

# Sinclair Nursery Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
17 October 2024

**Service provided by:**  
Sinclair Nursery Limited

**Service provider number:**  
SP2008009750

**Service no:**  
CS2008175050

## About the service

The service is provided by Sinclair Nursery Ltd to provide a care service to a maximum of 98 children not yet attending primary school at any one time, of whom no more than 27 are aged under two years; no more than 21 are aged two years to under three years and; no more than 50 are aged three years to those not yet attending primary school full time.

The nursery is situated in Battlefield, Glasgow and has fully enclosed, well equipped garden areas. It is close to public transport, local parks and community facilities.

The service is in partnership with Glasgow City Council to provide early learning and childcare to children aged between three and five years.

## About the inspection

This was an unannounced inspection which took place on 16 and 17 October 2024, feedback was given to the manager, area manager and depute manager on 17 October 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, 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
- received electronic feedback from 23 parents/carers whose children attend the service
- spoke with management and staff
- received electronic feedback from staff who work in the service
- observed practice and daily life
- reviewed documents.

## Key messages

- Children were nurtured and cared for by staff who knew them well.
- Children had very good opportunities to learn, explore and be curious indoors and outdoors.
- Management should continue to review lunch time practices to ensure consistency of experience for all children.
- Significant improvements had been made to the physical environment.
- The management and staff team had developed and improved methods and systems for self evaluation and improvement.
- Staff had engaged in training which impacted positively on children's learning and development.
- The provider should review current recruitment procedures and ensure more robust systems are put in place.

## 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?	5 - Very Good
How good is our setting?	5 - Very Good
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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children/people, therefore we evaluated this key question as very good.

### Quality indicator 1.1: Nurturing care and support

Staff were warm, kind and nurturing in their approach with children. Children were happy and confident in the setting. Staff knew children well and were responsive to their needs. Where children required emotional support, they were comforted with hugs, soothing voices, and their favourite songs. This contributed to positive relationships between children and staff and supported children to feel safe and secure. One parent told us the most positive aspect for them was "The high level of knowledge of my child, their development needs and opportunities to address them. All in the context of a warm, nurturing environment."

Each child had a personal plan created in partnership with parents. Plans we sampled had detailed information about children's individual care needs, they were updated regularly and contained clear actions and success outcomes that demonstrated children's progress and development. This information was used consistently and effectively by all staff to ensure children received care and support that was right for them.

Children's personal care needs were sensitively responded to, and their preferences were respected. Children were asked if their nose could be wiped, and their nappy could be changed. Consideration was given to children's sleep routines, and these were reflective of family wishes and children's individual preferences. This meant children's needs were met in a way that respected their dignity and supported their emotional security and wellbeing.

Children who required additional support were well supported in the service. The setting had made good links with the local primary school, health visitors and outreach support staff. Staff knew children well, detailed information was in place for children with additional support needs. Staff used children's individual support strategies to provide focussed support when needed. This meant children who required additional support were being fully included helping them to develop a broad range of skills.

We observed the lunchtime experience for children to be variable across the setting. Children enjoyed a hot lunch of sausage casserole with vegetables and a vegetarian alternative was available. A visual prompt in the form of a colour coded placemat was in place to remind staff of children's allergies and dietary requirements. This helped to keep children safe as their individual requirements were easily identified and catered for.

Older children had opportunities to develop their independence skills through self-serving their own food and drinks. Lunchtime experiences for younger children could be further improved. We found that they had less opportunities to be independent during lunchtime. Some children, who were more than able were not given opportunities to cut their own food or feed themselves. Staff should consider children's individual stages of development and capabilities during mealtimes.

Although there were enough staff in place to supervise children, at times they became busy with tasks. This meant that children were not as well supervised as they could have been. Staff should be mindful of when tasks can wait to enhance supervision and lunch time experience for children.

We looked at how the service supported children who required medication. We found that children who required medication were well supported. Staff were aware of allergies, intolerances, and medical needs of children. All paperwork was completed and up to date. Children's medication was stored safely, easily accessible, and clearly identifiable in an emergency. This meant any medical intervention children required was safe and effective and right for them.

### Quality indicator 1.3: Play and learning

Staff had completed a program of training to develop their knowledge and practice in children's development and to support high quality play and learning experiences. We could see how staff's learning had been used to plan quality play and learning experiences for children. Planning for children's learning was a balance between responsive and intentional learning. Interactions between staff and children were strong. Staff were confident when questioning and challenging children in their learning. As a result of this children were curious about language, numeracy and literacy. Parents commented positively about the types of learning and experiences their children engaged in. Some of their comments included:

"Learning experiences are fun for the children and they take my daughters interests into consideration."

"I have seen examples of the staff building on my child's interests, supporting and developing his personal targets through his own likes and interests."

"There is always a good range of play activities set up in the playrooms. These are regularly updated and often match seasons/upcoming festivals. I am grateful to the staff for varied learning experiences."

Children could freely access a wide range of resources throughout the environment that were suitable to their stage of development. Staff were skilled in using effective questioning and comments to extend children's thinking and engage them in two way conversations linked to personal experiences. This kept children motivated and engaged and provided them with opportunities to consolidate their learning.

Children's learning and progress was recorded on online journals which families had access to. Observations within the journals we sampled highlighted not only the experiences children had engaged in but the learning that had taken place. In order to further develop children's progress and development clear and relevant next steps were identified within learning journals.

Most parents strongly agreed or agreed that they were fully involved in their child's care, including developing and reviewing their personal plan, one parent strongly disagreed and commented "I am rarely consulted on this. I don't know what my child's learning targets are. Learning Journal is so seldom updated and targets rarely set on it." We asked the management team to carry out an audit of how often parents access the online platform. We suggested that they consult with parents about their engagement with learning journals.

Children's opportunities for play and learning were enriched through strong community links. The children had been visiting their elderly friend's in the nearby daycare centre, enjoying time together doing arts and crafts, singing songs and playing games. This supported children to form positive relationships and engage in shared learning with a range of people from their local community.

Staff and children made good use of the library next door to them. At the time of our visit staff and children were accompanied on a visit to the library. Children were relaxed and confident in the library environment and were excited to share stories with adults and their friends. Discussions took place around key aspects of books such as the author, illustrator, title and spine. Children were encouraged to link their personal life experience to what they saw and read. This encouraged an appreciation of books and a joy of reading together.

## How good is our setting?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children/people, therefore we evaluated this key question as very good.

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

The layout of the nursery was open and spacious, this meant that children could move around their playrooms freely while engaging in different activities. Children are cared for in rooms dependent on their age and stage of development. Rooms were carefully planned, furnished and resourced to ensure that all children had access to a wide range of resources as well as areas where they could relax and have quieter experiences.

The provider had made a significant investment into the refurbishment and renovation of the environment. We noted that new, high quality children's toilets and changing stations had been installed. Toilets, basins and changing stations were easily cleaned and provided privacy and dignity for children during personal care. Patio doors had been fitted in one of the baby rooms. This provided much more light and ventilation into the room. The babies loved being able to look out of the doors and see their parents arriving to pick them up. The building had also recently had a complete new boiler system installed. This contributed to children experiencing an environment which was comfortable and safe. In addition to this, aesthetically, the environment had improved as it had been freshly decorated and new easy to clean flooring fitted. Parents commented positively about the improvements that had been made to the environment. Some of their comments included:

"Brilliant refurbishment over last year, especially like the big window in the Tweenies room." and "It has been wonderful to see improvements to the environment over the last year that has added to the positive environment."

Entrance to the service was through a metal garden gate and then via a combination panel lock, the number for which was changed periodically. To further improve and secure the safety of children the provider had plans to install an additional buzzer and camera controlled gate between the garden gate and the door entrance. This would further improve security and help to keep children safe.

Children had direct access to a safe and secure outdoor space supported by staff. Accessing this area was well planned as staff valued the importance outdoors had on children's health and wellbeing. Staff made very good use of the outdoor play space as well as green spaces in the local community. In addition to this children were developing a sense of security and belonging in their community as they enjoyed planned visits to the local library, shops and adult care centre.

Overall, we were satisfied that the service had appropriate measures in place to minimise the spread of infection. We observed older children effectively washing their hands at key points such as after playing outdoors, before and after lunch and after toileting, however younger babies were observed to have their hands wiped with individual cloths. We advised the management team to ensure that babies washed their hands safely and effectively with running water and soap. This would help to ensure the health, well-being and safety of all children.

## How good is our leadership?

4 - Good

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

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

The service was led by an experienced manager and depute manager, with the support of area managers and more senior managers within the wider organisation.

The manager and depute manager were very visible within the setting. Parents and children knew them well. They were good role models to the staff team.

The service had recently reviewed their vision, value and aims. Consultation about why they were doing this was recorded in a "Big Book". The service involved staff, parents, and children in clarifying the long-term objectives of the service. This ensured that they reflected the culture and ethos of the service. This helped to keep the management and staff team focused on the intended outcomes.

The service valued and respected parents as partners in their child's development and in the life of the service. We noted the opportunities parents and carers had to be involved in the service, for example by attending coffee mornings, stay and play sessions and parent's meetings. Parents who provided feedback were positive about the efforts the service made to involve them in the service. Some of their comments included:

"Our views are sought regularly and have seen them acted upon."

"Again, due to not being part of the nursery for too long we haven't been massively involved but they asked for feedback and questionnaires were to be completed to summarise our settling in experience."

"Parent participation, I get to come into the playroom and do messy activities with the children."

"Frequent input requested by staff for care of child. Parent evenings and coffee mornings."

The service had improved in their approach to self-evaluation. The management team were supporting staff to use self-evaluation documents such as The Care Inspectorate Quality Framework, How Good is our Early Learning and Childcare Setting and The Health and Social Care Standards. We could see how auditing and monitoring aspects such as transitions, mealtime, interactions, and spaces had improved outcomes and experiences for children. We noticed that there had not been as focused approach to this since June 2024. We shared with the management team how the previous focused approach to monitoring had improved outcomes and experiences for children and suggested that they should return to that approach.

## How good is our staff team?

4 - Good

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

### Quality indicator 4.3: Staff deployment

During our inspection there were enough staff to meet ratios and the individual needs and requests of all children. Rotas and staff absences were planned to ensure that children received the care they needed from consistent staff. When necessary, the service could request staff from one of the organisations other early years settings. The management team told us that managers from the other settings were supportive of each other's services to support safe and appropriate deployment of staff across all their settings. Staff who provided electronic feedback told us that although they worked within minimum ratios, they felt that more qualified staff were required to support children. We sampled staff skills and qualifications and noted that the service employed a high number of qualified staff, with the skills and experience needed to meet children's needs.

Overall parents were positive about the deployment of staff. Some of their comments included:

"There are always a good number of staff around whenever I have been there."

"Room is staffed by the same staff each day who already know my child and her needs well. I've never experienced the room being understaffed and have also witnessed staff holidays been accommodated while maintaining stability in the room."

"Ratio is always maintained from what I have seen however, during transition from room to room, this was dependent on staffing numbers as opposed to the child's needs. I feel my child could have transitioned faster but wasn't able to because of staffing levels."

The staff team worked and communicated well with each other. Although they worked in teams within their own playrooms, they had opportunities to meet and support each other as a whole team. Room and staff meetings provided a platform for staff to reflect on their practice and plan for the future development of the service. As a result, children benefitted from a staff team who were willing to reflect and continue to develop the service.

We looked at how the service safely recruited new staff. We found that there were areas that could be strengthened. Although the service always made sure that relevant checks were carried out with Protection of Vulnerable Groups (PVG) and Scottish Social Services Council (SSSC) we found that there were some inconsistencies in the gathering of references, application forms and interview records. In addition to this we highlighted how the use of the Scottish Government "Early Learning and Childcare National Induction Resource" would enable the service to provide a more robust induction for new staff. The management team agreed to review and use the resource.



## 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 ensure children receive high quality experiences through play and positive interactions with staff, the management team should support staff to develop their skills. To do this, the provider should, at a minimum arrange a programme of training to support staff to improve their knowledge and understanding of relevant early learning and childcare theory and practice. This should include, but is not limited to child development and how to effectively observe children and plan for children's play and learning experiences. This will ensure children receive responsive care and support from staff.

This is to ensure 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)

**This area for improvement was made on 1 September 2023.**

#### Action taken since then

Staff had opportunities to develop their skills and knowledge through a program of training. This included playful pedagogy, quality interaction, and autism. Staff are being supported by inclusion lead for supporting children who required additional support. We have observed how training has influenced practice.

#### Previous area for improvement 2

To ensure that children are supported to develop and learn, the manager should make sure that they experience high quality freely chosen play experiences and resources. To do this, the provider should, at a minimum:

Improve the quality of resources available to children to ensure children are provided with sufficient opportunities to engage meaningfully with their play environment.

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

"As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials." (HSCS 1.31)

**This area for improvement was made on 1 September 2023.**

## Action taken since then

All playrooms were well furnished and laid out with key areas to support play and learning. Each area was fully resourced with a wide selection of developmentally appropriate materials that children could access fully. This enabled children to make choices throughout their session in leading their play and learning. We observed children in all playrooms playing purposefully as they engaged meaningfully with resources.

## Previous area for improvement 3

The provider must ensure that children are cared for in a safe and hygienic environment and sufficient measures are in place to protect children in line with best practice guidance.

To do this, the provider should, as a minimum ensure:

- a) Staff understand and carry out current infection prevention and control practices.
- b) Essential equipment such as toilets are in a good state of repair, and in working order.
- c) Staff revisit infection prevention and control training.
- d) An effective system for monitoring and recording maintenance issues is introduced and used effectively.
- e) An effective system for monitoring infection prevention and control practices is introduced and used effectively.

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

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their organisational codes." (HSCS 3.14) and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22)

**This area for improvement was made on 1 September 2023.**

## Action taken since then

Overall we observed effective infection, prevention and control practices were in place.

The toilet areas have been newly refurbished, they are clean, bright, fully ventilated and have separate changing areas to respect children's privacy and dignity.

Staff had undertaken a refresher infection prevention and control course.

Online systems in place to record maintenance issues and log with the provider. The new provider has dealt with maintenance issues in a timeous manner.

## 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?	5 - Very Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	5 - Very Good
How good is our setting?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very Good
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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