Braidbar After School Care
Day Care of Children

Braidbar Primary School
Kyle Drive
Giffnock
Glasgow
G46 6ES

Telephone: 07449 332 491

Type of inspection:
Unannounced

Completed on:
8 October 2026

Service provided by:
Braidbar After School Care Service Limited

Service provider number:
SP2003000773

Service no:
CS2003003848

About the service

Braidbar After School Care is registered to provide a care service to a maximum of 50 children of primary school age to attend the Breakfast Club, and no more than 40 children shall attend the After School Service. The care service may operate Monday to Friday, term-time only. At the time of inspection 78 children were registered with the service.

Children were accommodated in Braidbar Primary School which is situated in the residential area of Giffnock, East Renfrewshire. During the operating times the service will have the exclusive use of the dining area of the gym hall, kitchen, toilets and cloakroom. During the Breakfast Club and after 16:30 the service will have access to the whole area of the gym hall. The service is close to local schools, shops, parks and other amenities.

About the inspection

This was an unannounced inspection which took place on 23, 24, 29 and 30 September 2026. Feedback was delivered on 8 October 2026. The inspection was carried out by three 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:

- Spoke with children using the service
- Received feedback from nine families through online questionnaires
- Spoke with four staff
- Spoke with the chairperson of the committee
- Spoke with the manager of the service
- Observed practice and daily life
- 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, some improvements were identified relating to the core assurances.

Key messages

- Leadership and management of staff and resources were at an early stage of development and did not yet consistently support positive outcomes for children and families.
- A serious concern letter detailing requirements surrounding management of medication and safer recruitment of staff was issued to the provider on 24 September 2026. Further details of this can be found within this report.
- Children benefited from free flow access between indoor and outdoor areas. The outdoor environment supported active and risk beneficial play.
- Risk assessments and arrangements for children moving between indoor and outdoor areas were not sufficiently robust and required improvements.
- Resources and toys available should be regularly rotated, reviewed and improved to enable children greater choice and breadth in their play experiences.
- Arrangements for the storage and processing of information in the setting were poorly managed and did not comply with relevant legislation and best practice guidance.
- Children enjoyed time with their friends in a familiar environment.
- Children enjoyed snack times that provided them opportunities to develop their life skills and independence.
- The service had introduced a personal plan template for children, which continue to be developed and embedded into practice.
- Leaders needed to strengthen child protection arrangements, policies and procedures.
- The team had focused on strengthening relationships with families by creating a welcoming environment and improving communication.

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	2 - Weak
Children play and learn	2 - Weak
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

Quality Indicator: Leadership and management of staff and resources

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

Leadership and management of staff and resources was at an early stage of development and did not yet consistently support positive outcomes for children and families. The service's vision, values, and aims were not clear or shared across the service. As a result, staff did not have a shared understanding of the setting's direction or how their work contributed to improving outcomes for children. The provider and manager should work with children, families, staff, and the Parent Committee to develop a clear and ambitious vision that reflects children's rights, needs, and aspirations. This would strengthen collective ownership and support everyone to contribute meaningfully to the future development of the service.

The service had developed an improvement plan following a recent complaints investigation. Priorities reflected the requirements and area for improvement identified, and some actions had progressed. However, recorded changes were not fully achieved and had not yet resulted in sufficient improvements to outcomes for children and families. Staff were unfamiliar with the Care Inspectorate Quality Improvement Framework for School Age Childcare and self-evaluation guidance. The team should use these resources to support a continuous cycle of reflection, evaluation, and improvement. This would help staff identify strengths and priorities, agree measurable actions, and evaluate the difference improvements make to children's experiences and outcomes. The previous area for improvement set has not been met. Further details can be found under 'What the service has done to meet any areas for improvement we made at or since the last inspection.'

Children confidently described what they enjoyed, including having toast and spending time with friends. They also told us they were bored and wanted a wider range of resources and activities. The recently introduced suggestion box and 'You said, we did' board were positive steps towards gathering and responding to children's views. These approaches should now be embedded within the service's improvement processes so that children are routinely involved in identifying priorities, shaping developments, and evaluating change. Staff should provide regular, clear feedback to children about the action taken, as this would demonstrate their views were valued and had influenced their experiences. The previous area for improvement set has not been met. Further details can be found under 'What the service has done to meet any areas for improvement we made at or since the last inspection.'

The manager had begun developing a quality assurance calendar. However, quality assurance systems were not sufficiently established or effective to support the manager and provider to identify and address risks consistently. Significant gaps in medication management and safer recruitment presented potential risks to children and staff. As a result of the potential risks to children's safety and wellbeing, we issued a serious concern letter to the provider on 24 September 2026. The letter outlined the immediate improvements we required the provider to make.

Further visits to the service were carried out on 29th and 30th September and 8th October 2026 to evaluate whether improvements had been made. We found that the provider had made progress in all areas which ensured people were safe. We evaluated that these requirements had been met.

The manager, with support from the provider, should now implement robust monitoring and auditing arrangements to evaluate practice, maintain accountability, and ensure improvements are embedded and sustained. This would support consistently safe practice and high quality care for children registered with the service. The previous requirement set has not been met, and we have agreed an extension. Further details can be found under 'What the service has done to meet any requirements made at or since the last inspection.'

Recruitment records did not demonstrate compliance with national and local safer recruitment guidance. Records did not consistently include evidence of Protecting Vulnerable Groups (PVG) scheme membership, interview notes, or suitable references had been obtained before employment. The service updated its safer recruitment policy in response to the concerns detailed in our letter of serious concern, issued on 24 September 2026. The provider and manager should now maintain complete, accessible recruitment records in line with data protection requirements. We have requested that the provider and manager consider how PVG scheme membership will continue to be monitored and updated in line with current legislation.

Induction arrangements did not consistently support staff to understand their roles and expected standards. We highlighted the 'National Induction Resource' to the manager. Using this resource with new and existing staff would strengthen knowledge, consistency, and accountability within the team. It would also enable the manager and staff to identify training needs and support staff members' continuing professional development. All staff were appropriately registered with the Scottish Social Services Council (SSSC), with some being supported to achieve qualifications linked to their conditions of registration.

Children thrive and develop in quality spaces — 2 - Weak

Quality Indicator: Children experience high-quality spaces.

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

Accident and incident records sampled were completed appropriately and signed by staff and parents. Parents also received additional information following head bumps, helping them monitor children after an injury. The service should now review its policy against current best practice guidance, including RIDDOR and Care Inspectorate notification requirements, so that records of serious or externally treated injuries and incidents are consistently recognised, managed, and reported. The manager should introduce regular and robust audits to identify any patterns, discuss findings with staff, and establish mitigation measures to reduce potential risks to children accessing the service.

Risk assessments did not consistently identify hazards, required control measures or how these would be implemented. The new template had not been fully completed, and controls relating to large outdoor play equipment, staff deployment and open gates were not consistently embedded in practice. This reduced assurance that children could use the environment safely and were consistently supervised when outdoors. Risk assessments should be regularly reviewed with staff and monitored in practice to ensure identified controls remain effective. The previous requirement set has not been met, and we have agreed an extension. Further details can be found under 'What the service has done to meet any requirements made at or since the last inspection.'

The extensive outdoor area offered children valuable opportunities for active play, exploration, and enjoyment. Children had fun playing football, climbing, and using hula hoops.

However, the limited range of outdoor resources restricted choice, creativity and opportunities for varied play and learning. Increasing accessible, stimulating resources, informed by children's views and interests, would support greater independence, engagement, and challenge outdoors.

Arrangements for children moving between indoor and outdoor areas were not sufficiently robust. Headcounts and attendance registers were not used competently or consistently, which meant children could not always be reliably accounted for across multiple spaces. Parents collecting children from the nursery and after school service could also access the playground. Staff should use the SIMOA (Safe, Inspect, Monitor, Observe, Act) principles to strengthen arrival, departure, and access arrangements, including accurate registers, regular headcounts, effective supervision, and secure entry and exit points. This would enable children to benefit from free flow outdoor play while remaining safe, supervised and protected. The previous requirement set has not been met, and we have agreed an extension. Further details can be found under 'What the service has done to meet any requirements made at or since the last inspection.'

Children washed their hands on arrival, supporting positive hygiene routines. Staff had completed online infection prevention and control training. However, food safety arrangements were inconsistent: staff did not use Personal Protective Equipment (PPE) during snack preparation, and dairy products remained in a warm room for more than an hour before being served. Reviewing storage, handling and preparation procedures would reduce avoidable risks and support children's health.

Two toilets were available, while a third was out of use. The provider should review current guidance on toilet provision and ratios to ensure sufficient, suitably equipped facilities consistently meet the needs, privacy, and dignity of all children. This would ensure children access facilities in line with the Care Inspectorates Space to Grow and Thrive guidance.

Arrangements for the storage and processing of information in the setting were poorly managed and did not comply with relevant legislation and best practice guidance. Personal information was stored across laptops, USB devices, a phone, and paper files. The manager and staff had not completed data protection training, and the service was not currently registered with the Information Commissioner's Office. Clear systems for the secure storage, access, retention, and disposal of personal information must be established by the provider and manager. Staff should be supported to undertake training to ensure they understand their roles in using and storing data in line with the principles of data protection legislation. We have made an area for improvement below.

Areas for improvement

1. To ensure sensitive and personal information is stored and processed safely and securely, the provider, at a minimum should:

Ensure the manager and staff are knowledgeable and understand their role in handling and storing data.

Register the service with the Information Commissioner's Office.

Update Data Protection policies and procedures so they comply with general data protection requirements.

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).

Children play and learn 2 - Weak

Quality indicator: Playing, learning, and developing.

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

Children did not consistently experience a sufficiently stimulating range of play opportunities. Resources were not prepared before the morning or afternoon sessions, and the play environment lacked inspiration. Several children told us they were bored and we observed some children moving around the edge of the space or engaging in play fighting because they were not purposefully engaged. This limited children's opportunities to make choices, follow their interests, and become deeply involved in play. The previous area for improvement set has not been met. Further details can be found under 'What the service has done to meet any areas for improvement we made at or since the last inspection.'

The manager had introduced a weekly play plan and recently added review sheets. However, planning was basic and did not sufficiently reflect children's interests, developmental stages, needs, or views. Staff responded when children requested equipment, which resulted in them leaving play to collect resources, reducing their availability for meaningful interaction and support. Staff should develop their understanding of child-led play and create a responsive planning cycle based on observation, consultation, and evaluation. A broader range of accessible, inclusive, and stimulating resources should be available from the start of each session, enabling children to lead and extend their own play. The previous requirement set has not been met, and we have agreed an extension. Further details can be found under 'What the service has done to meet any requirements made at or since the last inspection.'

Children benefited from free flow access between indoor and outdoor areas. The outdoor environment supported active and risk beneficial play through football, running, monkey bars and climbing equipment. Some hoops, skipping ropes and balls were available, although the limited range of resources restricted choice and the variety of outdoor experiences. Using children's interests and ideas to develop the provision would increase challenge, creativity, and sustained engagement. The previous area for improvement set has not been met. Further details can be found under 'What the service has done to meet any areas for improvement we made at or since the last inspection.'

The newly established Children's Charter, suggestion box, snack choices, activity review sheets, and floor book provided opportunities for children to express their views. The recent addition of an Achievement Wall celebrated children's successes and strengthened communication with families. These were positive developments, but many were new and not yet fully embedded. Staff should routinely demonstrate how children's views influence planning, resources, and improvement. This would strengthen children's ownership, participation, and engagement in the life of the service.

Children are supported to achieve 2 - Weak

Quality indicator: Nurturing care and support

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

Most staff were warm, patient and kind in their engagement with children. They showed a genuine care for the children attending and were responsive to their individual needs, requests, and preferences. We highlighted some practice with the manager and provider that would not align with the principles of the Health and Social Care Standards. On occasions staff did not respond appropriately to children's verbal and nonverbal communication. We suggested the team undertake trauma informed practice and adverse childhood experiences training.

Staff spoke of opportunities they had introduced in the service to enable older children to buddy and support younger children attending. We observed children excitedly waiting for their buddies to arrive and play at breakfast club. This approach supported children in creating positive relationships with each other and becoming responsible citizens, fostering their sense of belonging in the service.

Snack time provided children with opportunities to help prepare, independently select, and serve food using tongs and spoons. Children took pride in their role as snack helpers and enjoyed helping their peers each day. This supported children to develop their confidence, independence, and life skills. We made suggestions to the manager about how to further develop the snack time experience, such as introducing a rolling snack to ensure children did not wait for long periods and become bored.

We also suggested that staff sit with children while they ate to engage them in conversation and provide appropriate supervision. We requested that the team ensure children did not eat while playing, as this would reduce the risk of choking and promote healthy eating habits. We requested that the manager review the available snack options to ensure choices were healthy and aligned with current dietary guidance, including 'Food Matters' and 'Healthy Eating in Schools.'

The service had introduced a personal plan template comprising of an enrolment form and an 'All About Me' record, developed by key workers with children. Plans included some information about children's likes, dislikes, and the people important to them. However, plans were difficult to access on the online system, which limited staff access to important information and reduced children's ownership of their plans. Families had not yet reviewed the 'All About Me' information. Personal planning should be developed in partnership with children and families and made readily accessible to staff. This would ensure that the information was current and consistently informed responsive, child-centred care and support.

Some personal plans used wellbeing indicators to identify children's needs; however, this approach was not in place for all children. In the plans sampled, strategies were not always clearly identified, which reduced assurance that children would receive consistent, child-centred support. The manager should continue to develop personal planning and strengthen links with the school to support a coordinated, multi-agency approach for children with additional support needs. This would help staff understand each child's needs and implement agreed strategies consistently. The previous requirement set has not been met, and we have agreed an extension. Further details can be found under 'What the service has done to meet any requirements made at or since the last inspection.'

Medication management arrangements needed to be strengthened to protect children's health, safety, and wellbeing. Robust recording and monitoring systems, alongside regular policy reviews, were required to provide assurance that medication was managed safely, consistently and in line with current guidance. We issued a letter of serious concern on 24 September 2026 and were satisfied with the immediate actions taken by the provider and manager to ensure that children attending the service had medication that was in date, with clear consent forms and health plans that enabled staff to respond to children's emergency health needs. The manager should now establish a robust and effective process for receiving new medication and monitoring any existing medication stored on the premises.

Leaders needed to strengthen child protection arrangements. Policies and training records sampled during the inspection did not reflect current best practice guidance. The manager needed to develop their knowledge of the national child protection guidance, as well as the service's own policies, procedures, and recording requirements. This would enable them to fulfil their responsibilities effectively and ensure staff understood and applied agreed processes consistently. Stronger leadership oversight and clear accountability would increase staff confidence and help ensure that any concerns about children were recognised, recorded, and responded to appropriately. We have made an area for improvement below.

The team had focused on strengthening relationships with families by creating a welcoming environment. Families and staff engaged in daily conversations, which helped support connections with the team. Parents collected their children from the play space, and we observed that this was relaxed and unhurried, allowing children time to finish their games or crafts before leaving.

The team had created a noticeboard for families to read at the end of each day, which included important information. The recently created 'You said, we did' display allowed parents to view what children had suggested and the team's response. The manager advised that they were mindful of their communication with families and had introduced more frequent emails. Parents told us they felt communication had improved recently and commented that email communication was informative and helpful.

Areas for improvement

1. To ensure children are safeguarded and protected from harm, the provider, at a minimum should:

Ensure the manager and staff are knowledgeable and understand their roles in reporting, responding, and recording child protection concerns.

Updated policies, procedures and guidance in line with current best practice guidance and legislation.

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).

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

Requirements

Requirement 1

By 11 September 2026, the provider must improve the quality of care, support and outcomes for children. To do this, the provider must at a minimum:

a) develop a personal plan for every child that clearly identifies their individual care, health and support needs
b) ensure personal plans are created in partnership with parents and, where appropriate, other professionals
c) regularly review and update personal plans to reflect any changes in children's support needs

This is in order to comply with: Regulations 5(1) and 5(2) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210)

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This requirement was made on 10 June 2026.

Action taken on previous requirement
The service had introduced a personal plan template comprising of an enrolment form and an 'All About Me' record for every child. Plans included some information about children's likes, dislikes, and the people important to them.

Plans were currently stored online and not accessible to children.
Plans had been created with children and their key workers. However, the service had not yet reviewed plans with parents or other professionals.

Some personal plans used wellbeing indicators to identify children's needs. However, this approach was not in place for all children. Strategies were not always clearly identified.

This requirement had not been met, and we have agreed an extension until
31st January 2027.

Not met

Requirement 2

By 11 September 2026, the provider must improve the quality of care, support and outcomes for children. To do this, the provider must at a minimum:

a) ensure staff are effectively deployed to supervise children at all times, including during outdoor play
b) ensure no child is left unsupervised in any area
c) ensure all staff understand and follow safeguarding responsibilities in relation to supervision

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210) 6 of 8

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

This requirement was made on 10 June 2026.

Action taken on previous requirement

Arrangements for children moving between indoor and outdoor areas were not sufficiently robust.

Headcounts and attendance registers were not used competently or consistently, which meant children could not always be reliably accounted for across multiple spaces.
Risk assessments and controls relating to large outdoor play equipment, staff deployment and open gates in the playground were not consistently embedded in practice.

This requirement had not been met, and we have agreed an extension until 31st January 2027.

Not met

Requirement 3

By 11 September 2026, the provider must ensure that staff have the appropriate knowledge and skills to support children's play, learning and development. To do this, the provider must, at a minimum:

a) provide staff with training on the importance of delivering meaningful, play-based experiences that support children's individual needs and interests
b) develop and implement effective quality assurance processes, including regular monitoring of staff practice, to ensure training is embedded and consistently improves outcomes for children

This is in order to comply with: Section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

This requirement was made on 10 June 2026.

Action taken on previous requirement

The team had completed training in person and online related to play pedagogy and child led play. However, this had not yet resulted insufficient improvements to staff practice to support positive outcomes for children.

The manager had begun developing a quality assurance calendar.

However, quality assurance systems were not sufficiently established or effective to support the manager and provider to identify and address risks consistently. Whilst the manager identified they had plans to introduce monitoring of staff practice through appraisals, these had not yet been introduced or established.

This requirement had not been met, and we have agreed an extension until.
31st January 2027.

Not met

Requirement 4

By 29th September 2026, the provider must implement safe and effective recruitment practices, in accordance with good practice and national safer recruitment guidance. To do this, the provider must, at a minimum:

a) Demonstrate that all staff currently employed by the service are actively registered with the Protecting Vulnerable Groups (PVG) scheme.
b) Review and update the services safer recruitment policy and procedure to align with the Care Inspectorate's "Safer Recruitment Through Better Recruitment" published on September 2023.

Regulation 7(1)and 8 (1) of The Social Care and Social Work
Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI
2011/2010)

This requirement was made on 24 September 2026.

Action taken on previous requirement
The service was able to demonstrate that all staff who are currently employed and active committee members were registered with the Protecting Vulnerable Groups (PVG) scheme or had undertaken relevant disclosure checks.

The manager and provider reviewed and updated the services safer recruitment policy and procedure to ensure it aligned with current best practice guidance.

This requirement has been met.

Met - outwith timescales

Requirement 5

By 29th September 2026, the provider must develop a safe and effective medication procedure that supports children's individual health and medical needs. To do this the provider must, at a minimum:

a) Review and update the storage and administration of medication policy and procedures to align with the Care Inspectorate's "Management of medication in daycare of children and childminding services" Edited in July 2025.
b) Ensure every child attending the service, who has an identified health need and medication, has a completed consent form signed by parents and a detailed health plan that records the signs, symptoms and administration of medication guidance.

This is in order 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 requirement was made on 24 September 2026.

Action taken on previous requirement

The manager and provider reviewed and updated the services storage and administration of medication policy and procedures to align with current best practice guidance.

The manager liaised with families to ensure every child attending the service, who had an identified health need and medication, had a completed consent form signed by parents and a detailed health plan that recorded the signs, symptoms and administration of medication guidance.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support children's wellbeing, learning and development, the provider should ensure that they develop their approach to planning and delivering meaningful experiences.

This should include, but is not limited to, ensuring children are consistently engaged in a broad and balanced range of play opportunities. Make better use of children's views and interests to shape experiences that support their individual learning, development and social interaction.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 10 June 2026.

Action taken since then

Children did not consistently experience a sufficiently stimulating range of play opportunities.

Planning was at the early stages and was not yet fully embedded.

The newly established suggestion box, activity review sheets, and floor book provided opportunities for children to express their views. These were positive developments but not yet fully embedded.

This area for improvement is not met.

Previous area for improvement 2

To support meaningful communication and partnership working with families, the provider should ensure that clear and consistent communication systems are in place.

This should include, but is not limited to, maintaining accurate records of discussions, concerns and planning. Sharing clear and relevant information about the service, including updates to staffing, the environment, and any changes or improvements in practice.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

This area for improvement was made on 10 June 2026.

Action taken since then

The team had created a noticeboard for families to read at the end of each day, which included important information.

The team had created 'You said, we did' display which allowed parents to view what children had suggested and the team's response.

The manager had introduced more frequent emails to inform families of any changes, new staff and important information about the service.

Parents told us they felt communication had improved recently and commented that email communication was informative and helpful.

This area for improvement is met.

Previous area for improvement 3

To support positive outcomes for children, the provider should ensure that the service's policies and procedures are regularly reviewed and aligned with best practice guidance and current legislation.

This should include, but is not limited to, reviewing and updating all policies and procedures so they accurately reflect current practice, use appropriate language, and are consistently applied. Staff should also be supported to understand and implement these policies effectively, promoting consistent quality care for children.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 10 June 2026.

Action taken since then

We highlighted policies and procedures that required to be reviewed and updated so they accurately reflected current best practice guidance and legislation. While the manager and provider had updated some policies these were still to be shared with staff.

Staff should be supported to understand and implement any new or amended policies effectively. Ensuring they understand their roles and responsibilities to promote a consistent quality of care for children attending.

This area for improvement is not met.

Previous area for improvement 4

The provider should monitor staff files to ensure they include all of the necessary information. The provider should refer to our lists of records that all registered care services (except childminding) must keep and Care Inspectorate good practice guidance 'Safer Recruitment Through Better Recruitment' (2016).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I am confident that people who support and care for me have been appropriately recruited" (HSCS 4.24).

This area for improvement was made on 26 November 2019.

Action taken since then

This area for improvement was not met and is now a requirement. Please see section 'What the service has done to meet any requirements we made at or since the last inspection.'

Previous area for improvement 5

The manager to work together with staff, children and parents/carers to develop an improvement plan which identifies and delivers key achievable and measurable improvement priorities. To ensure the priorities are achieved the provider to develop robust quality assurance systems to monitor the improvements.

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

This area for improvement was made on 11 November 2019.

Action taken since then

This area for improvement was not met and is now a requirement. Please see section 'What the service has done to meet any requirements we made at or since the last inspection.'

Complaints

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

Detailed evaluations

Leadership	2 - Weak
Leadership and management of staff and resources	2 - Weak

Children thrive and develop in quality spaces	2 - Weak
Children experience high quality spaces	2 - Weak

Children play and learn	2 - Weak
Playing, learning and developing	2 - Weak

Children are supported to achieve	2 - Weak
Nurturing care and support	2 - Weak

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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