

# Indigo Childcare@ St Bartholomew's Primary School

## Day Care of Children

St. Bartholomew's Primary School  
30 Castlemilk Drive  
Glasgow  
G45 9TR

Telephone: 01416 346 161

**Type of inspection:**  
Unannounced

**Completed on:**  
30 October 2024

**Service provided by:**  
The Indigo Childcare Group

**Service provider number:**  
SP2007009288

**Service no:**  
CS2007159933

## About the service

Indigo Childcare @ St Bartholomew's Primary School is registered as a day care of children service which is provided by Indigo childcare group. It is registered to provide a care service to a maximum of 40 children aged from 4 years 6 months to 16 years. Children attend from several different schools. On the day of inspection 33 children were in attendance.

The service operates from St Bartholomew's Primary School which is situated in the locality of Castlemilk in the south of Glasgow. It is close to local parks and amenities. Children were accommodated in the school dining hall and had access to the gym hall, a woodland area, eco garden and school playground.

## About the inspection

This was an unannounced inspection which took place on Tuesday 29 and Wednesday 30 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
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- received electronic feedback from 17 parents/carers.

## Key messages

- Exceptional nurturing care and support helped children to reach their full potential.
- The setting was comfortable, spacious and stimulating for children.
- The service promoted an ethos of respect and inclusion.
- Staff sensitively responded to children's emotions creating a secure and loving environment for children.
- Children were supported to lead their own play and daily experiences, leading to outstandingly high outcomes for children.
- The service got things right for children and families by considering and responding to their views in relation to all matters that effected them.

## 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?	5 - Very Good
How good is our staff team?	5 - Very 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 evaluated different parts of this key question as very good and excellent, with an overall grade of very good. There were significant strengths which supported positive outcomes for children.

### Quality indicator 1.1: Nurturing care and support

Children received exceptional care from nurturing staff who supported children with compassion, kindness and love. Staff knew individual children and families well and were attentive and responsive to their needs. This enabled them to provide children with person centred care, ensuring they were settled, happy and emotionally secure. The strong connections between children and staff were evident within all interactions. Children told us about how happy they were at the service. One child said, 'I like going because the staff are very kind to me and play with me.' Another told us, 'Ever since I joined in primary one it's been the best thing ever.' The positive relationships between staff and children supported children to feel safe and secure in the setting.

Children enjoyed snack time. It was a relaxed, unhurried and sociable experience for them. Children had the option to eat across the session meaning that their play was not disrupted. This element of choice also meant that children ate when they were hungry and ready for food, supporting their overall health, wellbeing and development. Children had the opportunity to develop independence through self-serving and had worked together to create the snack menu. This exemplifies how children's voices contributed to daily routines, valuing their ideas likes and dislikes.

Personal plans were focused on individual outcomes for children. Staff carefully listened to the needs of children and families and reflected these in individual plans. This strong focus on getting it right for children promoted a sense of identity, positive wellbeing and safety. Children contributed personal information in 'all about me' forms. This empowered them to have ownership about how their care and support needs would be met. Staff responded to each child's individual voice ensuring their care was person centred. Where children had more complex needs, staff worked in partnership with families to create clear strategies to ensure children's needs were met. All children were supported to reach their full potential in a way that was right for them.

Children and families health and wellbeing was at the heart of service delivery. An inclusion coordinator worked closely with staff providing leadership in relation to diversity, equality and inclusion. This unique practice helped encourage consistently positive outcomes for children and families. Their expertise helped staff to evaluate what extra resources were needed to support individual children. Materials such as fidget toys and emotional wellbeing stickers were particularly helpful to some children. One child demonstrated how they used the fidget toys and stickers if they were upset or angry. They explained how they followed instructions on the stickers to take deep breaths and calm themselves down. This supported children to understand and regulate their emotions.

Staff understood their critical role in helping children to manage their feelings in a sensitive and nurturing way. Various strategies and resources, including a 'chat with me' box and 'worry monster' were prompts for children to talk about their emotions and resolve issues they were facing. Staff were exceptionally skilled in responding to children who used these prompts and supported them to build resilience, confidence and self-esteem. A children's champion also had responsibility for meeting the needs of children who needed extra

support. This support worked well and highlights the nurturing and caring ethos across the service. One child told us, 'Sometimes if I'm worried or sad I use the chat box. Staff always come to chat to us about it.'

An Inclusion group was available for children to join. Within this group, children worked together to build understanding of the needs of their peers. This prioritised children's equality and rights across the service. Work within the group had led to the development of right based aims for the service. A priority being developed at the time of the inspection was, involving children in the staff recruitment process. Children were able to make decisions about who was caring for them by posing questions at interviews.

Children were supported to build confidence, resilience and belonging as they engaged widely within their community. Some children proudly held the role of being a 'communication buddie.' As part of this role, they met with younger nursery children as they helped them develop their speech and language. Friendships with peers were built beyond the service. Staff facilitated opportunities for children to meet with peers from another out of school care setting to play football and participate in activities together in the woodlands. This supported children to meet new friends and develop relationships.

### Quality indicator 1.3: Play and learning

We observed that children were having fun with staff and were fully engaged in their play. Children experienced a balance of spontaneous and planned activities including games, construction, arts and crafts and sand play. Children had access to a wide range of resources which were developmentally appropriate and supported their play and learning.

Children were able to lead their own play and learning. For example, two children spent time creating a tower with tools and large blocks while others played cards. One parent told us, 'They always listen to the children and will be open to changing things for the children.' Children also told us that they could choose which activities they wanted to participate in each day. We saw children making those decisions. This gave them the opportunity to develop independence and supported their right to play.

Play experiences supported the development of children's numeracy, language and literacy skills. For example, children had created an ice cream shop and used menus and calculators to support numeracy development and had created a menu with price lists. They were also able to play card and letter games, further supporting numeracy and literacy development.

Children benefited from access to outdoor areas. Staff communicated with children to let them know when they were able to go out and gave the children the opportunity to free flow from indoors to out from the gym hall. Children had the opportunity to participate in physical play indoors and outside. Staff participated in play with children, supporting them to be engaged and have fun. We concluded that children were supported to be physically active and healthy whilst attending the setting.

The use of digital technology was being developed by the service. Children were using technology to stargaze, take photographs, and used apps and artificial intelligence to create their own newsletter. Children had full ownership of their newsletter which was used to share information about what they had been doing in during their time in the sessions.

Staff planned experiences for children based on their interests. Staff and children evaluated the play experiences, supporting children to lead their play. Big books had recently been introduced to record children's experiences, enabling them to reflect on what they had participated in and have their voices heard. Play experiences were shared with parents via an online platform. This supported them to feel involved in their children's care.

## How good is our setting?

5 - Very Good

We evaluated this key question as very good, where significant strengths supported positive outcomes for children.

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

Children were cared for in a bright, comfortable and welcoming environment. As well as the use of the main dining room, children had access to large outdoor areas and gym for physical games. The main room had tables and benches for children, and a small comfortable area with beanbags and mats for children to rest and relax. Children had ample space for their needs. The environment helped to give children the sense that they were important to the service.

There was a variety of resources for children which they could easily access, and there were other resources stored securely which children could ask for to support their play. Resources available took account of children's stages of development and interests. For example, dolls with clothes and accessories, chess and card and puzzles games. One parent commented, 'The children have fun and are always doing something different week by week'.

During our visit, we saw children having fun in physical play in safe and secure outdoor areas. They also had the opportunity to participate in risky and challenging play through a trim trail, balance equipment and tree climbing. The service had developed an eco-garden based on feedback from children regarding outdoor play. The space contained planters and benches for children to use. The service also had access to a local woodland area. We saw evidence of children engaged in play including den building, toasting marshmallows and pond dipping. One parent commented, 'Lots of outdoor play - the woods in particular is my child's favourite. Lots of physical activity also like dodgeball and football'. This supported children's health and wellbeing.

Equipment within the setting was safe, clean and well maintained. We saw appropriate infection prevention and control procedures followed. We observed appropriate infection prevention and control procedures being followed. Staff had completed training on infection prevention and control procedures, helping them to know how to care for children safely.

## How good is our leadership?

5 - Very Good

We evaluated this key question as very good, where significant strengths supported positive outcomes for children.

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

The management team were friendly, approachable, and engaged well with the inspection process. Staff told us they found the management team to be supportive and approachable. One staff member commented, 'I believe the leaders/management within my team are some of the most inspiring leaders you will come across, I look up to these people in many ways and feel fully support within my role, encouraged and believed in.' This meant staff were supported in delivering positive outcomes for children.

An improvement plan was in place which identified strengths of the service and areas for development. We saw evidence of progress being made in these areas including stay and play sessions for parents, the eco garden development and children using technology to stargaze and create their own newsletters.

Monitoring and auditing took place regularly as part of the quality assurance process, including the monitoring of environments and medication. This included reviewing the quality of environments, personal plans and medication. This was a positive process which impacted and improved experiences for children. We discussed with management that a more robust system for monitoring would support meeting children's needs. For example, adding dates to updates in personal plans and auditing accidents.

Management understood the importance of seeking the views of staff, children and parents. Children's voices were heard in daily decision making such as activities and snack choices. During regular monitoring reviews children were also asked their opinions on the service. Parent's opinions on the service had been sought to understand any areas they felt could be developed. Feedback had been given to parents on this so they could see the changes their input had influenced. One parent commented, 'Any suggestions are taken on board by the staff, and this is communicated to parent/carer and the change is implemented.' This supported families to feel involved within the service.

Regular team meetings gave staff the opportunity to reflect on service developments and evaluate practice. One to one meetings between staff and management allowed staff to discuss any training needs or support they required and helped them to identify successes and goals they would like to achieve. One staff member commented, 'We have regular six weekly chats to check in and see how we are doing. During these chats we can discuss anything that we are struggling with or anything that is bothering us so that we can work together to come up with a solution and also get some help or support if needed.' This helped staff to feel that their wellbeing and views were important and encouraged continual professional development.

## How good is our staff team?

5 - Very Good

We evaluated this key question as very good, where significant strengths supported positive outcomes for children.

### Quality indicator 4.3: Staff deployment

During our inspection, we found that effective staff deployment within the setting meant that children's individual needs were being met by the right number of staff throughout. The staff to child ratio allowed staff to be responsive to individual needs, which enhanced children's experiences. Parents spoke positively about the staff caring for their children and one said, 'They are a fantastic bunch of staff and my child loves going.'

Staff told us that a strength of the service was that they worked well together as a team, and we observed this in practice. Staff communicated when children were moving between areas to ensure their interests were followed through. Staff were vigilant of children and recorded who was entering and leaving. This meant children were accounted for at all times.

Staff development was encouraged, and staff told us they were supported in this by management. The staff engaged in a range of professional learning activities that built on and sustained their practice. This included child protection, autism awareness and trauma informed practice training. One staff member told

us, 'I am so grateful to have had the opportunity to be involved in such a wide variety of training to gain knowledge in all aspects of my work in order to apply this to my practice. It has allowed me to have more confidence in my practice which helps to develop my ability to lead and empower those around me.'

Staff and management understood the importance of having positive relationships with families and children. One staff member told us, 'My relationships with the parents/carers are as important to me as the relationships we have with their children. I enjoy getting to know the parents/carers and supporting them in every way we can.' Knowing the families and children well supported staff to offer care which met their individual needs and interests. Parents were welcomed to stay and play sessions within the service. We saw staff welcoming families into the service. Not all parents were able to enter the service to collect their children. Staff were trying to organise a system for parents to gain access at regular intervals. The service should continue to develop ways to support parents entering the service to strengthen relationships with families.

## 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 manager should continue to develop the format for children's personal plans in consultation with children, families and staff. Review of these plans should demonstrate that they have been completed every 6 months or sooner if necessary.

National Care Standards early education and childcare up to the age of 16. Standard 3: Health and wellbeing and Standard 4: Engaging with children.

**This area for improvement was made on 5 December 2017.**

#### Action taken since then

When assessing this area for improvement we found that a new personal plan format had been introduced by the service. Children were able to complete their own section and staff also completed SHANARRI wellbeing plans. Strategies for children with additional support needs were identified. The plans were updated regularly. This meant children were receiving care which met their individual needs. Dates should be added to all updates to give a clearer picture of development and progress.

This area for improvement has been met.

#### Previous area for improvement 2

Staff should ensure that appropriate measures are implemented to reduce the likelihood of any cross infection among people using the service. For example, cleanliness of refrigerator, serving of children's food.



The management team and staff should refer to the revised Health Protection Scotland guidance: Infection Prevention and Control in Childcare Settings (October 2016).

National care standards early education and childcare up to the age of 16. Standard 2: A safe environment and Standard 3: Health and wellbeing

**This area for improvement was made on 5 December 2017.**

#### Action taken since then

When assessing this area for improvement we found that infection prevention and control procedures were followed. Children were encouraged to wash hands for snack. Staff were washing hands and cleaning tables before and after snack. time. A cleaning rota in place and followed by staff. Staff had attended infection prevention and control training and knew their responsibilities. This meant children were cared for in a safe environment.

This area for improvement has been met.

#### Previous area for improvement 3

The management team should put effective systems in place to monitor all aspects of service delivery. Where issues are identified, clear plans should be put in place to facilitate improvement.

National Care Standards Early Education and Childcare up to the age of 16. Standard 13: Improving the Service and Standard 14: Well-managed service.

**This area for improvement was made on 5 December 2017.**

#### Action taken since then

When assessing this area for improvement we found that quality assurance procedures and monitoring were in place. Medicine, personal plans and accidents were monitored regularly and audited. An improvement plan was in place to identify strengths and areas for development. There was evidence of progress in some areas. This meant staff and management were working to support positive outcomes for children.

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?	5 - Very Good
1.1 Nurturing care and support	6 - Excellent
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?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good
How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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