

Autism & Neurodiversity North Scotland - Aberdeen Playscheme Day Care of Children

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Aberdeen
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Type of inspection:
Unannounced

Completed on:
3 June 2025

Service provided by:
Autism & Neurodiversity North
Scotland

Service provider number:
SP2003000368

Service no:
CS2003001829

About the service

Autism and Neurodiversity North Scotland - Aberdeen Playscheme is situated in a residential area of Aberdeen. The service is on a bus route and is near to local shops, parks, and other amenities.

The service is registered to provide a care service to a maximum of 20 children between the ages of four and 18 years at any one time.

Children have access to a playroom, sensory room, technology room, soft play room, library room, and toilet facilities, with office space and a kitchen being available for staff use.

About the inspection

This was an unannounced inspection which took place on 31 May 2025 between 09:15 and 16:45 and 1 June 2025 between 08:45 and 15:45. 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:

- interacted with children using the service
- spoke with one of their parents/carers
- received six completed questionnaires (this includes all types)
- spoke with staff and management
- observed practice and daily experiences
- reviewed documents.

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

This included reviewing the following aspects:

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

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

Key messages

- Children were cared for with nurturing and caring approaches.
- Children's personal plans had improved and led to more consistent care. Further development, including input from parents was ongoing.
- Children experienced safe and positive mealtimes.
- Staff did not always identify potential risks to keep children safe indoors and during outings.
- Outings to parks, beaches, and other amenities in the community were enjoyed by most children.
- Quality assurance and self evaluation processes led to improved outcomes and positive experiences for children.
- Staff were motivated to develop their knowledge and skills to keep children safe and well.
- Improved leadership of the setting led to improved outcomes for children.

From this inspection we evaluated this service as:

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

How good is our care, play and learning?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

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

How good is our care, play and learning?

3 - Adequate

We evaluated different parts of this key question as adequate and good, with an overall grade of adequate where strengths only just outweighed weaknesses.

1.1 Nurturing care and support

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Children were cared for with nurturing and caring approaches. Staff were kind and patient and used gentle voices. They cuddled children when they were upset and a few children were soothed with hand holding and back rubs. This contributed to a relaxed and calm ethos and happy children.

Staff were respectful of children's wishes. They understood some children needed time for quieter play to help them regulate their emotions and feel comfortable. At other times, staff were at children's level, helping to engage and stimulate their interests. Happy children responded with joyful gestures and smiles.

Children were discreetly supported in their personal care. They were willing to go with staff, demonstrating positive attachment which helped them feel safe and at ease.

Children were cared for by familiar staff who knew them well. The morning briefing provided staff with a good understanding of the children they were supporting and the debrief at the end of the day further supported this process. This contributed to children who were provided with the individual care and support they needed.

The management team had undertaken an audit to update children's personal plans. This had not been fully completed and the manager advised this was ongoing. Some plans were easy to understand with well recorded information; other plans were still in the process of being typed up. This resulted in some information being less easy to find. Parents were included in the review process, however not all parents had responded. The manager advised that they were looking at new ways to share children's personal plans, involve parents, and support working together (see area for improvement 1).

Children were not kept safe by effective procedures to support the safe administration of medication. We were advised there were no children attending the service who required medication to be administered during playscheme. However, we found two forms for children with an identified medical condition where the information was not current and medicines were not available. We asked the manager to contact parents or the referral agency to ensure they were provided with the information needed to help keep children safe and well. They agreed to action this. We were informed by the manager that the children did not attend the service until this information was made available (see requirement 1).

Children experienced safe and positive mealtimes. Parents provided snacks and meals, and provision was made for children to eat when they wanted to, ensuring food was left for later if they were hungry. Children could choose where they ate lunch, including sitting at the clean and inviting table or on the sofa. All the children were seated safely and supported by staff who were kind in their interactions. A few children were able to help to heat their food and enjoyed pressing the timer on the microwave. This led to children enjoying calm, unhurried, and relaxed mealtimes tailored to their individual needs.

Children who required PEG (percutaneous endoscopic gastrostomy) feeding were supported by trained and knowledgeable staff. Children's privacy and dignity was respected and administration forms were completed well to help ensure their safety.

1.3 Play and learning

We evaluated this quality indicator as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Children were happy and engaged learners. They were able to move freely between rooms and had fun. A few children enjoyed painting and colouring pictures and one child enjoyed the sensation of running rice through their hands, gesturing their delight with smiles and hand movements.

There were some opportunities for parents to chat and find out about their child's day at drop-off and pick-up times. Some parents contacted did not feel well informed about what their child had been doing and the opportunities or experiences offered to them. Other parents told us their children enjoyed the trips to the park. We discussed this with the manager who advised other ways, including the introduction of online children's profiles, were in the process of development to help promote positive parental engagement.

Planning approaches, including the written evaluation of children's experiences in daily notes, had improved. This meant children were supported in their progress and development and took part in some activities they enjoyed.

Most staff demonstrated positive interactions to engage and motivate children. They read stories with the children who responded by also reading some words. They helped children paint, played games, and pushed the children on swings at the park. As a result, children were happy and engaged.

Opportunities for play and learning were enhanced through connections to children's own and wider communities. A minibus enabled children to visit play parks, the beach, and other amenities. During the inspection, children enjoyed trips to the Maritime Museum and a play park. All the children enjoyed the park, playing on the swings and playing basketball. However, not all children enjoyed the busy and distracting Maritime Museum. This was noted by staff and used to inform a child's personal plan to help ensure they were offered more suitable trips in the future.

Children's choice was respected and they could choose where they wanted to play. A few staff were less confident in their interactions when supporting children to transition between activities. This meant children were not always given the time or provided with the strategies needed to process information. On a few occasions, such as when preparing lunch, this led to a few children becoming dysregulated and upset. The manager advised they were in the process of creating visual cue cards to help children process information and make choices.

Requirements

1. By 28 July 2025, the provider and manager must ensure children's health and safety in relation to the safe and effective administration of medication.

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

a) Complete an audit of children's personal plans to identify any medical needs and ensure information to support children with medical needs or allergies are clearly recorded and up-to-date.

- b) Ensure that, where required, medication is provided prior to children attending and is stored safely.
- c) Ensure staff are fully aware of children who require medication and are skilled in its administration.

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: 'My care and support meets my needs and is right for me' (HSCS 1.19).

Areas for improvement

1. To promote children's care needs and emotional wellbeing, the provider and manager should ensure children's personal plans contain clear and detailed current information and parents are fully involved in this process of review.

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).

How good is our setting?

3 - Adequate

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

Improvements to the environment contributed to positive experiences for children and families. Play areas, the kitchen, and toilets were clean, fresh, and well maintained. Cupboards were tidy and toys accessed by the children were stored safely, supporting their choice and independence. Some areas, such as the library, looked more inviting with children's handprints displayed on the walls. This gave a sense of ownership for children and staff.

Play areas looked inviting and were presented well. Children were able to move freely between play areas which were welcoming and ready for use. This included the attractive sensory room with lights and cushions to calm and aid children's emotional regulation. Children were able to access a range of interesting and sensory resources, such as sand, coloured rice, and paint which supported their learning and development.

Staff demonstrated a good understanding of promoting children's safety. They understood the service's least restrictive practice policy and understood the importance of using gentle touch to guide children and keep them safe, when appropriate.

Risk assessments and daily checks were not effective to ensure a safe environment. Dynamic risk assessments were in place to help staff identify potential risks during outings. However, not all risks, such as litter in children's play areas, were fully removed to keep children safe. Full risk assessments had been updated since the previous inspection, however in some instances these did not contain enough detail to promote children's safety. We discussed this with the manager who took immediate action to review the risk assessment for the organised trip on the day of inspection. This was a previous requirement and has been extended until 28 July 2025 (see requirement 4 under the section 'What the service has done to meet any requirements we made at or since the last inspection').

Heaters in some rooms grew hot very quickly and were burning to touch. This meant the hourly monitoring introduced since previous inspection was ineffective to keep children safe. The provider advised that radiator covers had been purchased and when fitted would be monitored to ensure their effectiveness. This was raised with the chief executive officer and the manager who informed all heaters would be switched off until a safe solution was found. As a result, a new requirement has been made to ensure children's safety (see requirement 1).

Training and modelling of good practice led to improved staff knowledge of infection prevention and control practices. This resulted in an improved general cleanliness of the environment. Children were encouraged to wash their hands before eating and after going to the toilet to help keep them safe and well.

Requirements

1. By 28 July 2025, the provider must ensure children are cared for in a safe environment.

To do this, the provider must, at a minimum ensure heaters are a safe temperature at all times.

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: 'My environment is secure and safe' (HSCS 5.19).

How good is our leadership?

3 - Adequate

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

The service was well led by managers who were present in the service. This led to effective modelling of good practice and ongoing support to staff. Staff spoke appreciatively about this and felt more confident in their roles and responsibilities. The service was in the process of recruiting a new manager to help ensure this level of support is sustained.

The day-to-day routines of the service were supported by an effective team leader. Staff spoke positively about the guidance provided to them which led to improved experiences for children. Opportunities for other staff to develop their skills in order to undertake this role were ongoing.

There were some opportunities for parents to be involved in the development of the service. Parents were able to come in and share information with staff when they dropped-off or picked-up their children. This was made easier with reviewed arrangements to limit staff grouping together in the small foyer. Any parents who required to share confidential information were able to do so in the bright and airy office spaces. Other ways to share information included messaging and emails. However, those parents contacted felt communication was limited and most did not feel involved in the development of the service.

Self evaluation of the service led to improved experiences for children. Staff were involved in the process and felt valued for their suggestions and contributions. Staff meetings were better attended and provided staff with the opportunity to share their opinions and reflect on their practice. Monitoring of staff practice was ongoing and led to some staff being provided with the individual support needed to develop their skills. This was demonstrated in the improved interactions and positive outcomes for children.

Quality assurance procedures were beginning to impact on children's experiences. Audits of children's information had improved children's personal plans and audits of the environment showed improvements in cleanliness and in providing inviting spaces for play. However, children's medical care plans were out-of-date and medication to keep them safe and well was not available. This had not been identified by the manager to keep children safe. We raised this with the manager who agreed to contact parents or the referral agency. Children did not access the service until this was completed. The assessment of safety and suitability of the heaters were not effective to keep children safe. The manager took action and purchased new radiators covers. They were aware of their responsibility to assess these for their suitability once fitted. An area for improvement in relation to quality assurance was made at the last inspection and this has not been met (see area for improvement 2 under the section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Since the previous inspection, overall staff morale had improved. Staff spoken with told us they enjoyed their job and working with the children. This led to an improved ethos where children experienced fun activities and were well cared for.

Staff were motivated to develop their knowledge and skills to meet the needs of the children. They spoke positively about the modelling of practice from the management team and benefited from opportunities to reflect and discuss practice during team meetings. This led to an increased confidence in guiding and supporting children to keep themselves safe and in maintaining an inviting play environment. An audit of staff experience and training had been completed by management and opportunities to develop staff skills in first aid, play therapy, and in engaging interactions were ongoing. The manager advised they would take responsibility for ensuring staff completed the required training and learning and development opportunities.

Children were kept safe by staff who were safely recruited. New staff took part in an induction programme which developed their understanding of autism and neurodiversity. They spoke positively about this and the impact on their practice. All staff were registered on the appropriate part of the register with the Scottish Social Services Council (SSSC).

The deployment of staffing was effective to support consistent and nurturing care. There were enough staff present to care for the children and meet their needs. This included having skilled and knowledgeable leaders, both in the setting and during outings. Although staff breaks did not impact on children's experiences, some staff chose to work throughout the session. We discussed the benefit of encouraging staff to take breaks to support their health and wellbeing.

During inspection, children were cared for by experienced staff who knew the children in their care well. This promoted consistent care and positive experiences for children. Rota systems where staff volunteer for shifts increased the potential for less experienced staff to be working. When this was discussed with the manager they advised that the mix of staff experience and skills was always considered when organising staff for shifts. Some parents contacted felt they had a positive relationship with staff, others felt they had not been introduced.

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

Requirements

Requirement 1

By 31 March 2025, the provider and manager must ensure children are supported with nurturing care that meets their care needs and emotional wellbeing.

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

- a) Ensure children's personal plans are up-to-date and parents have been fully involved in this process.
- b) Ensure staff are well informed about the children and use the personal planning information to provide individualised and responsive care relevant to their needs.

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: '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 5 February 2025.

Action taken on previous requirement

For all children, personal plans were in place and information had been updated to help support staff to meet their needs. However, some plans were still in the process of being typed up.

Although parents were included in the review process, not all parents had responded to support working together and promote a continuity of care. The manager advised they were continuing to contact parents or the referral agency if contact could not be made. They advised online profiles were going to be introduced to make the sharing of information easier.

The morning briefing provided staff with a good understanding of the children they were supporting and the debrief at the end of the day further supported this process. This led to children who were cared for by familiar staff who knew them well and were responsive to their individual needs.

Some parts of the requirement have been met and a new area for improvement has been made to address any outstanding issues under key question 1 ('How good is our care, play, and learning?').

Met - within timescales

Requirement 2

By 8 February 2025, the provider and manager must ensure children experience positive and safe mealtimes.

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

- a) Ensure staff are well informed about children's individual food preferences and eating patterns and use this to plan unhurried and relaxed mealtime experiences.
- b) Ensure children are encouraged to sit and eat in a safe location.
- c) Ensure staff provide children with the supervision, support, and care to meet their individual needs at mealtimes.

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: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

This requirement was made on 5 February 2025.

Action taken on previous requirement

Children experienced safe and positive mealtimes.

Children could choose where they ate lunch, including sitting at the clean and inviting table or on the sofa. All the children were seated safely and supported by staff who were kind in their interactions. Staff remained with the children and effectively supervised them to keep them safe.

Met - within timescales

Requirement 3

By 28 February 2025, the provider and manager must ensure children's health and safety in relation to safe and effective infection prevention and control.

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

- a) Staff are knowledgeable, competent, and implement safe and effective infection prevention and control practices.
- b) The environment, resources, and equipment are clean and well maintained.

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

This requirement was made on 5 February 2025.

Action taken on previous requirement

Staff demonstrated a good understanding of infection prevention and control practices. They had undertaken training and the modelling of good practice from the management team led to improved staff knowledge and skills.

There was an improved general cleanliness of the environment. Play areas, the kitchen, and toilets were clean, fresh, and well maintained. Resources were clean and fit for purpose.

Met - within timescales**Requirement 4**

By 28 February 2025, the provider must ensure children's safety, health, and wellbeing indoors, when playing outside, and on outings.

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

- a) The environment is safe and well maintained, with toys and games stored safely.
- b) Staff are knowledgeable and competent in carrying out effective risk assessments and take appropriate action to prevent potential harms.

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: 'My environment is secure and safe' (HSCS 5.19).

This requirement was made on 5 February 2025.

Action taken on previous requirement

The play environment was not safe, with heaters in some rooms becoming hot very quickly and burning to touch. This meant the hourly monitoring introduced since previous inspection was ineffective to keep children safe. Urgent action was needed to keep children safe. This was raised with the chief executive officer and the manager who informed all heaters would be switched off until a safe solution was found.

Cupboards were tidier and toys accessed by the children were stored safely, supporting their choice and independence.

Risk assessments and daily checks were not effective to ensure a safe environment. Dynamic risk assessments were in place to help staff identify potential risks during outings. However, not all risks, such as litter in children's play areas, were fully removed to keep children safe. Full risk assessments had been updated since previous inspections, however in some instances these did not contain enough detail to promote children's safety.

This requirement had not been met and we have agreed an extension until 28 July 2025.

Not met

Requirement 5

By 28 February 2025, the provider must ensure there is a qualified, skilled, and experienced manager/leader in the service at all times and that they effectively carry out their specific role and responsibilities.

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: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 5 February 2025.

Action taken on previous requirement

The service was well led by managers who were present in the service. We were advised by the manager that an experienced, qualified manager would be in the service at all times and that they were in the process of recruiting a new manager to support this.

The management team were effective in supporting staff and in the modelling of good practice. A new team leader had been recruited to help ensure day-to-day routines were followed and effective. Other staff were being supported to develop their skills in this role to help promote consistent care and positive experiences for children.

Met - within timescales

Requirement 6

By 31 March 2025, to promote the safety and wellbeing of people, the provider must ensure that staff have the required knowledge, skills, and experience to meet the needs of all children in the service.

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

- a) Carry out a training needs analysis to identify what training and development is required for each role.
- b) Ensure staff receive the required training and development opportunities to enable them to be competent in their role.
- c) Maintain an accurate record of all staff training and ensure staff undertake the required training within the agreed and required timescales.
- d) Implement quality assurance systems to evaluate the effectiveness of training and development opportunities and ongoing competency of staff.

This is to comply with Section 8(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: '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 requirement was made on 5 February 2025.

Action taken on previous requirement

The management team had completed a training needs analysis of staff skills and knowledge.

Staff training and development opportunities had improved to help develop staff skills confidence and competency in their role. Training in first aid, play therapy, and in engaging interactions were ongoing. Where individual professional development needs were identified, staff were provided with the support they needed to develop their knowledge and skills.

Management ensured staff attended training and completed a record of attendance.

Quality assurance systems to evaluate the effectiveness of training and development opportunities and ongoing competency of staff included questioning during morning briefings and ongoing informal monitoring.

Met - within timescales**Requirement 7**

By 31 March 2025, to ensure that children's care, learning, and support needs are met, the provider must ensure staffing arrangements are safe and effective.

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

- a) Assess and review children's care and support needs and ensure staff on duty are knowledgeable, skilled, and experienced in providing responsive child-centred support.
- b) Ensure staffing arrangements take account of staff knowledge, skills, and experience and that staff are deployed effectively to meet the individual needs of children.

This is to comply with Section 8(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: '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 requirement was made on 5 February 2025.

Action taken on previous requirement

Processes were in place to help plan staff rotas to ensure children were cared for by staff who knew them well and who were experienced in meeting their individual care needs. This included ensuring staff on duty were competent in providing medical care such as PEG (percutaneous endoscopic gastrostomy) feeding.

The deployment of staffing was effective to support consistent and nurturing care. There were enough staff present to care for the children and meet their needs. This included having skilled and knowledgeable leaders, both in the setting and during outings.

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 promote children to have fun and enjoyment, the manager and staff should ensure children experience high quality play experiences to stimulate their curiosity, imagination, and creativity.

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 5 February 2025.

Action taken since then

Children were happy and engaged learners. They were able to move freely between rooms and had fun. Play experiences looked inviting and were planned to meet the needs of the children attending.

This area for improvement has been met.

Previous area for improvement 2

To support positive outcomes and experiences for children and to help ensure their individual care needs are met, the provider and manager should ensure quality assurance and self evaluation lead to improved outcomes for children and families.

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 5 February 2025.

Action taken since then

Quality assurance procedures were beginning to impact on children's experiences. Audits of children's information had improved children's personal plans and audits of the environment showed improvements in cleanliness and in providing inviting spaces for play.

However, other areas of potential risk had not been identified. Children's medical care plans were out-of-date and medication to keep them safe and well was not available. This had not been identified by the manager. We raised this with the manager who agreed to contact parents or the referral agency. Children did not access the service until this was completed.

The assessment of safety and suitability of the heaters were not effective to keep children safe and risk assessments completed for outings were not effective to fully identify the risk to children.

This area for improvement has not been 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

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

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