Hame Fae Hame
Day Care of Children

Old School
New Road
Scalloway
Shetland
ZE1 0TN

Telephone: 01595881146

Type of inspection:
Unannounced

Completed on:
15 September 2026

Service provided by:
Hame Fae Hame (Shetland) Limited

Service provider number:
SP2024000410

Service no:
CS2025000003

About the service

Hame Fae Hame is registered to provide a daycare of children service to a maximum of 50 children up to primary school age at any one time. No more than 15 children in room one are aged 1 to under 3 years. However, if all children are between 1 and 2 years then this number reduces to 13 children. No more than 19 children in room two are aged 2 years to those not yet attending primary school full time with no more than 15 between 2 to under 3 years. No more than 16 primary school aged children at any one time within room three.

Adult: child ratios will be a minimum of:
- Under 2 years - 1:3
- 2 years to under 3 years - 1:5
- 3 years and over - 1:8 if the children attend more than 4 hours per day or
- 1:10 if the children attend for less than 4 hours per day.

Children are cared for in three playrooms with access to enclosed outdoor play areas. The service is close to parks, green spaces, a primary school and other local amenities. There were up to 27 children present during the inspection.

About the inspection

This was an unannounced inspection which took place on 14 September 2026 between 08:00 and 18:15 and 15 September 2026 between 08:30 and 10:00. The inspection was carried out by two inspectors from the Care Inspectorate. This was the first inspection of the service.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the service registered.

In making our evaluations of the service we:

- spent time with children using the service
- spoke with two of their parents/carers
- received 22 responses to our request for feedback from parents/carers and staff through our online questionnaire
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

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

Key messages

- Staff were kind and caring towards children.
- Regular outdoor play supported children's physical development.
- Systems for safe administration of medication must be improved.
- To ensure children are safe and their needs were met across the day, staff deployment needed to improve.
- Self-evaluation and quality assurance systems should be improved to ensure children experienced consistently positive outcomes.
- The provider showed commitment to addressing the requirements and areas for improvement identified at this inspection.

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	4 - Good
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	2 - Weak

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

Leadership 2 - Weak

Quality indicator: Leadership and management of staff and resources

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

The service had a vision, values and aims in place which were displayed in a child-friendly and accessible way within the setting. These had recently been reviewed with families and helped promote a shared understanding of the service's aspirations and expectations.

The service had yet to establish a robust and effective cycle of self-evaluation. The management team met to discuss developments and improvement plans, and team meetings had recently been introduced. However, staff did not yet take part regularly in structured reflection or improvement discussions that informed change. The service was in the initial stages of familiarising themselves with A quality framework for the early learning and childcare sectors. Further use of the quality framework, including the challenge questions, would help strengthen staff involvement in self-evaluation and support continuous improvement (see area for improvement 1).

The service was at an early stage of developing effective quality assurance arrangements. Processes were not yet sufficiently robust to consistently identify and address all areas requiring improvement. For example, we identified gaps in the safe management of medication that had not been recognised and addressed through the service's own quality assurance processes. As a result, management oversight did not always provide assurance that systems and practices consistently supported children's health, wellbeing and safety (see area for improvement 1).

Recruitment records did not clearly evidence that all safer recruitment checks had been completed before staff started work. References for recently recruited staff could not be located, and dates for necessary checks and registration documents had not been recorded. This meant the service could not demonstrate that safer recruitment procedures had been fully followed. This had the potential to impact on children's safety and wellbeing (see requirement 1).

Staff deployment was not always well considered and did not consistently support high-quality experiences for children. For example, decisions about staff rotas did not always take account of children's needs, resulting in children of mixed ages being cared for together. This meant experiences and resources were not always tailored to children's individual ages and stages of development. During the inspection, staff told us they were not routinely able to take breaks. The service did not have a dedicated space where staff could take breaks away from children, and this had not been sufficiently considered within staffing arrangements. This impacted on staff wellbeing and meant children did not consistently experience care and support that was responsive to their individual needs (see requirement 1).

Overall, engagement with key stakeholders, including parents and children, in service developments was positive. Parents reported having opportunities to share their views and contribute to improvement. Almost all parents who responded to our survey felt that their feedback was valued and considered. A parent commented: "We are often consulted on what is happening at Hame Fae Hame."

Accidents and incidents were documented and information was reviewed and investigated to minimise risk to children. However, there were several occasions where the service did not notify the Care Inspectorate of significant incidents as required. We discussed this with senior staff and signposted them to guidance, Records that all registered care services (except childminding) must keep and guidance on notification reporting. Notifying the Care Inspectorate of significant incidents supports discussions with providers that promote children's safety and wellbeing. Following the inspection, the provider submitted the outstanding notifications retrospectively.

Requirements

1. By 8 February 2027, the provider must ensure staffing arrangements are organised and deployed in a way that supports the delivery of safe, high-quality care.

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

a) Staff are deployed in a way that supports meeting children's needs, keeps them safe and ensures children are effectively supervised during meal times.

b) The deployment of staff takes account of staff skills, knowledge and experience and the needs of children.

c) Staff are able to take breaks throughout the day where needed.

d) Recruitment records are audited to ensure safer recruitment procedures are consistently followed and that all required checks are completed and recorded before staff commence employment.

This is in order to comply with section 7(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 use a service and organisation that are well led and managed" (HSCS 4.23) and "My needs are met by the right number of people" (HSCS 3.15).

Areas for improvement

1. To ensure that the quality of experiences and outcomes for children and families can be accurately assessed, the service should further develop the system for self-evaluation and quality assurance to ensure it is evidence based and enables sustained improvement. This should include but is not limited to:

a) carrying out audits of children's information and personal plans
b) reviewing medication
c) ensuring appropriate checks are recorded for improvement.

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

Children thrive and develop in quality spaces 4 - Good

Quality indicator: Children experience high quality spaces

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children were cared for in a welcoming and well-maintained environment. Playrooms were organised to support children's independence, with resources arranged for them to access freely. Displays of children's photographs, artwork and learning experiences helped children feel valued and supported them to share their achievements with friends and families.

The playrooms were generally well considered and reflected children's interests and stages of development. Children had access to a good range of resources to support their play. These included play kitchen, dolls and vehicles for younger children, and board games and jewellery-making for school-aged children. Some natural, open-ended and real-life resources encouraged children's curiosity and creativity.

Comfortable spaces, including couches, fairy lights, rugs and cushions, provided opportunities for children to rest and relax. Older children were involved in developing the environment. For example, they had helped create a sensory space where they could play and relax after a busy school day. The service should continue to build on this work to ensure play spaces continue to meet children's changing needs.

Staff recognised the importance of outdoor play and provided children with good opportunities to be active outdoors. Children in both the nursery and out of school care told us they enjoyed spending time outside. Covered outdoor areas and playhouses enabled children to access fresh air and outdoor learning in a wider range of weather conditions. This extended opportunities for exploration, physical activity and active play throughout the day. Parents spoke positively about the outdoor experiences available. One parent commented: "They [children] have so many opportunities - bikes, sand, imaginative play on the pirate ship, bubbles, drawing outside with water or chalk, rockets ... that's just a few I remember currently!"

Children experienced a clean environment which supported their wellbeing. Staff and children washed their hands at key times, such as before eating. Staff cleaned tables before and after mealtimes and swept floors regularly to maintain a hygienic environment. However, younger children's hands were cleaned with cloths after meals rather than being washed with soap and water in line with current guidance. In addition, staff had not completed infection prevention and control training. Infection prevention and control procedures and practice should be strengthened to ensure that the risk of infection is minimised.

Children experienced an environment that supported their safety. Resources and play areas were well-maintained. The nursery was safe and secure, with controlled entry systems and enclosed outdoor spaces. Risk assessments and procedures were in place to support children's safety and wellbeing. However, some risk assessments lacked sufficient detail and were not consistently available to guide staff practice. The service should strengthen oversight of risk management arrangements to promote a consistent approach to supervision and children's safety.

Children play and learn 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

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

Children benefited from opportunities to lead their own play and learning. School aged children told us they liked attending the service and enjoyed the range of experiences on offer. These included playing chess, sewing, art and crafts. One child commented: "I like the bike and the baby dolls best and playing with my friends." Younger children experienced sensory play through activities such as sand and playdough. Play experiences encouraged collaboration and supported the development of problem-solving skills.

Staff provided a range of play experiences for children. However, planning approaches were not sufficiently developed to demonstrate how children's interests, learning and development were being consistently considered. Observations of children were recorded using a digital app. However, these were inconsistent to support and inform planning. Some children had limited entries and next steps were not consistently logged or were not always most relevant. This resulted in limited opportunities to evaluate children's progress and celebrate achievements with children and their families (see area for improvement 1).

Opportunities for children to develop their skills in literacy and numeracy were available in some of the play experiences on offer. For example, children enjoyed mark making with chalks on the outdoor blackboard. Staff supported early communication and language skills by singing songs and reading stories. Environmental print such as food packaging and posters helped children recognise and become familiar with letters. The management team advised this was an ongoing area of development.

Staff were warm and caring in their interactions with children, responding with praise and encouragement. However, interactions were not consistently effective in supporting children's learning and development. Staff did not always respond to children's verbal and non-verbal cues or use conversations to extend thinking and deepen learning. At times, some children experienced limited engagement from staff. As a result, opportunities to promote children's curiosity, engagement and learning were sometimes missed (see area for improvement 1).

Children's learning and sense of belonging were enhanced through regular visits within the local community. They explored local parks, museum, cinema and green spaces which helped them develop connections with their community and widen their learning experiences.

Areas for improvement

1. To support children's learning and development, the provider and the manager should ensure children experience high quality play and learning relevant to their age and stage of development.

This should include but is not limited to:

a) upskilling staff to ensure interactions with children are consistently high quality
b) strengthening planning processes to ensure they are child led, flexible and informed by high quality observations
c) ensuring observations and assessments identify children's progress and inform meaningful next steps.

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

Children are supported to achieve 2 - Weak

Quality indicator: Nurturing care and support

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

Children experienced kind and caring interactions from staff throughout the day. They received cuddles and reassurance when needed and older children of school age confidently approached members of staff for support and to help them fulfil their needs. Parents described staff as "friendly and approachable." There were some missed opportunities when children who did not seek staff attention were overlooked. This meant at times children did not receive the care and support needed and resulted in inconsistent experiences for children.

Children's overall wellbeing was not fully supported through effective personal planning. Personal plans were in place; however these had not been regularly reviewed to ensure information remained accurate and reflected children's current needs and interests. Where children required additional support, positive working relationships had been established with relevant professionals. Some plans did not hold enough information including agreed strategies to fully support staff to provide individualised and consistent care (see requirement 1).

Children did not experience consistently safe, positive mealtimes. Older children had opportunities to develop independence through self-serving food, and school-aged children told us they enjoyed being snack helpers and preparing food for their friends. However, staff were not always effectively deployed, were sometimes task-focused and did not always provide children with the support they needed. We observed a young child requiring assistance to eat and staff did not notice. As a result, children were not consistently supported or supervised. This had the potential to impact on children's safety and did not support a good social mealtime experience. We discussed this with management and some immediate action was taken to ensure children's safety and health (see requirement 1 under Leadership).

Children did not consistently experience safe and nurturing sleep arrangements. Some younger children slept in buggies while attending the service, which was not in line with current safe sleep guidance. This practice did not promote children's safety and wellbeing (see area for improvement 1).

Systems and procedures were not effective to support the safe administration of medication. One child's medication had expired and this had not been followed up. Records had not been reviewed every three months to ensure children's medical needs were up-to-date. We discussed this with management and some immediate action was taken to ensure children's safety and health prior to their return (see requirement 2).

Staff supported children's personal care needs in a caring and nurturing way. Appropriate infection prevention and control measures were followed, with staff using aprons and gloves during personal care routines. Staff reassured children throughout, helping them feel supported and comfortable. However, children's privacy was not consistently maintained, as the changing room door was left open while care was being provided. This meant children's dignity was not always fully respected and promoted.

The service used a digital app to share information with families about children's experiences, activities and events. This supported communication and helped maintain positive relationships with families. Parents spoke positively about the relationships between staff and children and the support provided by the service. Comments included:

"The staff are incredibly personable, supportive, caring and helpful."

"They [staff] go out of their way to listen to my concerns and help the bairns in every way possible."

"Staff are so friendly and it's obvious they have a real love and passion for what they do. I always feel they take the time to talk to me about my child's day and I never feel rushed at drop off or pick up."

The service should continue to develop opportunities for parents to be involved in and contribute to the life and work of the setting.

Requirements

1. By 8 January 2027, the provider must ensure children's individual needs are met to support improved outcomes and experiences for children.

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

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

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

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19).

2. By 8 January 2027, the provider must ensure that medication is managed safely and in accordance with current legislation and guidance to support children's health, wellbeing and safety.

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

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

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19).

Areas for improvement

1. To promote children's safety, health and wellbeing, the service should ensure all sleep arrangements are informed by current safe sleep guidance and are implemented consistently by staff.

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) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

Complaints

There have been no complaints upheld since the service registered. Details of any upheld complaints are published at www.careinspectorate.scot

Detailed evaluations

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

Children thrive and develop in quality spaces	4 - Good
Children experience high quality spaces	4 - Good

Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate

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

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