. We were very concerned that children were at risk of harm and have made a requirement for the service to improve. **See requirement two.**

### Quality indicator 1.2: Children are safe and protected

We considered this quality indicator following concerns we had about children's safety and welfare. We were very concerned that children were exposed to risks that cannot be tolerated, therefore, we evaluated this quality indicator as **unsatisfactory**. We issued the service with an improvement notice connected to these concerns. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

There was no clear overview of children at risk of harm and we assessed that this compromised their health, safety and wellbeing. Children's records were inaccurate, incomplete and did not reflect children's lived experiences. Clear lines of reporting and responsibility for child protection were not clear. Some concerns about children's safety had not been passed to the identified child protection co-ordinator until we alerted them to these. This meant informed decisions to keep children safe and protected were not being made. Previous child protection co-ordinators had not followed child protection procedures during a serious incident where a child came to harm. They had not informed relevant protection agencies of important information in a timely manner. We found some sensitive and confidential information about children's safety and welfare was not stored securely and this compromised children and families' right to confidentiality. We also heard staff speaking with each other in front of children in a disrespectful manner about individual child's needs. This had the potential to compromise their confidence and emotional wellbeing. Referrals that had been made to social work and other agencies were inaccurate or did not include enough detail for them to assess and manage risk effectively. This meant that children were not well protected and some may have been a risk of harm.

Staff had a limited understanding of how to keep children safe and protected from harm. They were not confident in how to report concerns or what concerns they needed to report to keep children safe and protected. Staff took too long to contact families when children were absent, including where there were recorded concerns for their health, safety and welfare. This put children at risk. In addition, they did not follow local safeguarding practices. This included the use and storage of a small number of staff personal mobile phones which were accessible in the playrooms when children were in attendance. We were also concerned that staff did not know how to effectively support children who had experienced adversity and had not implemented strategies to support children's emotional wellbeing.

We were very concerned that children were not safe and were not protected from harm. We discussed these concerns with the manager as a matter of urgency and shared this with local authority representatives during feedback. **This is now subject to an improvement notice which was issued on 9 June 2025.**

## Quality indicator 1.3: Play and learning

We evaluated this quality indicator as **weak**, where there were a few strengths but these were compromised by significant weaknesses.

Some children enjoyed fun play experiences that helped them to develop. A few children were invited into play and learning in small groups which they enjoyed. Children were able to choose their own play, including whether they wanted to play indoors or outdoors. There were some natural, open-ended resources for children to play with and these had the potential to offer fun and creative play and learning opportunities. Families told us their children enjoyed spending time in the local community, visiting the beach and visiting residents at a local care home.

Children's play and learning lacked direction and purpose and they did not always enjoy their experiences. One parent told us, "Sometimes my [child] does come home with not very much to tell me as most days are similar. [They have] used the word boring." Some staff very rarely interacted with children in play and did not support them well enough to learn. There were lots of missed opportunities for staff to promote speech and language in play which impacted on children's progress. There were several instances where staff did not get down to children's level to support them and also where the support they offered was ineffective. The lack of staff interaction and discussion with children was impacting on how well children were being supported to enjoy and learn from their experiences and to resolve conflict with other children.

Staff did not always provide sufficient resources for children to have fun and be creative in their play. Some staff offered play experiences that were too adult directed. There were times when staff did not respect children's capabilities and this reduced opportunities for children to try things for themselves. Some activities were not developmentally appropriate which meant children became frustrated. This impacted on children's confidence and ability to develop skills for life.

We were concerned that the lack of interaction and minimal access to fun and engaging play significantly increased the risk of children becoming frustrated and increased the potential for them to attempt to leave the premises alone. Staff did not provide a calm and purposeful play and learning experience for children. The play opportunities staff offered were not meaningful or stimulating enough to support children's learning and development. Staff must improve children's play and learning experiences so they are supported to develop and remain safe and protected from harm. **See requirement 3.**

## Requirements

1. By 22 August 2025, the provider must ensure children's health, safety and wellbeing is protected by staff understanding their role and responsibilities in delivering rights based, trauma-informed care for all children.

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

- a) improve staff understanding of rights-based, trauma informed care, and implement this in practice
- b) improve staff understanding of the use of physical intervention, and implement this in practice
- c) ensure all staff consistently offer children warm, kind and caring interactions.

This is to comply with Regulation 4(1)(a)(b)(c) (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:

"My human rights are protected and promoted and I experience no discrimination" (HSCS 1.2)

"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" (HSCS 3.9) and

"As a child or young person, I feel valued, loved and secure" (HSCS 3.10).

This is to ensure staff skills and knowledge is consistent with the United Nations Convention on the Rights of the Child.

2. By 22 August 2025, the provider must keep children safe and healthy by ensuring staff respond appropriately to all accidents and incidents.

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

a) ensure children are well supported following accidents and incidents

b) ensure staff record all accidents and incidents accurately and in a timely manner

c) ensure staff inform families of any accidents and incidents involving their child in a timely manner, and sign to confirm they have been informed

d) ensure leaders are informed of accidents and incidents in a timely manner so risk can be assessed and managed appropriately.

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

This is to comply with Regulation 8(1)(a) (Training of staff) 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 "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17) and "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14).

This is to ensure staff skills and knowledge is consistent with the Care Inspectorate document, 'Guidance on records you must keep and notifications you must make (early learning and childcare services, including childminders).'

3. By 1 October 2025, the provider must ensure children are safe and accounted for at all times by providing developmentally appropriate play and learning experiences that keep them engaged.

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

a) ensure staff interact with children regularly in ways that support them to learn and develop

b) ensure staff offer children appropriate support to develop emotional resilience in play

c) ensure staff encourage children to be independent and develop skills for life.

This is to comply with Regulation 4(1)(a)(b) (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 "I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect" (HSCS 1.29) and "As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity" (HSCS 2.27).

This is to ensure staff skills and knowledge is consistent with the Care Inspectorate practice notes, 'Keeping children safe.'

## How good is our setting?

## 2 - Weak

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

### Quality indicator 2.2: Children experience high quality facilities

Staff had made a few changes to the layout of the playroom and added some resources so children's play was more creative and fun. Some of these changes reflected children's interests. Most spaces were clean and wipeable with fixtures and fittings that were of a sufficient quality for children's care, play and learning.

Children's safety and wellbeing was compromised by poor quality facilities. The manager kept a log of maintenance concerns and work was currently under way to fix a dislodged pipe that had been causing an unpleasant and intrusive smell in the children's toilets. There had been significant delays in the provider responding to maintenance issues raised by the service which increased the risk of children being harmed. For example, the manager had reported a tap that was running water that was too hot for children to use and following several months this had not yet been fixed. This put children at risk of scalding. There were wooden units, tyres and pallets next to fencing and staff were not supervising these areas effectively to reduce the risk of children using these objects to climb over the fence unnoticed by staff. Spare clothing was stored in the children's toilets but was not stored appropriately in a sealed box. They were also stored next to mops and mop buckets that were touching the clothes. This represented a significant risk to the spread of infection. Children must be cared for in premises that are safe and fit for purpose and we have made a requirement for the service to improve. **See requirement one.**

Staff did not assess and manage risk well enough to keep children safe and protected from avoidable harm. There had been a previous incident where a child had been left in the playroom alone at lunchtime, without any adult supervision. This had been distressing for both the child and their family. Staff had made some changes to their routine at lunchtime to make this safer. The routine was disorganised and staff did not have a clear understanding of their roles and responsibilities at this time. As a result, staff could not confidently account for children at all times and this increased the risk of children being left on the premises alone.

We observed several accidents in the outdoor play space, including where children used bikes and scooters. A few bikes were not appropriate for use in the nursery and staff did not support children to understand how to play safely on bikes to avoid trips and falls. Staff had not appropriately assessed this risk and did not put measures in place to support children to play safely. In addition, other measures in place to mitigate risk were not being implemented. For example, a door to a storage space that should not be accessed by children was locked, however, the key was left in the lock when children were in the playroom. This meant that there was potential for children to access an unsafe space where medication was stored.



We were concerned that the measures in place to reduce risk were ineffective and compromised children's health, safety and wellbeing.

We were concerned that staff were not skilled in assessing risk in children's daily experiences, including in specific activities. We were not confident that children were supported to be safe at all times on the premises. **See requirement two.**

## Requirements

1. By 22 August 2025, the provider must ensure that children's safety and wellbeing is protected by ensuring the premises is safe and well-maintained.

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

- a) ensure maintenance issues are fixed in a timely manner
- b) improve security around the perimeter of the premises
- c) provide appropriate storage for storing resources, especially in high risk areas such as toilets and for cleaning materials.

This is to comply with Regulation 2(a)(b) (Fitness of premises) and 4(1)(d) (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 "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 is to ensure that staff skills and knowledge is consistent with the Public Health Scotland document, 'Health protection in children and young people settings, including education' and the Care Inspectorate document, 'Space to Grow and Thrive: Design guidance for early learning and school age childcare settings'.

2. By 22 August 2025, the provider must keep children safe and protected from harm by ensuring all staff can assess risks to children's health, safety and wellbeing to a satisfactory standard, and consistently implement appropriate measures to reduce risk.

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

- a) ensure staff identify potential hazards, assess risk and implement measures to keep children safe
- b) ensure staff put effective systems in place to ensure children are safe and accounted for at all times.

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

This is to comply with Regulation 8 (Training of staff) 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 "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20) and "If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me" (HSCS 3.23).

## How good is our leadership?

## 1 - Unsatisfactory

We evaluated this key question as **unsatisfactory**. There were major weaknesses in critical aspects of performance and those accountable for carrying out necessary action must do so, as a matter of urgency, to keep children safe and protected.

### Quality indicator 3.1: Quality assurance and improvement are led well

We found that, over the last year, the leadership team had not responded appropriately to serious incidents and this impacted negatively on children's experiences and outcomes. Families had received conflicting information from leaders and staff which caused significant confusion and distress. Communication with families after these incidents had been unsatisfactory. Staff and leaders had not effectively implemented relevant procedures when responding to families' concerns and had not planned effectively to meet children's needs following these incidents. A few families told us they were apprehensive about making a complaint and were worried this might impact on their child's experience. One parent described staff as being "stand-off-ish" and also told us they had felt ignored by a few staff since raising concerns about an incident. Some parents did not know how to raise a concern or make a complaint. Some families were unaware that they could make a complaint directly to us and lacked trust and confidence in the service to keep children safe.

Two serious incidents had not been well investigated. Although a few actions were taken to improve practice, these measures had not been sufficient to reduce the risk of a similar incident happening again. For example, personal planning approaches to keep children safe took too long to be implemented and staff did not apply this effectively in practice. Leaders had given conflicting information to other agencies which could have reduced their ability to assess risk. A notification we received about one serious incident was not accurate, did not reflect the records held in the service and did not fully reflect the serious nature of the concern.

When we reviewed information regarding complaints, we identified that improvements could be made when responding to serious incidents, complaints and concerns. These must be managed promptly and appropriately, including identifying areas for improvement and appropriately sharing actions taken to improve with families. **See requirement one.**

Several staff raised their concerns with us about the quality of children's experiences. However, they had not used relevant policies and procedures to support improvement and protect children. Some families had also raised concerns with staff about how they were supporting their child. Poor practice in supporting children had been observed by other members of the staff team. However, staff did not share information about this poor practice with leaders. During an incident of inappropriate physical intervention during the inspection, other staff observed this poor practice but did not challenge this or report the incident to the manager or leaders. There was also evidence that there had been at least two previous incidents of inappropriate physical intervention since the start of the year, which compromised children's health, safety and wellbeing. While action was taken by the manager to discuss this with those involved, this intervention had not impacted on improving staff practice and children were still experiencing inappropriate physical intervention in their daily experiences. Some staff told us that their meetings focussed too much on the needs of staff rather than children's needs, rights and choices. This compromised children's health, safety and wellbeing.

The service had been given additional support from the local authority over the last two years to improve. Some improvements had been made but these were not sustained and a few staff were resistant to change. Most staff were not yet being effectively supported or challenged to reflect on their own practice to make improvements and promote positive outcomes for children.

Our findings from this inspection suggest that any positive impact from the additional support provided was minimal and did not improve children's experiences enough to keep them safe and protected. We were very concerned that action had not been taken to ensure staff working with children had the leadership support, skills and knowledge needed to fulfil their roles and responsibilities. **See requirement two.**

There had been significant and frequent changes in leadership over the last few years which impacted on the consistency and continuity of children's experiences. Staff told us that those responsible for deploying staff and ensuring key tasks were completed did not do so in a way which supported them well. We were also very concerned that some senior staff tasks and responsibilities had not been completed, for example, reviewing medication and ensuring each child had a personal plan in place. This demonstrated that important quality assurance activities were not being completed which compromised children's health, safety and wellbeing. Staff did not work effectively as a team and low standards for communicating with each other were tolerated in daily interactions between staff, with children and with families. We were also concerned about the atmosphere children and families experienced as a result of poor teamwork. We have reported further on this under key question 4, 'How good is our staff team?' The lack of effective leadership to support daily routines and experiences for children, compromised their health, safety and wellbeing. **See requirement three.**

A few improvements were made during the inspection to keep children safe, for example, the manager met with staff to discuss our most serious concerns and made changes to a health care plan to keep a child safe. When we discussed the improvements that needed to be made, the manager was able to describe some quality, evidence-based solutions they planned to implement to improve children's care, play and learning. We also met with the provider following the conclusion of the inspection to discuss the steps they were taking to improve children's experiences.

## Requirements

1. By 22 August 2025, the provider must ensure that children's health, safety and welfare is protected by effectively investigating serious incidents, complaints and concerns and responding appropriately.

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

- a) ensure staff report and record incidents, complaints and concerns accurately and in a timely manner
- b) provide accurate information to relevant professionals and other agencies that helps them to assess risk
- c) communicate effectively with families about serious incidents and complaints and respond promptly to their concerns
- d) identify relevant areas for improvement resulting from incidents and complaints and act to address these
- e) ensure families feel confident to make complaints without negative consequences for them or their child
- f) ensure families know how to make a complaint and understand the complaints procedure.

This is to comply with Regulation 4(1)(a)(b) (Welfare of users) and 18(2)(3) (Complaints) 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 know how, and can be helped, to make a complaint or raise a concern about my care and support" (HSCS 4.20) and "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me" (HSCS 4.21).

2. By 22 August 2025, the provider must protect children's health, safety and welfare by ensuring staff working with children have the right skills and knowledge to fulfil their roles and responsibilities.

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

- a) ensure staff have a satisfactory understanding of their roles and responsibilities, including their responsibility to report any concerns about staff practice
- b) closely monitor staff practice to ensure children are safe and protected from harm
- c) implement procedures that ensure poor practice is recognised and reported, that ways for staff to improve are proactively identified and that staff are supported to improve
- d) measure and evaluate the impact of any support offered to improve children's experiences
- e) take swift action when improvements are not being made in a timely manner.

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

This is to comply with Regulation 8(1)(a) (Training of staff) 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 "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20) and "My human rights are central to the organisations that support and care for me" (HSCS 4.1).

3. By 22 August 2025, the provider must keep children safe and protected from harm by providing effective leadership in the nursery on a daily basis.

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

- a) implement leadership that provides adequate oversight of staff and children's routines
- b) implement leadership that ensures key tasks are completed
- c) implement leadership that promotes effective teamwork between staff
- d) implement leadership that ensures all staff are respectful and courteous in their interactions with each other, children and families
- e) implement leadership that ensures children and families consistently experience a calm and positive atmosphere.

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

This is to comply with Regulation 7(1) (Duty on care service providers to ensure appropriate staffing) 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 "I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention" (HSCS 3.1) and "I use a service and organisation that are well led and managed" (HSCS 4.23).

## How good is our staff team?

## 1 - Unsatisfactory

We evaluated this key question as **unsatisfactory** because there were major weaknesses in critical aspects of performance and we were concerned about the safety and well-being of children. We issued the service with an improvement notice connected to these concerns.

For further details of this enforcement, see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

### Quality indicator 4.3: Staff deployment

Staff did not deploy themselves well enough to keep children safe, healthy and accounted for at all times. We observed a child entering an unsafe and unsupervised area of the garden by climbing over a fence. Staff did not notice and we alerted staff that the child had left the safe play space. Staff were not supervising this area well enough to keep children safe. We saw staff did not place themselves effectively across most of the play spaces to ensure children were well supervised and supported in line with their identified needs and plans at all times. For example, some staff stood or sat with their back to children while they played. Staff did not communicate well enough with each other about where children were playing throughout the day, including during busy periods such as lunchtime. This reduced their ability to ensure children were accounted for at all times.

We saw one child playing with a small, sharp tack which presented both a choking and injury hazard. Staff did not act to remove this from play and we intervened to keep the child safe. There had also been a previous incident where a lack of supervision and access to inappropriate resources had meant a child needed medical attention. Staff and managers had not reviewed this incident effectively and had not identified how they could improve their practice to keep children safe. As a result, children's health, safety and wellbeing was compromised.

Two serious incidents, previously referred to in this report, compromised children's safety and wellbeing. These incidents could have been avoided if staff had supervised children more closely and carefully. Staff deployment was not well led on a daily basis to ensure children remain safe and ensure key areas of the premises are checked and supervised. Children must be well supervised and safe at all times so they are protected from harm. **This is now subject to an improvement notice which was issued on 9 June 2025.**

The service had enough staff to meet adult to child ratios. We saw a few staff speaking to each other during the day to complete key tasks such as cleaning food preparation areas and changing children's nappies. Most staff were task orientated and did not spend quality time with children. Several staff missed opportunities to sit with children at their level and have fun with them. Staff did not work flexibly as a team to respond appropriately to children's needs, rights and choices. There was very little communication between staff and, when staff did need to work together, this was disorganised and tense. Important information was not being shared to keep children safe and healthy and several staff agreed that teamwork needed to improve to effectively promote positive outcomes for children.

A few parents were concerned about some staff having a poor attitude towards their role. They also told us about their views that some staff did not act professionally when speaking with families. Families lacked confidence in some staff and their motivation for working with children. Some staff were not focused on improving outcomes for children. A lack of teamwork and negative working relationships had resulted in poor outcomes and experiences for children, including limited progress in children's speech and language and a lack of emotional resilience in play. Staff must be well led and managed to promote effective teamwork and provide a calm and positive atmosphere for children and families. Requirement three under key question 3, 'How good is our leadership?' has been written to address this poor practice and ensure staff teamwork and communication improves quickly enough to support positive outcomes.

## 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

How good is our care, play and learning?	1 - Unsatisfactory
1.1 Nurturing care and support	1 - Unsatisfactory
1.2 Children are safe and protected	1 - Unsatisfactory
1.3 Play and learning	2 - Weak

How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak

How good is our leadership?	1 - Unsatisfactory
3.1 Quality assurance and improvement are led well	1 - Unsatisfactory

How good is our staff team?	1 - Unsatisfactory
4.3 Staff deployment	1 - Unsatisfactory

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