

# Victoria Park Kindergarten Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 September 2024

**Service provided by:**  
Victoria Park Kindergarten Ltd

**Service provider number:**  
SP2013012046

**Service no:**  
CS2013316501

## About the service

Victoria Park Kindergarten is registered to provide a care service to a maximum of 140 children, comprising of 42 children aged under two years; 38 children aged two to under three years; and 60 children aged three years to those not yet attending primary school. The service is in partnership with Glasgow City Council to provide early learning and childcare to children aged between three and five years.

The service is accommodated in a converted church and has separate playrooms for each age group over two floors. Children can access a small secure garden area to the side of the building, as well as an internal courtyard for active play in the fresh air. The service is close to local amenities such as shops, library and parks where children can learn about their wider world.

## About the inspection

This was an unannounced inspection which took place on 4 September and 5 September 2024, between the hours of 09:00 and 18:00 over both days.

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, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service;
- reviewed feedback received from 36 families;
- spoke with staff and management;
- observed practice and daily life; and
- reviewed documents.

## Key messages

- Overall, staff interactions were warm and caring, which supported children to settle in the service.
- Staff deployment needed to improve to ensure children's wellbeing and safety needs were met.
- The central heating system had been upgraded to ensure that children experienced care in a comfortable environment.
- Since last inspection the provider had installed a Tree House for the three to five year old children, which had successfully extended children's fun and learning.
- Play and learning experiences supported three to five year old children to develop a wide range of life long skills.
- Younger children would benefit from more opportunities to explore and learn using their senses, supported by staff who understood the importance of a rich curious environment for this age group.
- To effectively meet children's needs, staff should use best practice and research to implement nurturing approaches and skilled interactions that improve outcomes for children.
- To support children's wellbeing, development and learning, the provider should continue with their plans to ensure that outdoor areas are suitably resourced to promote purposeful play.
- The use of open-ended materials could be extended further across the younger children's playrooms to offer more creative learning and imaginative play experiences.
- Quality assurance processes and self evaluation were not yet effective in promoting continuous improvement.

## 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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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 strengths only just outweighed weaknesses.

### Quality indicator 1.1: Nurturing care and support

Most children were happy and confident within the nursery environment. Children knew the routines and most approached staff with confidence to seek support. We observed staff providing comfort, reassurance, cuddles and warmth to children when required, as well as sharing laughter and fun taking part in activities outdoors. Staff communicated with children down at their level in a gentle and sensitive manner. One parent commented "My daughter is safe and well looked after and is developing well in this nursery."

Daily hot meals were provided and children sat together at lunch time. Children in the three to five playroom benefited from the opportunity for rich discussion between each other and staff. Those children were being supported to develop their independence skills and lunch was a sociable event. Staff skilfully also supported children to develop their language and communication skills. However, mealtimes needed to improve for younger children. At times, staff did not supervise children effectively when eating. We were concerned that this had the potential to compromise children's safety. We signposted the manager to the Care Inspectorate practice note Keeping children safe: supporting positive mealtime experiences in early learning and childcare (ELC). We were concerned at times, the lack of appropriate supervision at some times could have compromised children's safety. We have made a requirement in relation to this (see requirement 1, under how good is our staffing, quality indicator 4.3 staff deployment).

Personal planning information was used effectively, supporting children's overall wellbeing. Parents and carers regularly shared information that impacted on their children. One parent commented "Staff are always very friendly, approachable, helpful, welcoming and very accommodating to my child care needs". Staff were recording significant information to ensure that all staff were aware of individual children's circumstances. The quality of children's personal plans were variable. Some had been updated regularly and reflected children's current needs. Others needed to be reviewed with families more regularly to ensure that staff had the right information to provide children with high quality care.

Systems for recording medication were in place, including parental permissions, storage information and records of administration. Children's wellbeing was progressed through staff knowledge and understanding of their role in identifying, recording and referring any concerns. This was supported by policy and attendance at child protection training annually. Staff were working well with other agencies, such as other allied health staff, to promote a continuity of care and access to further support if necessary.

Throughout our time in the service, we saw parents and siblings being welcomed warmly into the service at collection and drop off times, this provided an opportunity for families to connect with staff and share information informally that supported meeting children's needs. Some parents and carers fed back to us that they would like more information about their child's time at nursery. One parent commented "I honestly have no idea what experiences my child has at nursery. The update at the end of the day is always just how many nappy changes and what they ate for lunch." We found that relationships with families could be further strengthened. We discussed this with the management team on the day and they assured us that they would look more closely at meeting parents expectations of effective communication.

### Quality indicator: 1.3 Play and learning

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Approaches to planning were at an early stage of development. Staff were beginning to take account of children's ideas and older children's interests were documented in the planning sheets. The team were building their confidence with this approach. We agreed with management that some staff should continue to explore more opportunities to ensure depth and breadth in children's experiences. Some staff introduced mathematical language in the three to five year old playroom, such as, faster, slower, less and more, as children experimented with resources available to them. This contributed to children learning a range of life long skills. However, we concluded that staff in some of the younger rooms, were not yet confident in offering those children experiences that encouraged curiosity and fun in the child's play.

We observed children engaged in play experiences for prolonged periods of time showing good levels of engagement, excitement, wonder and joy in the three to five years playroom. Children benefitted from a mixture of planned and spontaneous play activities. Planned activities followed children's interests and staff were continuing to develop their approaches to planning. Children were using well the newly appointed tree house experience, in their playroom. We saw children in this room playing and interacting with each other, using a range of resources that supported their problem solving skills, creativity and imagination, which impacted positively on their development and wellbeing. Most families commented positively about their child's play and learning and one parent commented, "As well as the care plan we get to sit down at the parents evening and get the chance to discuss everything about how my child is learning."

Younger children had limited opportunities to enjoy sensory play with natural materials and had fewer opportunities to explore and play freely with the sensitive guidance of staff. Although staff could confidently describe children's progress, we found that recorded observations did not always show progression in learning. Learning journal entries were often generic and descriptive rather than a record of children's progress and planned next steps. Some staff did not consistently use current child development theory and practice to develop quality play and learning experiences for all children in this age group. Staff required meaningful time to engage in learning opportunities, access current guidance and engage in professional dialogue around current theory and evidence-based approaches (see area for improvement 1).

Staff planned experiences and opportunities in response to their observations of children's interests. These experiences were recorded on wall displays, planning sheets and within children's learning journals. Children's experiences were also shared with families using a closed online platform. Parents appreciated the photographs shared with them in this way. One parent commented. "The activities that we get told about and see pictures for all look like great experiences for the children."

## Areas for improvement

1. To support staff to develop their skills, knowledge and understanding of children's play, learning and development, the provider should arrange for staff to undertake related professional development activities. Opportunities should be provided so staff can reflect with the management team and embed their learning into their 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).

## How good is our setting?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

### Quality indicator 2.2: Children experience high quality facilities

Children were cared for in attractive, comfortable surroundings, which took account of their stages of development. Staff had been developing the environment to provide a nurturing space, which overall promoted positive opportunities for play and learning. Children's play spaces were developmentally appropriate. The use of natural, real life objects and items of interest promoted curiosity and open-ended play in most rooms. Children were free to use resources as they pleased, encouraging them to reflect their interests in their play. Staff told us that they have ordered more natural and open-ended resources for the younger children, to extend their creativity.

Previous issues relating to heating breakdown had been addressed. As well as the original heating system working effectively, additional electric wall heaters had been installed. These could be used as a back up or a boost. Electric wall heaters were now in hallways and passageways which previously had no heating. These changes ensured that children will be cared for in an environment that they were comfortable and supported their wellbeing.

The outdoor play area, used by younger children was being developed but currently had some open-ended resources for children to extend their interests. One parent commented "There is only play in the internal garden which is sort of outdoors, but surrounded by three walls so they don't see anything outdoors - but this is next area to be improved." The service had secured access to the local bowling club, where children could play safely in their outdoor space. This was well used by the nursery children and installed a sense of pride in children as they were able to access their local community easily. The three to five playroom had a construction area, which was very well resourced. It benefited from large wooden scales, large and small wooden blocks, lots of different sized wood, wheel barrows, measuring tapes, turf tray with soil buckets and spades. Numbers were hidden in the soil and children were digging to find the numbers and identify them. The provider recently had installed in the three to five playroom a tree house structure, where children could explore various areas of the curriculum. This had enhanced children's fun and curiosity.

Children still had the opportunity to play in the well constructed play areas around the tree house. We could see that the children were having fun with each other and also the staff in that area.

Staff followed good infection prevention and control procedures to promote children's health and wellbeing. They encouraged children to wash their hands before and after transitions. The nursery environment was clean and well maintained. Staff told us that the provider is happy to purchase new resources in response to children's interests or staff's wishes.

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

#### Quality indicator 3.1: Quality assurance and improvement are led well

At the time of the inspection, management arrangements at the service were uncertain. This meant that there was a lack of responsibility in relation to identifying improvements needed to ensure good outcomes for children. By the end of the inspection, we were satisfied with plans to secure a permanent manager. In order that children receive consistently good outcomes, it is important that all staff and management understand their responsibility to evaluate the quality of, and make improvements to, children's experiences (see area for improvement 1).

The new management team responded positively to feedback from this inspection. They were motivated and enthusiastic about moving the service forward and we look forward to seeing these improvements in the future.

Families had been asked for feedback, which had been used to help inform some improvements, in relation to lunch options. Parents spoke of being asked for their views informally, but it was not clear what management did with those views. One parent commented "If asked about getting involved in suggesting improvements I would, but I never have been asked." We discussed the benefits of further developing family involvement in evaluation of the service to help identify meaningful areas for improvement and improve outcomes for children.

We saw some evidence of staff development appraisals. We suggested that these now need to link with the nursery improvement plan and that staff were made aware of their role in improving the service, in line with best practice guidance. To enhance the quality of service for children and families, it is important for the management team to have clearly defined roles and responsibilities. This would ensure that the improvement plan and quality assurance processes were applied consistently. Additionally, a stronger management presence in the playrooms was needed to support staff and model best practices.

## Areas for improvement

1. To ensure that children receive consistently good care, the provider should ensure that all staff understand and implement their roles and responsibilities in relation to evaluating and improving the quality of the service.

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).

## How good is our staff team?

**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

### Quality indicator 4.3 Staff deployment

All staff were registered with the Scottish Social Services Council (SSSC), the professional body for social service workers. When new staff had been employed, safer recruitment procedures had been followed. New staff were beginning to benefit from a comprehensive induction using the National Induction resource, however, this had not yet impacted on practice.

Since the last inspection, the service had experienced a number of changes to the staff team which had impacted on staff deployment. We acknowledged that retention of staff had been challenging for many services within the early years sector. The acting manager explained that they had just become fully staffed and now had more qualified staff than previously. Having so many changes to the staff team had resulted in children not always experiencing consistent care and the quality of play and learning the children experienced had also been affected.

There was a mixture of skills, knowledge and experience in the staff team. One parent commented "I really think the staff are lovely and don't want to single anyone out as I think everyone is trying their best but there appears to be a lack of management at the moment." Most staff had taken part in core training such as child protection, food hygiene, first aid and infection control. However, there were areas where more skill and proactive professional development was needed, which included how staff should provide experiences for younger children that was rich in curiosity and creativity.

At points across the day there were gaps in specific skills needed to keep children safe and promote high quality outcomes for children. At these times, opportunities for children were more limited. At the time of the inspection, the manager of the service was routinely having to work as part of the staff team due to issues around staffing. Staff were on breaks, at a time when higher levels of supervision were required, such as feeding and sleep time. Activities became task orientated rather than an opportunity for high quality engagement and interaction. We were concerned about the impact of staff deployment on children's safety and wellbeing, so have made a requirement to address this (see requirement 1).



Arrangements for busier times of the day, such as mealtimes or arrival and departure times, were ineffective to ensure staff could fully meet children's needs. One parent commented "It doesn't seem like there's a good ratio of staff in the rooms at pick-up and they are always too busy to give updates." We agreed and identified occasions where staff practice could be improved to ensure children's needs came first. At times staff became task orientated. For example, children having to wait after lunch in a group, whilst staff set up the room and the children were becoming bored. There was not sufficient staff in the baby room to ensure that all children's needs were met at lunch time and then while children were being supported to have a meaningful safe sleep time.

## Requirements

1. By 29 November 2024, the provider must ensure that staff are deployed in a way that supports meeting children's health, wellbeing and safety needs.

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

- a) ensure staff understand the development needs, of the children in their care
- b) ensure that there are sufficient staff in numbers to meet children's needs whilst daily tasks are undertaken.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019. This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) 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).

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

### Areas for improvement

#### Previous area for improvement 1

To support their health, safety and wellbeing children should be cared for in a safe and comfortable environment. Particular attention should be given to ensuring that staff respond appropriately to unexpected situations with regards to heating breaking down.

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

"My environment is secure and safe" (HSCS 5.19) and "My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes" (HSCS 5.21).

**This area for improvement was made on 10 January 2024.**

## Action taken since then

Electrical heaters have been installed in the Rainbow Room and all corridors. Heating can now be controlled throughout the building, to ensure that children are cared for in an environment, that meets their needs when unexpected situations arise.

This area for improvement has been met.

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

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