

# Summarised inspection findings

**Orchard Brae School Nursery Class**

Aberdeen City Council

2 July 2019

## Key contextual information

Orchard Brae provides specialist nursery provision for children who have severe and complex needs. Orchard Brae includes two separate sites. Currently a maximum of 12 children can attend at any one time at Howes Road Centre. A maximum of 10 children attend at Ashgrove Centre at any one time. At the time of inspection, the roll of the nursery was 39 children aged from 3 years. The purpose built nursery class at Howes Road operates within a new 3-18 complex. This includes primary and secondary classes in addition to space for various specialist teams. The senior management team were actively involved in the process of consultation, design, build and transition into these new premises. This involved the merger of two schools and one early learning services under one executive headteacher and a senior management team. As of August 2018, both teams are now managed by the newly created post of head of early learning and childcare (ELC). At present, the head of ELC is also working with the local authority to plan for expansion of the setting. This involves potential changes to the layout, learning environment and patterns of attendance on both sites. There is a principal teacher, teacher and senior early years practitioner (EYP), in addition to a team of practitioners and support assistants, who work with children and families.

### 1.3 Leadership of change

weak

This indicator focuses on working together at all levels to develop a shared vision for change and improvement which reflects the context of the setting within its community. Planning for continuous improvement change should be evidence-based and clearly linked to strong self-evaluation. Senior leaders should ensure that the pace of change is well judged and appropriate to have a positive impact on outcomes for children. The themes are:

- developing a shared vision, values and aims relevant to the setting and its community
- strategic planning for continuous improvement
- implementing improvement and change

- The team is committed to children and families and work hard as individuals. A whole school vision, values and aims statement has been created. In particular, the aim of 'we will work together with children, families and other professionals' is evident across the work of both teams. However, there is not yet a fully developed ethos of team or collegiate working shared between practitioners. Senior management recognises the need to work with the team to ensure that shared values are consistently evident across all aspects of their work. An understanding of high-quality early learning and childcare does not yet inform the work of all practitioners. The team needs support to develop their knowledge of best practice in early learning when supporting children who have additional support needs. It will be important for practitioners to participate in focused visits to other settings to develop their knowledge and skills.
- Practitioners do not currently have any individual leadership responsibilities. They are not yet actively involved in or taking responsibility for leading and evaluating change. As a result, the pace of change is not prompt or sustained in key areas which would benefit children. In order to develop their knowledge and skills, the team needs increased high-quality relevant opportunities for professional development. An effective programme of induction, core training and professional development is not yet on offer. The training of new staff is carried out as they care for children. This means there is not sufficient time to support new staff in their roles. Commendably, the senior EYP has completed degree level study and a few support staff are currently working towards qualifying as practitioners. Helpful meetings have taken place to

identify how practitioners would like to build on or refresh their skills. Professional development opportunities that demonstrate improved outcomes for children must now be delivered.

- The team has made some initial use of national guidance such as 'Building the Ambition' and 'How good is our early learning and childcare?'. At present, the team has very limited time to meet and work together as a full team. The head of ELC has developed a helpful overview of key reviews, parents' meetings and events over the year. This has ensured that the team is organised to produce relevant information in order to discuss children's progress at key meetings. The nursery is included in the draft quality assurance calendar with the school. However, processes for self-evaluation and quality assurance to ensure continuous improvement are not yet focused, robust or effective enough. The team should build on its initial work on a nursery action plan to specify clear, focused, short and long term targets. Regular observations of practice with a focus on teaching and learning should be prioritised. The team needs regular specific feedback on how to build on and develop their skills. Overall, processes for self-evaluation require to be more rigorous and lead to significantly improved outcomes for children. All stakeholders should also be actively included to shape and take forward key improvement priorities.

## 2.3 Learning, teaching and assessment

weak

This indicator focuses on ensuring high-quality learning experience for young children. It highlights the importance of a very good understanding of child development and early learning pedagogy. Effective use is made of observation to inform future learning and identify the progress made. Children are involved in planning for their own learning. Together these ensure children's successes and achievements are maximised. The themes are:

- learning and engagement
- quality of interactions
- effective use of assessment
- planning, tracking and monitoring

- Children benefit from caring relationships with practitioners who understand children's individual care needs and preferences. As a result, parents feel that children enjoy and benefit from their time at nursery. All practitioners support children to move around and between specific rooms and between the playroom and outdoor areas. Most practitioners provide a reassuring presence as they notice, encourage and respond to children's interests. A few practitioners intervene appropriately and enthusiastically to support children's learning. In the best examples, practitioners are sensitive and responsive to children's learning needs during planned one-to-one experiences. However, there are not yet consistently high-quality experiences or interactions that are well matched to the needs of children.
- The setting rightly prioritises developing children's communication skills. Children participate in a structured welcome time that supports their awareness of, and short interactions with, others. The team should continue to ensure opportunities to develop communication skills are integrated into all areas of the playrooms and outdoors. Practitioners signpost a few activities through symbols, objects of reference and appropriate key words. They also use music to signify familiar routines. The team should ensure all activities consistently build on prior learning and skills to provide challenge for all children. At present, there are missed opportunities, for example at snack time and during outdoor play, to maximise opportunities for learning.
- Children benefit from regularly being involved in music therapy sessions, sensory play and sessions in the outdoor areas and woodland spaces. The team should work together to ensure consistent use of specific language to match children's developmental stage and consider the use of commentary. This will ensure that all children are challenged and supported in a way which matches their stage of development. Practitioners should continue to prioritise communication and to expand the range of strategies used consistently across the team.
- The team does not yet have a shared understanding of children as learners. The majority of practitioners interact with children to support them in structured sessions such as group welcome time. However, there are not yet consistently high-quality responsive interactions. The team needs to ensure a better balance between enabling and interrupting children's play. All practitioners must ensure they use their body language, gestures, tone of voice and eye contact appropriately to engage all children. Children need to be better supported by practitioners to sustain and extend their skills and interests.
- With the support of the local authority, practitioners have identified the need to develop further the environments for learning. The team has identified that there is not yet fully accessible and enabling indoor and outdoor learning environments. There is a need to ensure equity of access to outdoor learning, appropriate specialised resources and equipment across both playrooms.

- Practitioners use encouragement and praise appropriately to motivate children to concentrate on activities or participate in group activities such as music sessions. Progress is celebrated as, for example, children achieve their target of brushing their teeth or expressing a preference. Children's experiences and achievements are documented through photographs, wall displays and daily home diaries. At present, the detail shared with families in home dairies is variable.
- Practitioners make some use of digital technology, in particular to assist children to develop their communication skills. There is scope to improve the use of digital technology.
- Planning is increasingly based on children's interests and individual preferences. Practitioners also make short observations of progress as they work with children. These are used to inform detailed reports to parents and in meetings with other professionals. Most children have appropriate and relevant individual targets that are informed by partnership working. All children also have an electronic diary of their development and experiences. Diaries contain a range of photographs and descriptions of experiences children have enjoyed. Diaries are shared with parents and a few parents respond with detailed comments and share how they have continued learning from nursery at home.
- The senior leadership team recognises that observations of children's learning can be descriptive and should contain more information about the progressive development of skills. The head of ELC, principal teacher and senior EYP, monitor children's progress. The team recognises that the range and detail of information provided for each child is not yet consistent. New approaches to tracking children's progress introduced over recent weeks are at a very early stage. The team must develop their skills and confidence in using the range of data gathered to build a holistic picture of children's progress. This should then clearly influence the next steps in the planning and delivery of learning.

## 2.2 Curriculum: Learning and developmental pathways

- The setting's shared approaches to early learning are at an early stage of development. The team plans activities and experiences to support children's communication and early literacy, numeracy and mathematics, health and wellbeing for children. A personalised programme of play opportunities and focused one-to-one work is rightly provided. Parents appreciate valuable inputs from a good range of specialists and key professionals.
- Practitioners make use of Curriculum for Excellence to plan a range of activities and experiences. The team uses its knowledge of what children enjoy or are interested in to plan activities. The whole school has worked to develop a draft curriculum rationale that reflects their unique context. The team needs to use this draft rationale to plan a progressive approach to children's development and learning during their time in nursery. At present, the team does not yet have a shared understanding of pedagogy.
- Working with the local authority, the team has rightly identified that the learning environment is not yet enabling enough for children. Practitioners have identified some constraints on the indoor use of spaces and have made some developments to the outdoor area. Difficulties around transport mean the outdoor learning offer is not yet equitable across both playrooms. The team should continue to action improvements to ensure learning environments are accessible, promote independence, exploration and the curiosity of all learners.
- The team works with a number of other settings across the authority to plan transitions for children who move on to school at Orchard Brae or another setting. The team should continue to develop its work to ensure continuity and progression for children as they move into the next stage of learning. The team should work with stakeholders to evaluate the impact of its work in this area.

## 2.1 Safeguarding

- The school submitted self-evaluation information related to child protection and safeguarding. Inspectors discussed this information with relevant staff and, where appropriate, children. In addition, inspectors examined a sample of safeguarding documentation. Areas for development have been agreed with the school and the education authority that need to be addressed as a matter of urgency.

### 3.1 Ensuring wellbeing, equality and inclusion

weak

This indicator reflects on the setting's approach to children's wellbeing which underpins their ability to achieve success. It highlights the need for policies and practices to be well grounded in current legislation and a shared understanding of the value of each individual. A clear focus on wellbeing entitlements and protected characteristics supports all children to be the best they can be and celebrates their successes and achievements. The themes are:

- wellbeing
- fulfilment of statutory duties
- inclusion and equality

- Within the setting, there is a welcoming atmosphere for children who are warmly greeted by practitioners at the beginning of each session. Practitioners understand the importance of working closely with families to promote children's wellbeing and build positive relationships. Children develop a sense of belonging to the setting as they participate in familiar welcome routines. Practitioners support children's wellbeing by getting to know children's individual cues, preferences and interests. All children should be consistently supported to make regular meaningful decisions about matters that affect them. Practitioners need to have higher expectations for children's ability to demonstrate responsibility.
- Practitioners are developing their understanding of the wellbeing indicators. They use these when compiling reports for multi-agency meetings that bring together parents, teachers, practitioners and key professionals to plan and agree targets to meet children's needs. As a team, practitioners are at an early stage of using the language and concepts of wellbeing with children. To ensure all children are nurtured, respected and included, all practitioners should reflect on their interactions with children. They should pay careful attention to how their facial expressions, volume of speech, positioning and movement across spaces impact on children. There is not yet a calm or low arousal environment for most children across the majority of their time at nursery.
- At present, there are missed opportunities to support children and families in learning about healthy eating through daily routines. The team plans a snack menu with a range of options that includes fruit. Currently not all snacks meet best practice guidance. As a result, children are not always fully supported to develop healthy eating habits. All children should be supported to wash their hands each time before eating.
- Children are not yet developing an understanding about how to keep themselves safe in a way that is meaningful to them, for example when crossing the road. In the best examples, practitioners sensitively support children to manage hazards without interrupting play as a few children experiment with instruments in the outdoor area.
- Positive behaviour is promoted using praise and reinforcement to recognise each child's individual successes. In a few examples, practitioners support children to play alongside their peers. A few children engage others in their experiences or share space and resources appropriate to their own stage of development.
- Children are supported to make some choices such as playing inside or outside, choosing between two stories or selecting fruit at snack time. The majority of children require the team to maximise opportunities for increased independence in daily routines.
- Staff need to improve their knowledge and understanding of current legislation and guidance to support children's wellbeing. We have asked the team to take immediate action to improve how



they meet their statutory duties to ensure they fulfil requirements and meet expectations. This should include how safeguarding records are maintained and actioned.

- Practitioners strive to promote inclusive practice and to ensure that all children are treated as individuals. They understand the home circumstances of children and families. The team works to promote inclusion for all children by liaising carefully with any shared or planned future placements. This means good information is shared about children's physical and learning needs to ensure positive transitions for children and families.

### 3.2 Securing children's progress

satisfactory

This indicator relates to the development and learning of babies, toddlers and young children. It requires clear understanding of early learning and development and pedagogy. It reflects the integrated way young children learn and the importance of experiences and development happening on an individual basis within a supportive, nurturing and stimulating environment. High-quality early learning and childcare contributes significantly to enhancing children's progress and achievement as they grow and learn. It can benefit all children by closing the attainment gap and ensuring equity for all. It is about the holistic nature of development and learning ensuring these foundations are secure in order to achieve future attainment success. The themes are:

- progress in communication, early language, mathematics, and health and wellbeing
- children's progress over time
- overall quality of children's achievement
- ensuring equity for all children

- Most children are making satisfactory progress in developing communication and early language. They are beginning to use gestures and other communication methods appropriately to make choices. A few children concentrate very well as they join together to share a story using visual prompts and sensory materials.
- Most children are making satisfactory progress in early maths and numeracy. In the best examples, a few children enjoy exploring cause and effect toys and sort toys using their own criteria. A few children enjoy filling and emptying containers in the sand and water areas. A few children are developing their understanding of simple, relevant mathematical language.
- In health and wellbeing, practitioners and children celebrate achievements together as children tolerate sharing space with others. The majority of children make good progress in physical development and with gross motor skills through a range of specific activities and use of specialist equipment. Horse riding sessions provide opportunities to develop posture, coordination, connection and confidence for a few children.
- Outdoor play offers children the chance to challenge themselves as they move up and down slopes, experience nature as they smell herbs planted in the garden and enjoy the sensations and freedom of the outdoor space. The majority of children develop their confidence and resilience as they experience unfamiliar sounds and play alongside children from a neighbouring nursery. As planned, the team should ensure outdoor spaces maximise accessible opportunities to build on and develop further children's skills.
- Overall, children are making satisfactory progress over time. Practitioners and parents can share examples of progress children have made unique to their individual stage of development and needs. The team has started to use developmental milestones to provide a starting point to assess children's progress over time. Moving forward it will be helpful for observations of experiences to be linked to next steps in learning and development.
- The team works in close partnership with a good range of professionals to implement strategies for children. The team should continue to develop plans to monitor and track progress children make as a result of this work with partners.
- As planned, the senior management team should continue to work across both playrooms to ensure equitable access to all children to outdoor learning and specialist resources.

## Choice of QI: 2.7 Partnerships

- Engagement of parents and carers in the life of the setting
- The promotion of partnerships
- Impact on children and families

- Practitioners recognise that parents and families are crucial in their work to support children to develop and learn. The senior management team invests time in attending meetings to plan and prepare personalised transitions into the setting. This means they build relationships with families and other professionals at an early stage. As a result, they are able to use key information about children's physical and learning needs to plan training, equipment and support for children's introduction to the setting. The team should consider how to evaluate the impact of these personalised inductions and use a wider range of feedback to improve and develop these positive initial transitions. A range of methods is used across both playrooms to communicate with families daily including home-link diaries or informal discussions. In particular, home link diaries provide a valuable link for children who are escorted to nursery each day. In the best examples, this allows practitioners to share important information about each child's day and for parents to pass on valuable information from home. Parents are also invited to share in their child's experiences in the setting by attending family fun days and other events throughout the year. The level of detail and type of information shared with parents is not yet consistent across the work of the whole team.
- The team has well-established partnerships with professionals who support families and children's particular needs. For example, they work closely with colleagues such as physiotherapists, speech and language therapists and educational psychologists. This helps ensure that children receive the right support at the right time for their care, learning and development. Practitioners have also developed partnerships with other local ELC settings and promote inclusion through shared events with mainstream settings. Use is made of local shops, cafes, parks and day centres, and occasional use is made of the local library. At present, there is a difference in the availability of transport at both settings. As a result, there are restrictions for some children being able participate in potential learning activities in the community. The team should link experiences to the delivery of a personalised curriculum that develops skills and impacts on children's targets.
- An annual well-attended parents' meeting provides an important opportunity to discuss children's progress. The team recognises that there is potential to expand the range of strategies used to communicate with families, with a particular focus on those parents who do not travel to the setting each day. The team should work with families and in partnership with key professionals to implement and evaluate the impact of strategies such as workshops, support groups, family learning or home visits.

### 1. Quality of care and support

Staff had developed positive relationships between home and nursery. At Orchard Brae most parents were unable to speak to staff on a daily basis, however shared dairies helped keep parents informed about their child's day. At Ashgrove, parents were able to chat and share information at the beginning and end of each day. Parents of children new to the setting were able to stay and help their child settle. This supported working together to help meet children's needs.

The manager and staff had worked collaboratively with parents and other agencies to develop clear personal plans for children. These included Individual risk assessments on how best to keep children safe and well. This meant staff were informed about how to meet children's needs, wishes and choices.

Some activities were planned to consider children's interests and physical abilities. Most children enjoyed music lessons and some were very engaged during a sensory light activity. Some children were able to access hydrotherapy, participate in rebound activities (trampoline therapy) and use the soft play. This supported children's emotional and physical health.

Medication procedures and systems did not fully support the safe administration of medication. Children with complex medical requirements were well supported with plans developed by health professionals. However, a medication policy relevant to the requirements of a nursery setting was not in place. A record was not kept of the medication on the premises each day and medication brought into the setting on a daily basis was not checked by staff (see recommendation 1).

Effective procedures were not in place to help protect children from harm and neglect. Staff were unclear about whom to report any concerns. Chronologies were used to record significant events in a child's life that may have an impact on their health and wellbeing; however, there was no record of the action taken and the support given, if any. Not all concerns were reported within appropriate timescales to the relevant authorities. This put children and families at risk (see requirement 1).

Snack provided some positive experiences for the children. They were encouraged to sit together and fruit was provided as part of the snack menu. However, not all food offered was nutritious and healthy. More able children were not encouraged to be independent, serve themselves or help prepare snack (see recommendation 1).

**Care Inspectorate grade: weak**

### 2. Quality of environment

The environment at Orchard Brae was not conducive to the needs of the children attending. A temporary partition separated the nursery playroom from an adjacent primary class. This meant at times, the playroom was noisy and there had been occasions when objects had been thrown over. This did not support children to feel comfortable, relaxed and ready to learn. At times, the small playroom prevented staff from effectively interacting and supporting children. The space did not support inclusivity and children were regularly moved in and out of the playroom to allow staff to meet their care needs. As a result, there were lots of distractions that some children found

upsetting. More able children were not always able to direct their own play and freely move in a safe and supportive environment (see requirement 1).

Building the Ambition guidance had been used to evaluate and make changes to the environment; this was in its early stages. At Ashgrove, the children enjoyed playing in the role play corner and were able to access independently resources relevant to their interests. Some natural resources had been added to stimulate the children's imagination. Outdoors, the children enjoyed the experience of exploring the winding path which led to a more natural and interesting environment. This supported their curiosity and understanding of the world around them.

Some blind cords were not securely fastened at the Ashgrove service to keep children safe from strangulation and friction burns. This was a previous recommendation and has been restated (see recommendation 2).

At Orchard Brae, there were limited opportunities to promote children's independence and develop their creativity and imagination. Children were provided with sensory resources to meet their individual needs, helping them feel calm and relaxed. Some children enjoyed looking at books and playing with some small world toys. However, children were not able to access an interesting and exciting role play corner or indoor water and sand play. There was not a quiet and comfortable space for children to relax if they felt stressed or upset. The outdoor equipment did not support the needs of children in wheelchairs. Most resources, equipment and the sensory garden were provided on a lower level and some areas could not be accessed by wheelchair users. These limited opportunities for children to have fun exploring and playing outdoors (see recommendation 1).

**Care Inspectorate grade: weak**

### 3. Quality of staffing

Staff knew the children well and worked hard to ensure they met their individual needs. They were good at supporting the health of children with complex needs. They supported children with their personal care ensuring their dignity and privacy was met at all times. This helped children feel relaxed, safe and at ease with staff.

Not all staff were working well as a team. This meant that at times there was not a warm atmosphere that helped children feel valued loved and secure. This been acknowledged by the manager who was working to resolve the situation.

Staff knowledge and skills in supporting children to achieve and learn was inconsistent. Staff had undertaken training in supporting children's care needs, however most had not undertaken recent training in early learning and childcare and were not familiar with current guidance and documents to support their practice. Some staff used very positive interactions to engage children and support their learning whilst other staff were less competent. This meant at times children were not stimulated and involved in interesting activities and were not always supported to be safe (see recommendation 1).

Some staff were very skilled in supporting children to communicate using a variety of strategies including PECS (a visual communication system) and Pixon boards. This helped children make their wishes and choices known. To support consistency, the manager should ensure staff receive training and development opportunities relevant to their skills and experience in supporting children's communication.

Not all staff were clear in their understanding of protecting children from harm or neglect. Some staff knowledge and understanding of GIRFEC was not sufficiently in-depth to ensure children's wellbeing needs were always met. We have made a requirement under care and support regarding this.

Most staff did not have up to date knowledge and skills to administer first aid. Staff were not clear about who was first aid trained and who to approach if needed. This meant children were at risk in the event of an accident or needing medical attention (see requirement 1).

**Care Inspectorate grade: weak**

#### **4. Quality of management and leadership**

The manager was friendly, approachable and wanted to do their best for the service. They were very new to the role and were developing their knowledge and skills as a nursery manager. The manager was supported in her role, however this was not effective to ensure the service was well led and managed.

The service was not operating within their conditions of registration at all times as they were caring for more children than they are registered for (see requirement 1).

The policies and procedures were not effective to support staff practice. We highlighted best practice documents and guidance that should be used to ensure their policies are relevant for a nursery setting. This will provide staff with clear guidance and enable them to understand what is expected of them. The manager advised key policies would be reviewed as a priority.

Quality assurance systems were not robust to ensure the safety of children and support positive outcomes. Staff monitoring and supervision had not been undertaken recently. This meant concerns around the competence and skills of some staff had not been recognised and appropriate support had not been provided. Audits of medication records and children's chronologies had not been undertaken to help keep children safe and well. Effective support had not been provided to support staff develop an enabling environment for children with additional support needs. As a result, outcomes for children were not always positive (see requirement 2).

We were not confident that appropriate action had been taken when wellbeing concerns were identified. This potentially placed children at risk. The provider agreed to undertake an audit of the wellbeing needs of all children attending the service and ensure appropriate information was recorded and if any action was needed to be taken this was done. We asked for a summary of this to be provided to us by 30 May 2019.

**Care Inspectorate grade: weak**

During the previous Care Inspectorate inspection, the setting had no requirements and 2 recommendations. As a result of this inspection, there are 5 requirements and 5 recommendations.

## Requirements

### Care and support-Requirement 1

To ensure children are safeguarded, the provider must ensure the manager and staff have the skills, knowledge and experience necessary to protect children from harm, appropriate for the role in which they are employed. To achieve this, the provider must ensure:

- The manager and staff are competent in and knowledgeable about national, local and the service's own child protection procedures and GIRFEC.
- The manager and staff are competent in completing chronologies and use these to assess the level of risk to children and that any identified action is taken timeously.
- Effective procedures to assess the manager and staff competency of child protection and GIRFEC are implemented and used on an ongoing basis.

By 20 May 2019.

This ensures care and support is consistent with the Health and Social Care Standards which state, 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

It also complies with Regulation 4 (1) (a) (Welfare of users), Regulation 7 (2) (c) (Fitness of managers) and Regulation 9 (2) (b) (Fitness of employees) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

The provider, manager and staff may find the following documents useful to support them in meeting this requirement:

<https://hub.careinspectorate.com/media/109557/sg-national-child-protection-guidance.pdf>

<http://hub.careinspectorate.com/media/468617/practice-guide-to-chronologies-2017.pdf>

### Environment - Requirement 1

To ensure children's health and wellbeing, the provider must ensure the environment is relaxing, peaceful and free from intrusive noise and that children have enough physical space to meet their needs.

By 20 May 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which states, 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.' (HSCS 5.18) and 'I have enough physical space to meet my needs and wishes.' (5.20).

It also complies with Regulation 10 (2) (b) (Fitness of Premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## **Staffing-Requirement 1**

To ensure children are kept safe and their health needs are met, the provider must ensure there are sufficient staff with a current paediatric first aid certificate working with each group of children at all times.

By 24 May 2019.

This ensures care and support is consistent with the Health and Social Care Standards which state, 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14). It also complies with Regulation 9 (2) (b) (Fitness of Employees) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## **Management and leadership-Requirement 1**

To ensure children are kept safe, their wellbeing needs are met and they received high-quality early learning and childcare, the provider must ensure they comply with their conditions of registration.

By 6 May 2018.

This ensures care and support is consistent with the Health and Social Care Standard 4.23 which state 'I use a service and organisation that are well led and managed.'

It also complies with Section 64(1) (b) and (3) (Cancellation of Registration) of the Public Services Reform (Scotland) Act 2010.

## **Management and leadership-Requirement 2**

To ensure children receive high-quality early learning and childcare, are kept safe and their wellbeing needs are met, the provider must:

- implement a robust and effective quality assurance process.
- promote a culture of continuous improvement.

By 20 August 2019

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

It also complies with Regulation 3 (Principals) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## **Recommendations**

### **Care and support-Recommendation 1**

To ensure children's health needs are met, the provider should ensure effective systems are in place to support the safe administration of medication.

This ensures that care and support is consistent with the Health and Social Care Standards which state, 'My care and support meets my needs and is right for me.' (HSCS 1.19)

The document Management of medication in day care of children and childminding services should be used to support this. This can be found at: [www.hubcareinspectorate.com](http://www.hubcareinspectorate.com)



## **Care and support-Recommendation 2**

To support children's health and wellbeing, the provider should ensure children are presented with healthy snacks and are provided with opportunities to be independent according to their stage of development.

This ensures that care and support is consistent with the Health and Social Care Standards which state, 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.' (HSCS 1.33)

'I am empowered and enabled to be as independent and as in control of my life as I want and can be.' (HSCS 2.2)

The guidance *Setting the Table and Food Matters* should be used to support this.

These can be found at: [www.hubcareinspectorate.com](http://www.hubcareinspectorate.com)

## **Environment-Recommendation 1**

To help keep children safe and well, the provider should ensure all blind cords are safely secured.

This ensures care and support is consistent with the Health and Social Care Standards which state, 'My environment is safe and secure.' (HSCS 5.17)

## **Environment-Recommendation 2**

To ensure children are included and are supported to progress and achieve, the provider should ensure all children are able to access a range of experiences and resources which stimulate their curiosity, imagination and creativity.

This ensures that care and support is consistent with the Health and Social Care Standards 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)

## **Staffing-Recommendation 1**

To ensure children are having fun and are involved in stimulating activities and experiences that will support their learning the provider should ensure staff engage in positive and supportive interactions.

This ensures care and support is consistent with the Health and Social Care Standards which state, 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

## Explanation of terms of quantity

The following standard Education Scotland terms of quantity are used in this report:

All	100%
Almost all	91%-99%
Most	75%-90%
Majority	50%-74%
Minority/less than half	15%-49%
A few	less than 15%

Other quantitative terms used in this report are to be understood as in common English usage.