

# Happy Days at Hardengreen Day Care of Children

Hardengreen House  
Eskbank  
Dalkeith  
EH22 3LF

Telephone: 01316 600 168

**Type of inspection:**  
Unannounced

**Completed on:**  
13 February 2025

**Service provided by:**  
Genesis (J & T) Limited

**Service provider number:**  
SP2010011218

**Service no:**  
CS2015334818

## About the service

Happy Days at Hardengreen, referred to as the nursery in this report, is registered with the Care Inspectorate to provide a day care of children service to a maximum of 130 children at any one time. Of those 130 no more than 40 are aged under 2; No more than 25 are aged 2 to under 3; No more than 45 are aged 3 to those not yet of primary school age and; No more than 20 are of primary school age.

The outdoor space has been taken into account when agreeing the maximum number of children aged from three months to leaving primary school age. Children must have access to the outdoor space at all times.

At the time of our visit out of school care was not being provided.

The nursery is located on the outskirts of Dalkeith in Midlothian and situated in a large, detached house set amongst approximately five acres of ground. Playrooms are arranged to accommodate babies, beanies, toddlers, early learners and school aged children. In addition to the main building the toddler children used a cabin building in the grounds.

## About the inspection

This was an unannounced inspection which took place on 11 February 2025 between 09:15 and 15:30. 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 several children during their play
- reviewed digital comments from 11 families using the setting
- spoke with the staff present, managers and the provider
- observed staff practice and daily experiences for children
- reviewed documents.

## Key messages

- Children benefitted from a relaxed and calm atmosphere where they were well cared for by staff.
- Plans in place to support children needed to be in more detail to enable staff to follow them consistently.
- Across the setting children were busy and having fun in their play.
- Staff should continue to evaluate the play spaces for children to ensure that they provided rich and attractive places to play.
- Some areas of the outdoor areas needed adapted to ensure that they were safe, attractive and could be used by all age groups.
- Self-evaluation was beginning to impact positively on improvement.
- Aspects of auditing processes and procedures needed to be more in depth to ensure that gaps in practice were identified.
- The staff team were working well to provide positive outcomes for the children in their care.

## 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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - 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?

4 - Good

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

### Quality indicator 1.1 - Nurturing care and support

Throughout the nursery children were confident and had positive relationships with the staff caring for them. The staff team were familiar with the concept of nurture and understood how warm and kind relationships impacted on children's wellbeing. Parents commented about the close relationships that staff had formed with their children. "The staff are very caring and have been great at supporting my son's development." "The staff are kind and compassionate, they adapt to the child's needs and there is a relaxed environment which helps children feel safe."

Some children were beginning to form friendships and staff encouraged age appropriate relationships during play. Staff could further develop their approach to helping children understand their emotions. An increased understanding of child development would help staff to recognise how children's emotions can impact on how they behave.

There was a keyworker system in place which was well used to support individual children and develop relationships with parents. Transition through the setting was well planned by staff. We asked that they ensure that parents are fully involved in these changes. For example, identifying the new keyworker before the room move to ensure that parents can have confidence in the process.

Personal plans consisted of a range of information gathered by staff to ensure that children's care and support needs could be identified and met. All children had a personal plan which had been reviewed and updated regularly. We asked staff to revisit the information that was being recorded in the pastoral and wellbeing log. This was to ensure that recording was appropriate in language and in enough detail to be useful in meeting children's care and support needs. For example, some comments used negative language such as 'listening ears were not working' and some recording noted continue to provide support, without detailing what that support would look like.

Local authority training and support and the development of strategies from the tool Up, Up and Away were beginning to impact positively on children who needed more targeted support. Some further development was needed to ensure that the actions needed to support children were clearly identified for staff to follow, assess and adapt to ensure children's continued development (see area for improvement 1.)

Meals were provided by an external catering company. The menu had been developed to meet the nutritional needs of young children. Children benefitted from a mealtime which was overall, a positive experience. Children in the 3-5 year playroom (early learners) were very familiar with the lunch routine and had opportunities for choice, development of independence skills and to sit and socialise with their friends and staff. Younger children in the 18 - 24 month playroom (beanies) had a calm lunch experience where overall, they ate well. Some aspects of supervision could be improved by staff to ensure that the youngest children receive appropriate support during their meal. We observed bottle feeding in the baby room. This was well organised and staff sat comfortably to promote the close connection and security that supports a baby at this time.

Medication procedures had been improved since our last inspection. Staff were aware of the medical needs of individual children. Children's food allergies and food preferences were identified. Overall, recording was appropriate to ensure that medication administration enhanced children's safety. There were however small gaps in information, such as the addition of the child's name on the storage container for medication to ensure it can be located easily and some information needed to be in more detail. For example, it needed to be noted what had been agreed as a high temperature, for a specific child, before action was necessary. Immediate amendments were made to the medication procedures. We have made an area for improvement in quality indicator 3.1 regarding auditing and monitoring.

### **Quality indicator 1.3 - Play and learning.**

Babies were provided with an appropriately arranged environment which allowed them to roll, crawl, pull themselves up to stand and cruise around the room. The play resources provided sustained opportunities to use sand, water, dough and mark make. Staff supported children's exploration of their environment and engagement in the resources appropriately. Babies had access to fresh air through walks in the local area but during the colder wetter months opportunities for outdoor physical activity was limited. The provider discussed with us the plans to develop an all weather area to enable babies to go outdoors throughout the year.

Children in the beanies were provided with good play and learning opportunities. Children had access to three defined play spaces and a small soft play area to provide indoor physical play. There were good opportunities for messy play and access to sand and water. We reminded staff to ensure that there was enough sand and enough water for children to engage in meaningful play. Opportunities for outdoor play were provided daily and staff were actively looking at ways in which more flexibility and choice could be given to children to increase the time outdoors.

Younger children aged 2 - 3 years in the cabin area were happy and having lots of fun, they were developing their skills in sharing and some were very capable of playing co-operatively in small groups. Children were well supported in their schematic play, which is where a child learned through repeating certain actions. Staff supported children's interests well responded to requests for additional resources in order to extend children's ideas. Children had access to the outdoor area directly outside their playroom which was used for sustained periods of the day in order to promote children's physical health and wellbeing.

Within the early learners room children benefitted from a range of play experiences and activities that supported their development and interests. Most children were confident in leading their own play. Children enjoyed the drawing table, transport toys and the house area. Staff should now develop the play spaces to ensure children have a range of resources for the extensions of their ideas. Early learners could access the outdoor area directly from their playroom. This area provided children with a range of opportunities including good provision for literacy, numeracy, digging and physical activity.

Across the setting children's play and learning was planned and evaluated by staff. Systems for planning included responding to children's interests and suggestions, intentional promotions such as festivals, seasons and events. The local authority had provided significant support for the planning process and planning for children's play and learning was now consistently completed and more meaningful. Staff now needed to continue to embed the process into their practice and for some playrooms there was a need to identify the significant areas of learning and include the outdoor experiences in their planning.

There was improvement but still some work to do on the interactions to support learning. Staff were enthusiastic and interested in the children. Their interactions showed their play experiences and ideas were

valued. Staff should continue to develop their skills and confidence in extending children's learning through meaningful conversations. This should include effective questioning techniques to promote deeper thinking during play.

Along with local authority documents My Learning Plans (MLP's) had been developed in order to assess and share what children were learning. These were shared with children and with parents. These attractive documents provided a good overview of a child's time in the setting. Auditing of the MLP's should be used to ensure that there is consistency of recording significant areas of learning and identifying what next step children could take to extend that learning or skill.

## Areas for improvement

1.

Children's overall wellbeing and development should be supported by clear support plans which are shared to enable consistent practice across the staff team. Plans should clearly detail what action is necessary to provide support. They should be assessed to ensure progress and adapted as children's needs change to ensure positive outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me." (HSCS 1.19).

## How good is our setting?

**4 - Good**

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

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

The building provided children with a pleasant environment. Communal areas were clean and kept tidy during the day. Playrooms were warm and provided good ventilation and light. In each of the playroom children had enough overall space for their play.

The building was large and of an age where there was a continuing need for maintenance. The provider had a long term plan to address some of the issues such as improvements to the conservatory and internal decoration.

The outdoor space provided at the setting was a significant strength and included sectioned off play areas, wood areas and grass paddocks. Children in the cabin and the early learners had direct access to the outdoor area from their playrooms. These were used for significant periods of the day. The younger children on the first floor of the building had less choice for outdoor play but staff understood the importance of enabling these children to go outdoors regularly.

The provider was in the process of developing plans for the outdoor spaces in consultation with staff and parents. This was to ensure that they could be used in all weathers by all age groups and provide children with rich and interesting environments. Some areas of the cabin outdoor space could be improved to ensure that it continued to provide a pleasant and safe place for children to play. For example, areas of worn astro turf and gates which were difficult to open and close.

There had been improvements to the play environments which were richer in terms of play opportunities.

You have some good quality furniture in place, and there continues to be an increase the level of resources. We asked staff and the leadership team to evaluate some of the play environments to ensure that they were attractive and well maintained spaces for children to play. For example, assessing the quality of displays to engage children's interest, the use of plastic outdoor resources and in some playrooms how play areas were arranged to ensure children had enough space for their activities.

There were processes in place to enhance safety and security. There was safe entry and exit to the setting and the use of risk assessments enhanced the safety of children. Staff encouraged children to think about their own safety during their play. This helped children to understand their capabilities. Discussions took place with children when they used the wider paddock area at the front of the building to ensure children were aware of boundaries and where they could safely play.

Infection prevention and control practices were good. Children were encouraged to carry out good handwashing procedures and were well supported by staff during this time. We reminded the leadership team about the need to make notifications to the Care Inspectorate if there were outbreaks of infections such as hand foot and mouth or sickness and diarrhoea.

## 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.

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

The leadership team and staff had re-visited the vision, values and aims of the setting. These were regularly re-visited with staff as part of team meetings and as part of the induction process to ensure that remained an active tool to develop the ethos of the setting.

There were processes in place for self-evaluation which used national good practice documents as benchmarking tools. The staff team were actively involved in self-evaluation through the monthly team meetings. Staff were familiar with the priorities in the improvement plan and this was regularly assessed to ensure continuous improvement in the setting.

There were systems in place to audit aspects of the settings procedures and monitor aspects of practice. Some of the auditing was not having an impact as there were gaps in what audits had identified. For example, gaps in medication and the quality of support strategies. The leadership team needed to develop a meaningful auditing process to ensure that gaps were identified and addressed (see area for improvement 1.)

Parents were welcomed into the setting at the beginning and the end of their child's day. We observed staff taking time to talk to parents and share information about their child with them. The use of the digital platform, Family, provided parents of younger children with information about their child's routine over the day. Family was used to provide a weekly update of what children had experienced in the setting and developmental progress was shared through the My Learning Journal and parent consultations. There were opportunities for parents to attend stay and play sessions, which had been evaluated and adapted to make improvements, and other social events over the year were planned to provide opportunities for parents to be involved in the life of the setting.

Staff knew the children in their care well and through our discussions and observations we could see that

they had aspirations for their development and progress. The voice of the child was present in planning of play and learning and some of the personal plans. There were conversations with older children about what they wanted or needed and staff should continue to evidence how children actively influence the quality of the setting.

Recruitment procedures were in depth to ensure the safety and security of children. An induction process had been developed using national guidance. This system provided staff with information about expected practice and gave opportunities for reflective discussion.

## Areas for improvement

1. To help develop the practice of continuous improvement. The leadership team should further develop auditing procedures to ensure that they are meaningful in identifying strengths and gaps in practice.

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

## How good is our staff team?

**5 - Very Good**

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

### Quality indicator 4.3 - Staff Deployment

The leadership team had spent time establishing the teams in each of the playrooms. The staffing in the setting had been stable with minimal changes which had a positive impact on children's sense of security and the building of positive relationships.

Children were cared for by enough staff to meet their needs. On the day of our visit staff worked well as a team stepping in to help colleagues when needed. Transition points such as lunchtime, were comfortably covered to ensure children's welfare and safety. The staffing level supported staff welfare with regular breaks and flexibility where needed. The provider clearly understood that appropriate staffing helped to ensure high-quality care and experiences for children.

Children were cared for by a caring and committed staff team. Across the team there was a wide mix of skills and experiences. Less experienced staff were being supported by senior staff who provided mentoring and role modelling. The staff team were keen to learn and develop their practice. As part of their continuous professional development staff had received a range of training opportunities. The leadership team now needed to assess the impact that training had on support positive outcomes for children.

Interactions between staff, children and parents were respectful, friendly and kind. Parents spoke positively about staff "Very friendly and happy staff." "Staff have been attentive and listened to myself and my child as to what they need." "The staff are very caring and often share achievements and ask how my child is getting on at home."



Staff accountability and responsibility had been identified as part of the setting improvement plan. This was to further define the leadership roles and identify staff who were ready to lead on aspects of the provision such as outdoor experiences, literacy or numeracy.

Staff told us that they felt well supported and agreed that they had the resources to help them support children and that there were always enough staff to meet children's needs.

## 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

Children's health and welfare should be well understood and promoted by staff. In order to do this all staff should be familiar with the procedures and good practice guidance for child protection. The nursery medication recording procedures should also be re-visited with staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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) and '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 10 July 2023.**

#### Action taken since then

Child protection procedures had been highlighted to staff and were part of regular staff meeting discussions. All playrooms had a chart showing the procedure for reporting concerns. Child protection forms a substantial portion of the new induction process, which strengthened their understanding of how to keep children safe and protected.

Medication procedures were in place and have been strengthened. The administration of medication met good practice however there were gaps in the auditing process.

We have deemed that this area for improvement as met but we have made an area for improvement in Key Question 3 - How good is our leadership.

#### Previous area for improvement 2

To promote children's learning and development through play, the manager should support staff in developing their skills in interactions which will extend children's learning and experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to achieve my potential in education and employment if this is right for me.' (HSCS 1.27)

**This area for improvement was made on 10 July 2023.**

## Action taken since then

We comment in this report that the quality of play and learning had improved. Some work had been undertaken to increase staff skill in effective interactions to support learning. This now needed to be embedded to ensure that practice and skill across the setting was consistent.

This area for improvement was met.

## Previous area for improvement 3

To enable staff to respond to children's development and learning needs, staff should develop a planning approach which clearly identifies learning and development outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to achieve my potential in education and employment if this is right for me.' (HSCS 1.27)

**This area for improvement was made on 10 July 2023.**

## Action taken since then

There had been improvement in the recording of children's development and learning. My Learning Plans evidenced some of the significant learning. Local authority tools for tracking were also being used to ensure that staff had an overview of children's progress. We asked staff to continue to make sure that the learning outcomes are identified and that learning recorded is significant.

This area for improvement was 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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - 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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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