

# Redwood Childcare Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
31 January 2024

**Service provided by:**  
Sword (Nursery) Limited

**Service provider number:**  
SP2010011203

**Service no:**  
CS2016350479

## About the service

Redwood Childcare is registered to provide care to 123 children. Of those 123 children no more than 30 are aged under 2 years; no more than 39 are aged 2 years to under 3 years and no more than 54 are aged 3 years to those not yet attending primary school.

Care is provided from a building located in Peel Park, East Kilbride, South Lanarkshire. The service is close to local shops, schools, transport routes and other amenities.

## About the inspection

This was an unannounced inspection which took place on Monday 29 and Tuesday 30 January 2024 between 09:00 and 15:45. Feedback was provided on Wednesday 31 January 2024. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with 12 people using the service and 47 families
- Spoke with 21 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with one visiting professional.

## Key messages

- Nurturing and caring relationships had been established between staff and children. Children were confident and secure in those bonds.
- Children were relaxed and having fun.
- Improvements were needed to environments both indoors and outdoors to secure stimulating and meaningful experiences for children.
- Further development of staff knowledge and experience about play and play pedagogy would support quality experiences, play and learning.
- Overall personal plans and additional support plans were having a positive impact on support children's individual needs and interests.

## From this inspection we evaluated this service as:

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

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

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

## How good is our care, play and learning?

## 3 - Adequate

We evaluated this key question as adequate, where there are strengths, but these are just outweighed by weaknesses.

### 1.1 Nurturing care and support

Children attending the service were happy, engaged and settled. Staff had adopted warm, caring and nurturing approaches. They knew children well and were responsive to their needs.

Some elements of personal planning was supporting children's wellbeing. Information gathered about children's needs, interests and life experiences helped staff to provide care. Significant needs and interests were identified and set out within personal plans supporting children. However, this needed to be more consistent for all children, and parents needed to be fully involved in setting actions to support needs and interests. We signposted the manager to personal planning good practice guidance.

All children had regular progress reports completed by staff. These were very informative and provided parents with an overview of their child's stage in development. We discussed the importance of breaking down this information to ensure it was manageable for staff and achievable for individual children. We also suggested that personal information such as likes and dislikes were reviewed every six months.

Trusting relationships with families were established at drop off and collection times. Parents did not have the opportunity to enter the playrooms to help with the sharing of information that supported meeting needs. However, some parents told us that they wanted to be able to enter the playroom and spend time. We agreed that continuing to streamline systems would further enhance effective communication.

Transitions were well planned and promoted children's sense of security and belonging. Individual plans were put in place to ensure children were settled when they joined the service or when they moved rooms. For example, this involved gathering important information from families and offering one-to-one support to help meet children's needs.

Children were able to rest and sleep according to their individual needs. This responsive approach helped to meet needs and promoted good sleep routines. Rest and sleep times were calm and cosy, promoting a restful experience and supported wellbeing.

Children's individual needs were supported. External agencies had been involved with the service, such as educational psychology and speech and language therapists. They provided strategies and guidance on supporting individual children. This was welcomed by staff and parents. One visiting professional told us "The nursery organised for me to provide Deaf Awareness training to staff. I have witnessed the staff putting into practice strategies I gave them at the training".

Staff knew individual children well and were able to respond and engage with children helping improve outcomes. A few parents told us they were grateful for this support and other parents told us "Staff know my child well" and "I am kept up to date with my child's development and I'm given the opportunity to review their personal plan".

Mealtimes for younger children were relaxed, unhurried and used as an opportunity to connect as part of a social experience. Children had access to water throughout the day and were encouraged to remain hydrated, supporting their health. In our discussions with the manager, we shared observations of staff deployment during older children's mealtimes. We asked and they agreed to continue monitoring and developing this area to ensure it was meaningful, engaging and meeting the needs of all children.

Food menus took account of good practice guidance and children were enjoying their meals. Parents and children were involved in creating menus. We discussed the importance of all staff being fully informed of all children's dietary, allergy and medical needs and the manager agreed.

Overall, the systems in place to support the management of medication and accident and incidents was effective. These were recorded and shared in line with good practice guidance. This was supporting children's health and wellbeing.

Staff understood their role and responsibilities in safeguarding children. They had undertaken child protection training and were aware of potential indicators of abuse and what action to take to keep children safe.

### 1.3 Play and learning

Resources for children were limited. This was impacting on play and opportunities to create high quality experiences. We discussed this with the management team who should review this with the provider to ensure all areas have enough provision to support and extend children's play through choice, curiosity and imagination.

Parents told us they would like "More information about the activities each day" and "Handovers often include repetition of limited information". Children did access a range of experiences in playrooms. However, further work was needed to better organise these and ensure children had clear choices and the opportunity to be independent in play.

Although we observed times where some staff were supporting and extending children's play, this approach needed to be more consistent. For example, we observed the use of written provocations for young children and children being stopped from transporting resources around areas to extend their play and learning. Reflecting as a team on play and play pedagogy would help to scaffold and extend children's learning (see area for improvement 1).

Staff told us planning for learning was an ongoing area for development and we agreed. Further work was needed to ensure the environment set up included provocations that promote children's choice, interest and independence. We discussed with staff possible ways to further develop areas such as floor books and making children's voice more evident in the planning process. We signposted the manager to the good practice guidance document *Realising The Ambition: Being Me* to support that journey.

Regular access to outdoor play was limited. Parents told us "Outdoor play is utilised, however there have been occasions in summer where this could be utilised more" and another said, "Outdoor time is limited". For example, children from the baby room did not play outside during our inspection visit and other children who indicated that they wanted to come indoors were not able to at that time. This created a lack of choice for children, limiting opportunities to explore their own ideas and thinking. We discussed the importance of children having these experiences with the management team (see area for improvement 2).

## Areas for improvement

1. To ensure that children receive high quality care, the manager should ensure that staff access training that provides them with a greater understanding of integrating children's play experiences with curricular learning and improved knowledge of good practice guidance to able to reflect on practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

2. To support children's wellbeing and development, the provider should ensure that children receive care in stimulating environment. This should include, but is not limited to, regular access to outdoor play opportunities and experiences, maintaining outdoor areas and providing children with enough toys and equipment to meet their development needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18); and 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, where there are strengths, but these are just outweighed by weaknesses.

#### 2.2 Children experience high quality facilities

A variety of risk assessments were in place for areas such as playrooms and outdoor areas. These identified potential hazards and steps taken to reduce risk. Control measures were noted and assessed when needed.

There was a wide variety of policies to support the management and leadership of the service. These covered areas such as health and safety, environment, outdoors and staffing. Reviews took place and were recorded annually by the management team.

The service had a maintenance list which was kept up to date and detailed works required. There were comments and notes of the progress and outcome.

Some systems were in place that were supporting keeping children safe. These included a secure entry buzzer and password system. Staff supported children to learn how to keep themselves safe. However, we highlighted other areas that needed improvement. These included areas such as the safe storage of hazardous materials and securing hazards such as loose cables and phone cords (see area for improvement 1).

Some infection control systems were supporting keeping children safe. Handwashing was embedded. Staff used gloves and aprons to serve and support mealtimes. Children were encouraged and supported to wash hands before meals and wash faces afterwards. However, to make the environment safer, staff should improve approaches to infection control. For example, by reviewing storage within nappy changing areas and the cleaning procedures for nappy changing units (see area for improvement 1).

The environment and play spaces within the service had been identified as an ongoing area for improvement within the service's 2023/24 improvement plan. We agreed that this should be a focus for the service moving forward. Work was underway to make the décor more neutral and wall displays more meaningful. Parents told us "A lot of furniture is dark brown which kind of draws down the light in the rooms". Several pieces of furniture and equipment were worn and in need of replacement. The variety of resources available was limited. We discussed with the service how this could be further developed to enhance children's social skills, sense of belonging and curiosity about their world (see area for improvement 2).

### Areas for improvement

1. The manager should identify and minimise risks to children within the setting both indoors and outdoors, across the whole day. This includes but is not limited to ensuring hazardous materials and equipment are stored safely and nappy change cleaning systems are robust.

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

2. Staff as a team should reflect on good practice guidance and undertake an audit of the environment to create a calm, inviting and well considered space that promotes and supports meaningful invitations and provocations for play and learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21); and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

## How good is our leadership?

4 - Good

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

### 3.1 Quality assurance and improvement are well led

Overall day to day information sharing was done through online and verbal chats at drop off and pick up times in the cloakroom areas of the service. Parents told us they were not allowed to enter the playrooms post Covid-19 restrictions. We had a discussion with the management team about the importance and value of parental partnerships. We encouraged them to ensure parents have those opportunities to build connections, share information and be an active part of their child's nursery experience and they agreed.

Some families felt communication could be improved and others were satisfied. One parent said "I wish parents were kept better informed" whilst another said "Staff always have time for you, never feel rushed away if you need to speak to them". The service offered opportunity to share thoughts and suggestions at parent's evenings, on a notebook app and sharing suggestions for menus. We asked the service to reflect on this feedback and they agreed to review communication methods with families. This would further enhance trusting and positive bonds supported by open, transparent communication with parents.

Staff were committed to regular reflection on their practice. They shared some information informally about new learning at staff meetings and had access to an online training platform to undertake relevant training and refresher courses. In the last 12 months, in person training for some staff had taken place on staged intervention, deaf awareness and autism awareness. This meant that staff were increasing their knowledge and skills to support individual children.

Areas already identified within the service's 2023/24 improvement plan were reflective of some of the improvements noted during inspection. The manager told us of plans in place to ensure these actions were manageable and would impact positively on outcomes for children. We discussed and encouraged the management team to networking with other services to support this.

Staff appraisals were taking place with all staff and some constructive feedback was being shared. We suggested that the manager could further develop this system. For example, it would help build consistency around reflective chats versus information gathered through management observation. We discussed the importance of staff being meaningfully involved in this process and how this links to demonstrating progression in staff practice.

Quality assurance systems were in place and the management team were committed to ongoing improvements at the service. Monthly management audits were carried out. These covered areas such as accident/incidents, medication, planning, health and safety, kitchen and cleaning. To secure meaningful improvements in practice through role modelling and discussion, we shared examples of how these could be further developed to be more in-depth and include observations of staff practice, interactions and the success of playroom layouts.

## How good is our staff team?

4 - Good

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

### 4.3 Staff deployment

The service was appropriately staffed to provide care to children. Staff were deployed flexibly to ensure that children were supervised. They communicated regularly about children's individual needs and when a task took them away from their post such as supporting toileting needs. We observed a short period of time during mealtimes where some staff became task driven and positioning could have been better. We discussed with the manager the importance of staff sitting with children to help create relaxing and sociable experiences and they agreed.

Staff were warm, nurturing and caring. They had worked well together to create a welcoming environment for children and families.

Parents said they found staff friendly, approachable and kind. They told us "Staff are consistent, and each child has a key worker" and said that staff "Always greet you with a smile". This supported children to have a positive experience.

Staff told us they appreciated the support and guidance of the management team and they felt they would be confident raising any issues or concerns. This provided consistency for children and families. Ongoing management support and meetings helped staff feel motivated and committed to their role.

The induction process for new staff helped them reflect on practice and develop a deeper understanding of their role and children's individual care needs. Good practice guidance was used as part of staff inductions. New staff said they felt settled and supported.

A few parents told us they felt there was a variety of experience and knowledge within the staff team and we agreed. We shared this with the manager, and we acknowledged that this reflected the current staffing crisis within the social care sector of retaining and recruiting staff. However, staff had worked well to build relationships with each other and had formed nurturing attachments with children. They recognised they needed to also further develop their partnership working with families. Some parents told us "Staff are always welcoming to me and my child. I can really see they love and care about them and are always happy to see them in the morning" and "Staff are very attentive to the children, the nursery is homely".

## 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 staff should access child protection training to extend her knowledge and ensure she is following the latest guidelines.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

**This area for improvement was made on 29 November 2018.**

#### Action taken since then

All staff had taken part in annual child protection refresher training via an online app.

Staff were aware of the expectations and their role in safeguarding children. This area for improvement was addressed.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

Detailed evaluations

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

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