

Bright Horizons Bishopbriggs Early Learning and Childcare Day Care of Children

South Crosshill Road
Bishopbriggs
Glasgow
G64 2NN

Telephone: 0141 4711660

Type of inspection:
Unannounced

Completed on:
10 January 2025

Service provided by:
Bright Horizons Family Solutions Ltd

Service provider number:
SP2003000319

Service no:
CS2017355533

About the service

Bright Horizons Bishopbriggs Early Learning and Childcare is a daycare of children service. The service is registered to provide a care service to a maximum of 113 children at any one time aged from birth to those not attending primary school, of whom no more than 61 are aged under three years, of whom no more than 32 are aged under two years.

The service is provided by Bright Horizons Family Solutions Limited and is located in Bishopbriggs, East Dunbartonshire. It is located in a residential area, close to local shops, other amenities and transport links. Care is provided from a stand alone, purpose built building consisting of four playrooms, an office, kitchen, staff room, and laundry facilities. Children can access outdoor play in the secure nursery gardens

About the inspection

This was an unannounced inspection which took place between Wednesday 8 January 2025 and Friday 10 January 2025. This inspection was carried out by three early learning and childcare 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 service registered.

In making our evaluations of the service we:

- spoke with and observed children using the service
- contacted families through Microsoft questionnaires to gather their views
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Most children appeared happy and busy, enjoying their time at nursery.
- Management and staff were welcoming, open and honest during discussions
- Meals provided were nutritional and catered for children's dietary requirements.
- Not all children experienced learning opportunities that were relevant, personalised, or sufficiently challenging for their stage of development.
- Experiences, resources and environments need to be developed to inspire children's imagination and creativity with a focus on loose parts play and natural and open ended resources.
- We identified a number of infection prevention and control concerns which require attention to support a safe and clean environment.
- The provider should put in appropriate measures to enable the manager to support and lead the team.
- Lunch time experience with the 3-5 room requires to be improved.

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?	2 - Weak
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

Quality Indicator - 1.1 - Nurturing care & support

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

Most children were happy and confident throughout the inspection and were able to approach staff if they needed help. Staff were warm, caring and were observed using some strategies to support children to have a positive experience for example, preparing children in advance of any changes and ensuring children had comforters to support. This was helping most children during transitions.

Staff communicated daily with parents at collection and drop times and through the service's online family app. This was supporting some parents to be included and involved in their child's care. Parents told us.

'Staff are all very friendly and really care about children. They are good at communicating with parents daily on drop off and pick up.'

'I would like more frequent updates from preschool room with reference to learning journey and observations, more preschool work for example early phonics, numeracy, fine motor skills.'

We sampled personal plans and found that although they gathered information about children's health, welfare and safety needs this information had not been updated or reviewed for some children. We could not clearly identify children's current health, play or learning needs, including strategies and next steps. Management and staff should now as a priority review and streamline the information being gathered, ensure children's plans are up to date, hold accurate information and include strategies and next steps. This was an area for improvement at the last two inspections and will now be a requirement. **(See requirement 1)**

We sampled medication held in the service and found medication records were not in line with current best practice guidance. We have asked that this is reviewed, and policies are updated in line with current best practice guidance 'Management of Medication in Day care and Childminding Services'. **(See area for improvement 1).**

Children were supported to sleep at a time that was suitable to their needs or requested by parents, individual pods, mats, sleep sheets and comforters were provided in an environment that supported children to rest and relax. However, we observed in the 3-5 room a child was put to sleep with no sheet on their sleep mat and within the 2-3 room mats were returned to storage without being cleaned. We have asked management to monitor this and ensure all staff are aware of the policies and procedures around children sleeping including infection prevention and control guidance.

Meals provided were nutritional and catered for children's dietary requirements. The service had recently been working on and developing ways of improving lunch and snack time for all children in the nursery. Most children ate the lunch provided and most staff were supporting the children who did not want or disliked the hot option, children were given an alternative for example a sandwich.

During the inspection we observed the lunchtime experience over two days. We found most staff were supporting children with self-help skills, providing opportunities to develop some independence and

involving children in setting up and clearing away. However, in the 3-5 room we observed lunch time to be noisy, disorganised, children were upset, and individual needs were not supported. This was not a positive, enjoyable experience for some of the children present. We discussed this with management and have asked they support and monitor staff to ensure all children experience an enjoyable, relaxed lunch or snack and that staff are aware of what children have eaten and who has eaten lunch. Staff and management should also ensure food is served at an appropriate temperature for all children. To support the service with improvements we have referred them to best practice guidance 'Setting the Table' <https://www.gov.scot/publications/setting-table-guidance/>.

During our observations we did not see all children having regular access to fresh water throughout the day. We have asked management to review the current situation to ensure children have regular access to water and that children remain hydrated.

Quality Indicator - 1.3 - Play & Learning

Most children appeared happy and busy, enjoying their time at nursery. Staff had developed some areas of interest to engage children's imagination and develop their language, literacy, numeracy, and wellbeing, for example, block play, sand, home corner, mark making and sensory. Staff encouraged children to engage in stories and singing and children enjoyed imaginary play outdoors playing at schools, and with the dinosaurs.

However, the quality and range of play experiences for children varied throughout the service. Both indoor and outdoor areas were sparse and lacked sufficient resources. There was a noticeable lack of provocations to spark curiosity and imagination, which impacted on the overall quality of the experiences on offer.

Overall, there was limited evidence of children leading their own play. Not all children experienced learning opportunities that were relevant, personalised, or sufficiently challenging for their developmental stages. This resulted in missed opportunities to support children's creativity and choice in their play.

Planning approaches were inconsistent across the service, making it difficult to evaluate children's stage and progression in learning. We were not able to track children's learning and development in the 3-5 room for example we found some children's individual observations had not been updated since July 2024 and only some generic posts had been shared on the nursery Family app. While some staff had completed summative assessments, the information gathered was not consistently used to plan for or support children's learning and development and not all staff were adhering to the centre's planning processes. **(See area for improvement 2)**

Staff in the under 3-year-old rooms were in the initial stages of implementing the 'Being Me Under Three framework'. Staff spoke positively about this resource and were gaining confidence in its use, recording children's individual observations on the nursery Family app. These observations contained relevant information about children's development, for example when a child could sit up and some next steps. However, we found it was challenging to track children's progress over time. We would encourage the manager and staff to continue embedding these systems and processes to enhance planning approaches for the under 3-year-old children.

Requirements

1. By 30 May 2025, the provider must ensure each child receives appropriate care and support and their needs are met.

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

- a) Ensure personal plans set out children's current health, play and learning needs including strategies and next steps and how they will be met.
- b) Ensure all staff are aware of and understand the information within the personal plans and use this to effectively meet each child's needs.
- c) Ensure personal plans are regularly reviewed and updated in partnership with parents to reflect children's current needs.

This is to comply with Regulation 5(1)(2) – (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that: "My personal plan (sometimes referred to as a care plan) is right for right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15)."

Areas for improvement

1. To keep children safe and healthy, management should review and update recording templates to ensure all information is in line with best guidance 'Management of medication in day care of children and childminding services.'

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. To support children to achieve their full potential the manager and staff should review the current planning cycle to include high quality observations and next steps, with a focus on children's developmental stages. This will ensure that children are supported to lead their own play and learning that is tailored to their individual abilities and needs. This should include, but not be limited to, staff undertaking training to support them in planning, high quality observations, meaningful next steps and evidence of progression in learning.

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

'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable to my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27)

and 'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our setting?

2 - Weak

Quality Indicator - 2.2 Children experience high quality facilities.

We made an evaluation of weak for this quality indicator. Whilst we identified some strengths, these were compromised by significant weaknesses.

The nursery was welcoming bright and well ventilated. We found the service was secure and visitors were welcomed at the reception area where there was an expectation they signed in and out of the service. Furniture was child sized and there were some soft furnishings for relaxation and comfort for children to relax. Children had space to play in small groups and by themselves. This was supporting children's choice and individual needs.

We found during the inspection that not all staff practiced appropriate infection prevention and control practices, for example we observed some staff did not wash their hands prior to serving snacks or lunch, or after wiping children's noses. We would ask management to carryout training and monitoring with all staff to ensure they are knowledgeable and practice appropriate infection prevention and control. This will support staff in reducing the risk of spreading infection.

We identified areas of the environment that required attention to support a safe and clean environment. We found the sink areas in all rooms require attention as they have exposed porous surfaces which were unable to be cleaned for example the edges of units and seals along the floor. We identified a fan not working in the nappy changing area, a nappy bin with a broken lid, and the outdoor mud kitchen was not suitable for children to use. In addition, the nappy changing facilities did not meet best practice guidance. We require the provider to address these concerns and submit to the Care Inspectorate how they plan to address these areas including how their nappy changing areas will be adapted to meet best practice guidance.

We also identified areas that would benefit from being refreshed to support a more aesthetically pleasing environment as well as supporting good infection, prevention, and control measures. The service did have quality assurance processes in place, but these were not having the appropriate impact to support a safe environment. This was area for improvement at the last inspection and will now be a requirement. **(See requirement 1)**

We identified a lack of respect for resources and the disorganisation of some areas inside and outside the nursery. We have asked management to highlight this to staff with a focus on their role and responsibility of role modelling to support children's understanding in respecting and caring for their environment. Management and staff should look at creating an environment that is nurturing, respected, inspires children's imagination and creativity with a focus on loose parts play and natural and open-ended resources. **(See area for improvement 1)**

During the inspection children in the 3-5 room were accessing outdoors regularly throughout the inspection. We acknowledge the service is currently upgrading the garden which is limiting space and the experiences on offer. However, staff should ensure when children are having access to outdoors, they have resources and experiences that engage children's curiosity, creativity, and imagination as well as opportunities for physical play. All areas accessed by children should be safe to use with appropriate well-maintained resources.

Staff and management should monitor the time spent outdoors for the 3-5 year old children especially during the colder weather. We found some children were outside for a prolonged length of time and were not always given the option to stay in doors or return inside freely. We would ask management and staff to support childrens choice in the under 3-year-old rooms to have more regular access to outdoors at a time that suits their needs. This will support childrens health and wellbeing.

We sampled accident and incident records and asked management to audit these to identify common or reoccurring concerns. This should include any actions in relation to the environment, resources, and individual children to identify any common patterns, appropriate action should be taken where required.

Requirements

1. By 30 May 2025 children must be cared for in a safe and well-maintained environment. Maintenance of the building and repairs must be carried out to ensure that children experience a high-quality environment and staff have required training, knowledge and understanding. The provider must, at a minimum, ensure

a) there are plans in place to install nappy changing areas inline with best practice guidance.

b) ensure staff are knowledgeable and competent in infection prevention and control guidance and procedures.

c) ensure the environment is clean, tidy, and well maintained.

d) quality assurance processes are in place to monitor the effectiveness of infection prevention and control practices.

This is to comply with Regulation 10 (2)(a)(d) (fitness of premises) of the Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

Areas for improvement

1. To support positive outcomes and improve children's play experiences management and staff should:

- Create an environment that is nurturing, respected, inspires children's imagination and creativity with a focus on loose parts play and natural and open-ended resources.

- Provide children with more challenge, to discover, promote their curiosity and imagination, their sense of wellbeing, wonder and adventure.

- Review the layout of children's play spaces indoors and outdoors with a view to creating more space with better areas and opportunities for children to play, learn and choose resources.

This is to ensure care, play and learning is consistent with the Health and Social Care Standards (HSCS) which states that: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable to my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

How good is our leadership?

3 - Adequate

Quality Indicator - 3.1 Quality assurance and improvement are led well.

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

We found the management team engaged well during the inspection process, taking on advice and support,

demonstrating a commitment for improvement. We acknowledge there has been several changes within the staff team and in the management structure. Management were open and honest in relation to the challenges the service had faced. We recognise the team is continuing to develop the service for the children and families.

Management had an improvement plan in place, and we can see this is in the initial stages of making progress to support outcomes for children, for example developing the garden, supporting transitions, and improving links with parents and the local community. However, we found that monitoring of staff practice, the environment and children's personal plans was not regular or robust to support best outcomes for children.

To support the service and best outcomes for children we would ask the provider to put in the appropriate measures to enable the manager to support and lead the team. This is with consideration to giving the manager support in the office with administration tasks, managing staff performance and managing staff attendance. This will then allow the manager time to model good practice, carry out monitoring of staff practice, the environment, and key audits. This was an area for improvement at the last inspection and will be repeated. **(See area for improvement 1)**

Staff were safely recruited through the organisation following best practice guidance 'Safer recruitment through better recruitment' all safer recruitment checks were undertaken prior to staff starting in the service. Staff were registered with Scottish social services council (SSSC) and newly appointed staff were supported as part of their induction. This supported the safety of children, families, and staff.

Newly appointed staff spoke about how they were supported during induction within the first few days of starting, some staff told us they also had a mentor and were in the process of using the national induction resource.

Areas for improvement

1. To improve the quality of care, learning and experiences for children, the provider should ensure that effective quality assurance, self-evaluation and improvement plans are in place that identify strengths and areas for development, and support continuous improvement of the service. This should include, but not be limited to:

- a) welcoming parents into the service.
- b) carrying out regular and effective monitoring of the environment, personal plans, and staff practice to support positive outcomes for children.
- c) Regularly and meaningfully seek the views of children, parents and staff which should be used to support positive outcomes for children and families.
- d) supporting the manager in the office with administration tasks, managing staff performance and managing staff absence.

The Care Inspectorate's guidance, 'Self-evaluation for improvement - your guide' and the use of a self-evaluation framework would support this process.

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?

3 - Adequate

Quality Indicator - 4.3 Staff deployment

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Staff were welcoming, open, and honest during discussions. Overall, the service was appropriately staffed to meet the ratio of children in the service, management had implemented a buddy system between staff to support children and families using the service. Parents told us.

'The staff are kind, good information and good handover at the end of the day, good use of outdoor spaces and activities.'

'The staff are very supportive and nurturing with my children.'

However, staff deployment and continuity of care across the day was variable and this was impacting on the children's care, play, learning and communication levels with some families. Staff moved around areas frequently. Activities and experiences were task orientated rather than an opportunity for high quality engagement with children. As a result, not all children's health, welfare, play and learning needs were met at a time to support their individual requirements.

We found there was a lack of awareness from some staff to deploy themselves effectively for the needs of the children for example, during inspection inspectors had to intervene to support children and highlight to staff when children required support. In the 3-5 room the communication and management of staff was not effective, leading to gaps in interactions across the day.

Management and staff now need to build as a team on their experience and expertise to fully meet the needs of the children's through developing the deployment of the team and revisiting the pace and balance of the day. Highly effective supervision would provide an opportunity for staff to be clear on their responsibilities and accountable for their role. Performance should be constructively reviewed, and effective support planned and evaluated. A whole team approach is required to ensure that any improvements are fully implemented and sustained.

To improve the continuity of care, play and learning for children and to support staff deployment, we would ask the provider to review the current system in place to support staff absences, individual children, and the consistency of the staff team.

(See area of improvement 1)

Areas for improvement

1. To improve better outcomes for children and families the staff team and management need a whole team approach to supporting the continuity of care, play and learning for children. We would ask the provider to review the current system in place to support management with staff absences, individual children's care and support needs, and the consistency of the staff team.

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 is consistent and stable because people work together well' (HSCS 3.19)

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 and staff should review children's personal plans to ensure that their wellbeing needs are met and children experience positive outcomes. <https://hub.careinspectorate.com/media/4653/personal-plans-guide-elc-final-13102021.pdf>.

This is to ensure Care and Support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

This area for improvement was made on 24 May 2023.

Action taken since then

We sampled personal plans and found that although they gathered information about children's health, welfare and safety needs this information had not been updated or reviewed for some children. We could not identify clearly children's current health, play or learning needs including strategies and next steps. Management and staff should now as a priority review and streamline the information being gathered and ensure children's plans are up to date, hold accurate information and include strategies and next steps.

This was an area for improvement at the last inspection and will now be a requirement.

Previous area for improvement 2

To keep children safe, the provider should ensure effective infection prevention and control measures. This should include, but not be limited to:

- a) ensure staff are knowledgeable and competent in infection prevention and control guidance and procedures.
- b) ensure the environment is clean, tidy, and well maintained.
- c) quality assurance processes are in place to monitor the effectiveness of infection prevention and control practices.

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

'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 24 May 2023.

This area for improvement was made on 24 May 2023.

Action taken since then

We found during inspection that not all staff practiced appropriate infection prevention and control practices and not all staff washed their hands prior to serving snacks or lunch, or after wiping children's noses. We identified areas of the environment that required attention to support a safe and clean environment for example the sink areas in all rooms requires attention as we found exposed porous surfaces were unable to be cleaned for example the edges of units and seal along the floor. We would ask the provider to review and carryout appropriate maintenance as quality assurance process in place were not having an impact to support a safe environment.

We also identified areas that would benefit from being refreshed to support a more aesthetically pleasing environment as well as supporting good infection, prevention and control measures.

This was area for improvement at the last two inspections and will now be a requirement.

Previous area for improvement 3

To improve the quality of care, learning and experiences for children, the provider should ensure that effective quality assurance, self-evaluation and improvement plans are in place that identify strengths and areas for development, and support continuous improvement of the service. This should include, but not be limited to:

- a) welcoming parents into the service.
- b) carrying out regular and effective monitoring of the environment, personal plans, and staff practice to support positive outcomes for children.
- c) Regularly and meaningfully seek the views of children, parents and staff which should be used to support positive outcomes for children and families.

The Care Inspectorate's guidance, 'Self-evaluation for improvement - your guide' and the use of a self-evaluation framework would support this process.

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).

This area for improvement was made on 24 May 2023.

Action taken since then

Management had an improvement plan in place and we can see this is in the early stages of making progress to support outcomes for children for example developing the garden, supporting transitions and improving links with parents and the local community. However we found that monitoring of staff practice, the environment and personal plans was not regular or robust to support best outcomes for children.

This was an area for improvement at the last inspection and will be repeated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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