Rainbow Nursery And After School Club, Glenrothes
Day Care of Children

Pentland Park
Saltire Centre
Glenrothes
KY6 2AL

Telephone: 01592 630 126

Type of inspection:
Unannounced

Completed on:
2 September 2026

Service provided by:
Rainbow Nursery Ltd

Service provider number:
SP2005007625

Service no:
CS2003007454

About the service

Rainbow nursery and after school club is in Glenrothes, Fife. It provides a day care of children service to a maximum of 117 children aged from six weeks old to 14 years of age. Children have access to a designated playroom for their age group, enclosed garden spaces, toilet facilities and a multipurpose hall. The service is close to schools and nurseries, green spaces, other local amenities and can be reached by transport links.

About the inspection

This was an unannounced inspection which took place on Monday 31 August and Tuesday 1 September 2026 between 08:30 and 17:30. This 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:
- spoke to and spent time with 35 children using the service and five families
- received six completed questionnaires from families and staff
- spoke with staff and the management team
- assessed core assurances, including the physical environment
- observed practice and daily life
- reviewed documents
- followed up complaint requirements and areas for improvement

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe; the physical environment is well maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary within the heading Leadership.

Key messages

- Improvements had been made to the spaces across the service.
- A new transition programme had been implemented to ensure transitions were managed at the pace of the child and in consultation with families.
- The service must ensure there is effective leadership that drives improvements, supports consistently high-quality care and learning that is led by best practice.
- The service should review their vision, values and aims with all stakeholders to promote a shared vision and a consistent approach.
- The service should ensure systems are effective at identifying risk and action is taken so the environment remains secure and well maintained.
- Staff should be supported to develop their skills and knowledge to ensure children experience warm, responsive interactions that support their wellbeing, learning and development.
- Staff should be supported to develop their understanding and use the planning cycle effectively to ensure children's ideas, interests and next steps influence experiences.
- The service should ensure children's health, care and learning needs are safely and consistently met through robust healthcare arrangements.
- Personal plans should be consistently completed with all relevant information to meet children's needs. Plans should be reviewed with children and families.

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 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

We made an evaluation of weak for this quality indicator, as there were some strengths, but these were compromised by important weaknesses.

Quality indicator: Leadership and management of staff and resources

The service had a mission statement that stated what they wanted children and families to experience. This was to provide a welcoming, safe and friendly environment where children could blossom into happy, confident individuals. Staff were not sure what the service vision or values were and only became aware of these at a recent meeting. As a result, there was limited evidence of a shared understanding across the team to reflect the experiences and outcomes the service wanted for children and families. To support a consistent approach and shared understanding across the team, the service should review their vision, values and aims with staff, children and families. (See area for improvement 1.)

Failings within the leadership team had impacted on the service's capacity for change. For example, improvement priorities were not aligned with the significant requirements and areas of improvements. This meant staff were not fully supported to develop their skills and knowledge through identified training. Staff reported that they had not been meaningfully involved in identifying improvement priorities or implementing change. They did not always have confidence in leadership decisions, particularly when concerns relating to children, families and staff were raised. This meant there was a culture where staff did not feel empowered or valued as issues raised were not addressed appropriately. This diminished staff's involvement in implementing positive change. The service should ensure there is a competent manager in post who can provide effective leadership, support staff, and drive the implementation of agreed improvements to achieve positive outcomes. (See requirement 1.)

Some quality assurance processes were in place but not having an impact in promoting effective change. Audits identified areas for development and recorded actions for follow-up. There was insufficient evidence that these actions had been implemented or evaluated for impact. For example, observations of practice identified weaknesses within the core provision, including experiences that were considered unengaging for children. As a result, no actions had been taken to address these findings. Also, audits of children's journals highlighted areas requiring improvement. Follow-up activity was not evident and most journals reviewed lacked relevant updated information. This meant leaders could not demonstrate that quality assurance processes were leading to consistency in practice to ensure all staff knew what was important to children. As a result, processes were not yet effective.

Self-evaluation for improvement was not having an impact on sustained change. Staff had very limited knowledge of best practice guidance to support self-evaluation and highlighted that they had not been included in reflective discussions to evaluate the service. We saw some questionnaires had been used to gather families feedback but there was no evidence that suggestions had informed improvements. As a result, children and families did not always experience quality care due to ineffective improvement planning.

Concerns in operational leadership were found. A security concern was identified in relation to an external door, creating the potential for unauthorised access. Staff were unaware of this issue, raising concerns about the effectiveness of monitoring systems and oversight of health and safety responsibilities (see area for improvement 2.)

Safer recruitment processes had not been consistently followed. Recruitment records did not fully record key information, including evidence of references being fully obtained prior to employment. Recruitment systems did not consistently reflect the service's own policies and lacked sufficient documentation to demonstrate robust decision-making.

Arrangements for mentoring, staff induction and professional support were inconsistent. Some staff told us they hadn't been fully supported or enabled to develop their skills, knowledge and experience for the role. Some staff were aware of the Scottish Governments national induction resource; however, this had not been routinely used. This meant staff had limited understanding of how the guidance could support them in their role and professional development. As a result, the service could not provide assurance that all staff were receiving effective support, guidance and learning opportunities. We encouraged the service to use this resource with the team to ensure they are fully supported to develop their skills, knowledge and experience that is influenced by best practice. This area for improvement had been identified at the last inspection and has been restated. See section of the report 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Requirements

1. By 28 February 2027, the provider must ensure that the service is managed effectively by a competent manager who has the skills, knowledge and experience necessary for managing the service.

In order to achieve this, the provider must, at a minimum, and not limited to:

(a) Lead and manage a team, supporting them to develop their skills, knowledge and confidence to meet children's needs.
(b) Implement practice that reflects the relevant codes of conduct.
(c) demonstrate a sound knowledge of safeguarding legislation, statutory guidance, and organisational policies relating to children's rights, safety and wellbeing.

This is to comply with Regulation 7 (c) (fitness of manager) of The Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation which is managed and well led' (HSCS 4.23).

Areas for improvement

1. To ensure children, families and staff benefit from a service that promotes a shared vision that reflects high standards and aspirations for children. The service should review their visions, values and aims.

This should include but not limited to:
(a)involving all stake holders in the process
(b) promoting consistency in practice across the staff team
(c) staff to be knowledgeable and confident delivering high-quality care and learning that is embedded in the everyday life of the setting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSC 4.7).

2. To keep children safe, the provider should ensure that children experience an environment that is well maintained.

This should include but is not limited to:
a) reviewing the environment for potential risks and taking action to address these
b) ensuring doors are secure at all times
c) ensuring actions identified are appropriately and timeously addressed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'My environment is secure and safe' (HSCS 5.17).

Children play and learn 2 - Weak

We made an evaluation of weak for this quality indicator, as there were some strengths but these were compromised by important weaknesses.

Quality indicator: Playing, learning and developing

Children had some opportunities to lead their play. They told us they liked playing outdoors and with friends. At times play was restricted by staff grouping children or limiting their access to the wider provision. For example, children did not access the outdoor space until later in the morning. This limited choice and engagement in their preferred area of play. When children did access the outdoors, many spaces had no resources. Staff spoke about the garden being developed and were asked what should be available for children to access, recognising areas needed resourcing. This impacted on children's opportunities to engage in the provision.

We recognised improvements had been made across the environments with more areas of core provision; however, some spaces were not fully resourced or engaging. This impacted on children's choice, motivation and challenge. Opportunities to be creative, use their imagination, and make progress in their play and development was therefore diminished. Many staff did not fully understand children's developmental needs or always support interests through positive interactions. For example, some children sat alone in areas with resources or walked around spaces for periods of time without interaction from staff to engage them in the provision. This highlighted staff did not fully recognise their need to engage children in meaningful play or understand their role in observing, interacting and extending learning. As a result, some children were not engaged and there was missed opportunities to support learning and development. This area for improvement was identified at the last inspection and had been re-stated. See section of the report 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Staff did not demonstrate an understanding of how children learn and develop or fully implement strategies that had been identified for individual children. For example, board maker symbols and now and next boards should have been used to support transitions and communication. The use of strategies was not consistent across the team. This resulted in missed opportunities to promote children's choice and engagement. Across the playrooms children were grouped for periods of time to manage routines. For example, in the toddler room children were sitting for an extended period before they ate, whilst some staff prepared snacks on the other side of the gate. This restricted children's rights to play, stopping engagement with sensory resources that are important for the stage of development (see area for improvement 1.)

Many staff were focused on completing tasks. As a result, there were missed opportunities to observe and respond to children's verbal and nonverbal cues. This impacted on opportunities to engage in children's play and extend their learning. Some staff were able to share what was important to some children and their interests, however, this was not consistent across the team. Where staff covered from other rooms, it was not ensured they always knew what was significant to children. Staff would benefit from training and development on reading children's cues and how to interact to support learning.

A responsive planning system was in place across the setting. This was not consistently completed or demonstrating that staff understood significant observations or evaluating children's learning and progress. Staff told us that planning was completed by senior staff, highlighting that they had limited opportunities to develop their confidence, skills or experience of the planning cycle. Nearly all observations recorded on the daily responsive plans we sampled were a diary of events. This demonstrated staff would benefit from further training to support their understanding of significant observations, how to extend children's interests and evaluate learning. This area for improvement was identified at the previous inspection and has been re-stated. See section of the report 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Floor books documented children's previous interests but these had not been updated for some time. Staff told us they don't complete floor books in the holidays and that there had been no interests from children since the new term. They were unsure why they didn't document learning. When children were asked about the floor books, they said these were the adults. This highlighted that documenting learning and revisiting this to support evaluation was not embedded.

Tracking children progress was documented in personal learning journals. However, these were not used consistently and did not inform meaningful next steps. From the journals we sampled, next steps recorded were broad statements and not clear about how children would be supported in their learning and development. Staff would benefit from support on using children's individual next steps to inform planning and the provision to ensure that there is breadth and challenge across the curriculum.

Areas for improvement

1. To ensure all children experience warm, responsive, and meaningful interactions that support their wellbeing, learning and development. Staff should develop their knowledge, skills, and confidence to promote high quality learning.

This should include, but not limited to, engaging in training and professional development that reflects current best practice.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22)

This is to ensure 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).

Children are supported to achieve 2 - Weak

We made an evaluation of weak for this quality indicator, as there were some strengths, but these were compromised by important weaknesses.

Quality indicator: Nurturing care and support

Care and support identified inconsistencies in practice which impacted on children's wellbeing, dignity and overall experiences. Nearly all staff were observed to be task-focused throughout the inspection. This resulted in limited nurturing interactions and occasions when children's emotional needs were not responded to sensitively. As a result, opportunities to support children's emotional wellbeing, strengthen relationships and promote a sense of security were missed. This requirement was identified at the last inspection and has been re-stated. See section of the report 'What the service has done to meet any requirements we made at or since the last inspection'.

Personal care practice was inconsistent across the service and did not always demonstrate respect for children's rights, dignity and individual preferences. While some staff consulted children and involved them in decisions about their care, others directed them. For example, children's nappies were checked without consent, and children were taken into the bathroom area while others were being changed. Language used by some staff did not always reflect respectful practice during care routines. Some staff wiped children's faces without first seeking permission or supporting them to develop independence skills. These practices did not consistently reflect a rights-based approach or promote children's independence or dignity. Varied practice in supporting personal care had been identified at the last inspection. Staff would benefit from further training to promote consistent approaches and positive change.

Mealtime experiences demonstrated some strengths but were inconsistent in supporting high-quality interactions. The introduction of a rolling lunchtime in the 3-5 room had created a calmer and more flexible routine. Staff did not value mealtimes as an opportunity for meaningful engagement as they did not consistently sit with children. This limited opportunities to promote conversation, quality engagement and did not ensure children were safe as they ate. Staff deployment during mealtimes was not always effective as some staff were focussed on completing tasks. For example, tidying the playroom. In the toddler room, one practitioner was supporting children during lunch while another staff member was absent from the room for an extended period of time. This reduced opportunities to provide responsive support and nurturing approaches. As a result, children did not consistently experience a mealtime that promoted safety, wellbeing and connection (see area for improvement 1.)

Sleep and rest arrangements supported children to settle comfortably, with appropriate use of cots, blankets and familiar comfort items. Children appeared familiar with established routines and staff created calm environments to support rest. We encouraged the service to think about practice that could support individual children's routines with response to their needs. For example, when a child stated that they were too tired to eat lunch and wanted to go to bed, this was not accommodated. As a result, children's individual preferences and rights to have their needs responded to were not always respected.

Systems to support children's healthcare needs required improvement. While few children needed medication, some staff lacked confidence and understanding regarding medication administration procedures. Documentation reviewed contained missing information, including the dosage of medication required. This was then added by staff without confirmation from families. These weaknesses increased the risk of error. As a result, the service could not fully demonstrate that robust systems were in place to safeguard children's healthcare needs. Further review of medication management procedures, recording systems and staff knowledge was required to ensure safe practice (see requirement 1.)

New transition processes had been introduced to gather important information from families to support children moving between rooms or into the setting. Records demonstrated that some appropriate decisions had been made to support transitions and there was evidence of progress in this area. Documentation had not been consistently completed across all playrooms, limiting its effectiveness in ensuring continuity of care and learning. Staff would benefit from further engagement with national best practice guidance to strengthen their understanding of effective transitions (see area for improvement 2.)

Personal planning in journals was not yet fully effective in ensuring that children's individual needs, preferences and what was important to them were consistently recorded. Learning journals included photographs and observations of play and learning with some use of language of progression, demonstrating how children were developing. This was inconsistent and varied across the service. Important information was not always fully recorded, reviewed or updated within the "All About Me" section of the journals. This had the potential to impact children's wellbeing and the quality of support they received. For example, information relating to allergies, medication requirements and cultural identity were not consistently detailed or reviewed. In some instances, staff were unaware of children's nationality or first language as this had not been recorded. As a result, personal planning arrangements were not consistently supporting personalised care and learning experiences. The service should ensure that personal plans are completed with all relevant detail important to the child and reviewed consistently with children and families to reflect their needs and preferences (see area for improvement 3.)

Staff had created a warm atmosphere, welcomed families into the service and took time to talk with them at drop off and pickups. Families spoke positively about ongoing communication through the Family App and valued how information was provided. The service had introduced opportunities to engage families through events and open days. Staff told us they were well attended and helped strengthen connections between the service and the wider community. As a result, relationships with families promoted positive connections.

The service maintained records of concerns raised by families and there was evidence that issues had been acknowledged and steps had been taken to rectify them. Feedback from families highlighted some changes in staffing had impacted on the continuity of care. For example, staff changes had affected the relationships their children had developed with familiar adults. One parent said they rarely saw their child's key worker and felt stronger relationships had been established with other staff members. This led to uncertainty about whether their child's learning and development were being consistently monitored and whether planning records accurately reflected their progress. We shared this feedback with the service who reflected that staffing had been changed to respond to absence and they would consider this in future staff deployment.

Requirements

1. By 21 September 2026, the provider must ensure all staff are able to meet children's healthcare needs.

To do this the provider must, at a minimum:

(a) ensuring all staff have the knowledge, skills and understand how to meet children's healthcare needs across the service.
(b) follow best practice guidance in respect of management of medication
(c) obtain and document parental consent and, where appropriate, the child's involvement in decision-making.
(d) Have robust systems in place to regularly review healthcare plans and medication arrangements so that medicines are administered safely, accurately and in accordance with individual healthcare 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 care and support is consistent with Health and Social Care Standards(HSCS) that state that: I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

Areas for improvement

1. To ensure children experience a positive mealtime routine that promotes their safety, engagement and positive connections with staff and peers.

The service should ensure effective staff deployment to support children, recognising the valuable opportunities that the meal time routine offers. Staff should consistently sit with children during this routine to ensure safety, encourage independence and promote healthy food habits.

This is to ensure care and support is consistent with Health and Social Care Standards(HSCS) that state that: 'People have time to support and care for me and to speak with me' (HSCS 3.16).

2.
To ensure children consistently experience positive transitions that are responsive to their needs and planned in partnership with families, the provider should continue to support staff in developing their knowledge and understanding of effective transition practices.

This should include, but not limited to:
a) ensuring that all relevant transition documentation is completed and reviewed with families in a timely and consistent manner.
b) using national best practice guidance to develop understanding and support all transitions, including transitions between play experiences, moving rooms and changes to the staff team.
c)review and evaluate the transition programme with all stakeholders to ensure it meets all children's needs.

This is to ensure care and support is consistent with Health and Social Care Standards that state that: I can control my own care and support if this is what I want (HSCS 2.1)

3. The provider should ensure that personal plans are completed and reviewed consistently with children and families to reflect children needs, choices and preferences.

This should include but not limited to:
a) ensuring all relevant information has been recorded,
b) staff are confident in using the plan to meet children's needs,
c) identify specific next steps that influence planning and provision to ensure that all children are fully supported to reach their full potential.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) that 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 is to ensure care and support is consistent with Health and Social Care Standards (HSCS) that state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected'(HSCS 1.23).

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

Requirements

Requirement 1

Requirement 1 By 15 January 2026, the provider must support children to ensure they experience positive transitions that are underpinned best practice and aligned to individual care and development needs.

To do this, the provider must, at a minimum ensure:
a) no child is moved rooms to meet the needs of the business;
b) staff and families have planned transitions based on children's care and development needs;
c) communication with families keeps them well informed of upcoming visits, and of how successful their child's visit has been;
d) implement a system for management to audit, and review children's transition experiences.

To be completed by: 15 January 2026 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 is to ensure care and support is consistent with Health and Social Care Standard 2.1: I can control my own care and support if this is what I want.

This requirement was made on 24 June 2025.

Action taken on previous requirement
A new transition programme was introduced that focused on gathering important information from families to help support transitions between rooms. From the information we reviewed it identified that appropriate decisions had been made to support the transitions between rooms or into the service. The new

documentation had not always been fully completed consistently across all playrooms. We recognised that some progress had been made and this requirement has been de-escalated to an area for improvement in 'Children are supported to achieve'.

Met - within timescales

Requirement 2

By 15 January 2026, the provider must ensure children receive nurturing care and support from a staff team that have the knowledge, skills, and competence to provide individual care that is right for them.

In order to achieve this, the provider must, at a minimum, and not limited to:

a) ensure that all staff have access to training/development on nurturing care and rights based trauma-informed practices;
b) ensure that all staff have access to training/development in relation to using restorative approaches to build meaningful relationships between children;
c) ensure that all staff have access to training/development in relation to child development and be able to effectively use this to provide tailored support to meet children's individual needs;
d) ensure that all staff have access to training/development on how to help children manage their emotions through effective use of co-regulation until children begin to self-regulate.
e) ensure that a system is implemented for management to audit, and review the impact of how this training and development impacting on staff practice. More importantly, be able to evidence the impact that this is having on positive outcomes for the children using the service. To be completed by: 15 January 2026

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 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 24 June 2025.

Action taken on previous requirement
During this inspection, we did not observe consistent nurturing care and support being provided to children. While some staff interactions were warm, practice was variable across the team and did not consistently demonstrate a nurturing, trauma-informed or child-centred approach.

We found insufficient evidence that all staff had accessed, completed and embedded learning in relation to nurturing care, rights-based trauma-informed practice, restorative approaches, child development and co-regulation. As a result, staff responses to children's individual needs were not always consistent, proportionate or informed by an understanding of children's experiences, developmental needs and emotional wellbeing.

This requirement has not been met and we have agreed to extend the timescales until 1 March 2027.

Not met

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

The manager should ensure that planning approaches are further developed to involve children and all staff in planning for and reviewing of learning. Staff should be supported in developing their understanding of planning cycles with clear links made between planning and learning journals.

This is to support children to achieve their potential. This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that "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 area for improvement was made on 14 September 2023.

Action taken since then

The service has made limited progress in addressing this area for improvement. While there was some evidence of planning processes being in place, these were not yet sufficiently developed to demonstrate meaningful involvement of all children and staff in planning for and reviewing learning experiences.

During the inspection, we found that planning approaches were not consistently informed by children's views, interests, and emerging learning. Opportunities for children to influence their learning and play experiences were not evident across all areas of practice. In addition, staff understanding of the planning cycle varied, and links between planning documentation and children's learning journals were not always clear or well evidenced. this area for improvement has not been met and has been restated.

Previous area for improvement 2

To support children's health, safety and wellbeing, the provider should ensure risk assessments are developed. These should be clear and easily understood by all people involved in the service. Staff involvement in developing the risk assessments will support this to be a shared approach and impact positively on these being implemented into practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My environment is secure and safe' (HSCS 5.17).

This area for improvement was made on 8 June 2022.

Action taken since then

We recognised that a risk assessment template had been implemented for the rooms, outdoors and trips. The service should continue to support all staff to develop their confidence and understanding in assessing risks and making changes to documentation where appropriate. Progress had been made and this area for improvement had been met.

Previous area for improvement 3

The provider should further develop their systems to support and mentor staff following recruitment. Using the Scottish Governments National induction resources for early learning and childcare would ensure staff practice is supported and their skills, knowledge and understanding of practice ensures high quality care and learning.

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

This area for improvement was made on 14 September 2023.

Action taken since then

There was limited evidence to demonstrate that newly appointed staff had received structured induction, ongoing mentoring, or planned support to help them develop the skills, knowledge and understanding of best practice required for their role.

The provider had not fully utilised the Scottish Government's National Induction Resources for Early Learning and Childcare to support staff development. As a result, the service could not demonstrate that all staff were being consistently supported to understand expected practice standards, reflect on their role, and develop the competencies required to provide high-quality care and learning experiences for children. this area for improvement has not been met and has been restated.

Previous area for improvement 4

The provider should ensure that all staff have a sound knowledge and understanding of 'Realising the Ambition-Being Me.' Staff should be able to demonstrate that they can confidently implement all aspects of this guidance. This will allow them to promote the care and support children receive using research-based practice.

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 24 June 2025.

Action taken since then

The service provided staff with copies of Realising the Ambition: Being Me. The distribution of guidance alone did not ensure that staff had a clear understanding of the expectations for its use in practice. There was limited evidence that all staff had received structured learning, reflection, or support to develop a sound knowledge of the guidance or to confidently implement its principles within their daily work.
Staff were not consistently able to demonstrate how Realising the Ambition: Being Me informed their practice or explain how they used the guidance to support children's learning, development, and wellbeing. This meant there was insufficient assurance that research-based approaches were being embedded consistently across the service. this area for improvement had not been met and has been restated.

Previous area for improvement 5

The provider should ensure that children's nappies are being routinely checked and that this information is being effectively shared with parents to keep them informed of the care their child is receiving.

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 24 June 2025.

Action taken since then

Nappy-changing procedures were observed, procedures reviewed and demonstrated that children's personal care needs were being met appropriately and recorded accurately. Staff conducted routine nappy checks throughout the day and documented these on the Family App. Information relating to children's care was shared with parents through daily communication systems, ensuring they remained informed about their child's care and wellbeing. Progress had been made and this area for improvement had been met.

Previous area for improvement 6

The provider should ensure that staff work closely with Jayden and his family to make sure that he is getting the right type of care and support to meet his individual needs.

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 24 June 2025.

Action taken since then

We reviewed evidence recorded that documented communication between the service and the family. From the documentation we reviewed , it was evident that the service had begun to support the child and family in meeting individual needs. Progress had been made and this area for improvement had been met.

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 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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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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