

Cleddens Early Years Centre Day Care of Children

Kirriemuir Road
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Type of inspection:
Unannounced

Completed on:
15 January 2025

Service provided by:
East Dunbartonshire Council

Service provider number:
SP2003003380

Service no:
CS2003016980

About the service

Cleddens Early Years Centre is provided by East Dunbartonshire Council. The nursery is situated adjacent to Thomas Muir Primary School in Bishopbriggs. The nursery is located in a large purpose built unit and children are accommodated in a range of playrooms with a nursery garden and outdoor play area accessed directly from the playrooms.

The service registered to provide a day care of children service to a maximum of 159 children not yet of an age to attend primary school at any one time. Of those 159 no more than 9 are aged under 2; No more than 20 are aged 2 to under 3 and; No more than 114 are aged 3 to those not yet of an age to attend primary school. When using a mixture of the covered outdoor play space and outdoor areas the service can accommodate an additional 16 children aged 2 to those not yet of an age to attend primary school.

About the inspection

This was an unannounced inspection which took place on 13 January 2025 between 09:30 and 17:30 and 14 January 2025 between 09:00 and 18:00. The inspection was carried out by three 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 people using the service
- gathered view from parents via Microsoft forms
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Positive relationships between staff and children helped ensure that almost all children were happy and settled.
- Children engaged in play and learning experiences that were enjoyable and meaningful to them.
- The indoor environment had improved since the last inspection. The management and staff team had worked hard to create a space that supported children's play and learning.
- Mealtimes were relaxed and unhurried, which provided children with a sociable experience.
- The manager and staff should continue to ensure personal plans contain key information about children, including strategies used to support their care.
- The provider should continue to offer support to the service to allow them to continue to improve.

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?	3 - Adequate
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?

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

Children experienced warm, caring, and nurturing interactions from staff. They sought cuddles and reassurance, and staff responded gently and with understanding when support was needed. Positive relationships between staff and children helped ensure that almost all children were happy and settled.

Overall, mealtimes were relaxed and unhurried, which provided children with a sociable experience. Older children took on the role of lunch helpers, assisting with setting up. This helped them develop independence and life skills by self-selecting and serving their meals. Some children also helped set the tables, receiving praise and encouragement from staff.

Staff had clear roles during mealtimes, enriching the experience. Some sat with children and engaged in conversation, while others focused on replenishing food and drinks. Mealtimes were a positive experience that supported children in developing healthy eating habits.

Children's privacy and dignity were upheld when they required support with personal care, such as nappy changes or assistance with toileting. These interactions enhanced children's security and confidence, fostering positive relationships with staff.

Children were able to rest or sleep in line with their needs, routines, and preferences. We discussed the use of white noise which was playing when babies slept. We suggested the team, in conjunction with parents, look at research and best practice guidance. This will further ensure that children's emotional security, safety and wellbeing are supported through sensitive sleep time arrangements.

All children had a personal plan in place, which mostly contained key information about their health, welfare, and safety needs. We could see that information had been gathered for most children; however, strategies and next steps were not easily identified. Parents shared their views, 'Next steps are rarely put in place and then are not followed up,' and 'I don't feel like I have had much involvement in the care plan.' These gaps in personal planning should have been identified and addressed through the quality assurance process to ensure that children's needs are consistently met and that parents are fully involved in their child's care and development. This was an area for improvement at the last inspection and will be repeated. (See area for improvement 1).

We reviewed the storage and administration of medication within the service and found that medication was now stored and administered safely. We spoke with the senior practitioner about plans to reflect the recently published guidance, 'Management of Medication in Daycare of Children and Childminding Services.' We would encourage the service to continue implementing these plans to ensure they align with the new guidance.

Children who required additional support for learning were well supported. Regular meetings were held with professionals such as educational psychologists and speech and language therapists. Overall, children were receiving a good level of support at a time that suited their needs.

Quality indicator 1.3: Play and learning

Children were having fun and engaged in a range of activities that supported their play, learning, and development. As a result, they were developing early-level skills and had opportunities to lead their own play and learning through experiences created by staff.

Children experienced rich and meaningful play opportunities that supported their literacy, numeracy, and health and wellbeing. For example, they engaged in mark-making activities displayed around the room, played Scrabble, and practiced forming their names using different letters. They also learned about their bodies, with their work showcased on displays, and developed life skills through activities like cooking and sewing. There were further opportunities to enhance numeracy within these experiences. As a result, children developed key skills in communication, problem-solving, and independence, helping to build confidence.

However, at some points during the day, experiences were not as well supported. For instance, over lunchtime, the book corner and snug were closed, limiting children's access to these areas. This meant that children had fewer opportunities for rest, relaxation, and independent exploration during these times, which could impact their overall engagement and wellbeing.

Younger children and babies had opportunities to play together or on their own if they wished. They particularly enjoyed rolling playdough and engaging in imaginary play in the home corner. The addition of a 'swamp' to the dinosaur area sparked their interest and creativity. As a result, children engaged in play and learning experiences that were enjoyable and meaningful to them.

Staff used appropriate language and phrasing to promote communication, offering lots of cuddles, praise, and encouragement. They knew the children well and supported free-flow, child-centred play by providing activities based on children's interests. This meant that children felt secure, valued, and confident in their environment.

Staff used the 'Being Me Under 3' local authority documentation, which was piloted during the last inspection, to plan for children under 3 years of age. This approach is working well, making it easy to record, monitor, and report on children's learning and development. It allowed for opportunities to share progress with parents, as learning outcomes and progression pathways were recorded in online learning journals. This meant that children's individual needs were better identified and supported, ensuring a more personalised approach to their learning and development while strengthening partnerships with parents.

A new planning process is in place for children aged 3-5 and is still in the early stages. Staff are being supported to implement it. Floorbooks are used to record children's experiences, and their targets and next steps are documented in personal plans. Staff had introduced a new tracker, and some observations were recorded in learning journals. However, tracking individual children remained challenging, and the process could be streamlined. We encouraged the manager and staff to continue developing and refining this approach to ensure more effective monitoring of children's progress.

Areas for improvement

1. To meet children's health, welfare and safety needs, the manager should further develop children's personal plans and identify appropriate strategies to meet children's needs, support progress and help children to achieve their full potential. These plans should be reviewed at least every six months.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.1).

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

Children experienced a welcoming, warm environment with a strong nurturing ethos. The playrooms were designed to be inviting, calming, and engaging. There were spaces for children to rest and relax, with soft furnishings and areas for both independent and small-group play. We observed children who were confident, happy, and freely accessing all areas to play and learn.

The indoor environment had improved since the last inspection. The management and staff team had worked hard to create a space that supported children's play and learning. The environment was bright and attractive, with well-planned play areas using natural materials and resources. Children could easily choose activities, such as block play, discovery areas, mark-making, arts and crafts, a home corner with real-life resources, and messy play experiences like shaving foam with letters. As a result, children were more engaged, confident, and able to explore their interests in a stimulating and supportive environment, which enhances their learning and overall development.

Children also enjoyed being outdoors, engaging in activities such as playing in the sand, making bird feeders, and running alongside their peers. Some improvements had been made to the outdoor space, and staff had been working to develop new areas for play and learning. However, further work and investment are needed to fully enhance the outdoor experience for all age groups. We encourage the provider to support the management and staff in developing this area to ensure the best outcomes for children.

Children and staff confidently followed effective hand-washing procedures, which were promoted throughout the day, both indoors and outdoors. Staff had also introduced face-washing stations with mirrors to support children's independence. However, we remind the service that the children's toilet door should remain closed at all times and that mops and brushes should be properly stored to help reduce the spread of infection.

Risk assessments had been carried out to identify potential hazards, allowing staff to put appropriate control measures in place. The manager and staff should continue to monitor the gate and public access to the path next to the small fence in the outdoor play area. This will ensure children can play in a safer environment, reducing potential risks and ensuring their wellbeing.

Repairs had been completed to improve the environment, ensuring a safer and more comfortable space for children. One parent told us, 'It is great to see work being done to the nursery over summer.' However, issues with the toilet floors remained. We would encourage the provider to continue working with maintenance staff to find a long-term solution to this, ensuring the facilities are safe, hygienic, and fit for purpose. This will further ensure that children can play and learn in a safer, well-maintained environment, reducing potential risks and promoting their wellbeing.

How good is our leadership?**3 - Adequate**

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

Quality indicator 3.1: Quality assurance and improvement are led well

The service used team meetings, in-service days, and senior leadership meetings to discuss what was working well in the nursery and identify areas for improvement. The nursery improvement plan set achievable targets focused on enhancing children's learning and experiences. One parent told us, 'changes since the last Care Inspection report have been improving the centre and it continues to improve.' As a result, staff had a clear direction for ongoing development, ensuring continuous improvements that positively impacted children's learning, engagement, and overall nursery experience.

Throughout the inspection, the management team and staff were open, honest, and reflective about their progress since the last inspection. We discussed the changes within the management and staff teams and the challenges the service had faced. We spoke to the provider about the structure of the service and encouraged them to continue to provide support to ensure stability and ongoing improvement. (See area for improvement 1).

The management team had developed a self-evaluation calendar, and we were beginning to see the impact of some of these activities. For example, monitoring of playroom practice included feedback to staff and planned actions. This meant that staff were supported to reflect on and improve their practice, leading to a more consistent and high-quality experience for children.

However, not all quality assurance processes were regular or robust enough to ensure procedures were consistently followed or led to sustained improvement. For instance, gaps were identified in children's personal plans, where key information such as next steps in learning or support strategies had not been consistently recorded or updated. Additionally, it was not clear how staff, children, and parents had been involved in this process. As a result, there were opportunities to strengthen quality assurance measures to ensure continuous improvement, more consistent record-keeping, and greater engagement from the whole nursery community. (See area for improvement 2).

Areas for improvement

1. To support the service's growth and ensure the best outcomes for children, the provider should take an active role in guiding and effectively managing the new leadership team. This will help sustain and maximise positive outcomes for children, families, and staff.

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

'I use a service and organisation that are well led and managed (HSCS 4.23), and I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

2. To ensure the quality of children's experiences are improved, the provider should implement robust quality assurance processes, including self-evaluation, covering key areas of practice. This should include, but not be limited to, children's personal plans, children's play and learning experiences, staff practice, and medication.

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?

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 4.3: Staff deployment

Staff engaged well in the inspection process and were open and honest during discussions. The setting was appropriately staffed to meet the needs of children. We found staff were deployed effectively throughout the indoor playrooms and enclosed outdoor garden areas which supported good levels of interaction.

Children experienced caring and nurturing interactions and engagement as good working relationships and effective communication had been established between the team. We found staff worked well together within the nursery. They were respectful in their interactions with each other, creating a positive ethos for children and their families. Parents told us, 'I have a good relationship with my child's key workers and other staff within the room,' and 'the staff always listen and take on board any concerns I have regarding my child.'

We discussed with the manager the importance of continuing to work with staff to strengthen the transition process when children move between rooms. This will help ensure children feel secure and confident during these changes. Effective supervision and communication are key to supporting children as they settle, particularly, into the 3-5 room. Strengthening these areas will create a smoother transition, promoting children's emotional wellbeing and engagement.

Staff welcomed parents at drop off and collection times giving them the opportunity to share information about their child's day. We would encourage the service moving forward to develop collection and drop off communication following recent feedback from parents. Parents told us, 'Although allowed into the room at pick up the staff are generally occupied with many children and it doesn't feel you can chat about anything as they're busy,' and 'we are greeted at the front door in the morning, but not told if anything specific of what happens that day.'

Staff had attended a variety of training to support their learning, development, and practice. We could begin to see the impact of training emerging in the environment, interactions and play experiences offered to children. For example, adventures with Alice, talking mats, planning and being me under 3, and trauma informed practice. We would encourage the team to continue to reflect on their practice and continuous professional development to support positive outcomes for children and their families.

At the last inspection we asked management to monitor and review the deployment and positioning of staff with a focus on staff responsibilities, engagement, and effective supervision to support positive outcomes for children. During the inspection we found staff shared roles and responsibilities well through ensuring they positioned themselves to support the needs of the children. This allowed staff to support children's individual needs, develop areas of play and learning while engaging with children in different parts of the nursery for example, snack area, outdoors and creative area.

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 meet children's health, welfare and safety needs, the manager should further develop children's personal plans and identify appropriate strategies to meet children's needs, support progress and help children to achieve their full potential. These plans should be reviewed at least every six months.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.1).

This area for improvement was made on 19 January 2024.

Action taken since then

All children had a personal plan in place, which mostly contained key information about their health, welfare, and safety needs. We could see that information had been gathered for most children; however, strategies and next steps were not easily identified.

This area for improvement has not been met and will be continued.

Previous area for improvement 2

To keep children safe and healthy, management should ensure medication is audited, stored and administered appropriately. The service's medication policy and processes should be updated in line with the current health guidance 'Management of Medication in Day care and Childminding Services'.

This is to ensure that 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).

This area for improvement was made on 19 January 2024.

Action taken since then

We reviewed the storage and administration of medication within the service and found that medication was now stored and administered safely.

This area for improvement has been met.

Previous area for improvement 3

To support children's play and learning management and staff should look at creating an environment that inspires children's imagination. Also providing children with more challenging opportunities to discover, explore, experiment and problem solve.

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

'As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling' (HSCS 1.30), '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 19 January 2024.

Action taken since then

Children were visibly happy, confident, and actively exploring all areas available to them. They enjoyed rich and meaningful play opportunities that supported their literacy, numeracy, and health and wellbeing. For example, they took part in activities such as mixing baking powder and food colouring, making soup, freezing ice with dinosaurs, sewing, and dressmaking. These experiences encouraged teamwork, curiosity, and problem-solving, helping children to develop a range of skills.

This area for improvement has been met.

Previous area for improvement 4

To protect children's health, wellbeing and safety needs, the provider should ensure children are cared for in a safe and hygienic environment by carrying out appropriate maintenance and repairs.

This should include, but not be limited to:

- Flooring in the children's toilets.
- Hole in the playroom ceiling.
- Worn skirtings and plaster work.
- Drainage in the garden.

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

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18), and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 19 January 2024.

Action taken since then

The indoor environment had improved since the last inspection. The management and staff team had worked hard to create a space that supports children's play and learning. The environment was bright and attractive, with well-planned play areas using natural materials and resources. However, issues with the toilet floors remained. We would encourage the provider to continue working with maintenance staff to find a long-term solution to this, ensuring the facilities are safe, hygienic, and fit for purpose.

This area for improvement has been met.

Previous area for improvement 5

To ensure the quality of children's experiences are improved, the provider should implement robust quality assurance processes, including self-evaluation, covering key areas of practice. This should include, but not be limited to, children's personal plans, children's play and learning experiences, staff practice, and medication.

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 19 January 2024.

Action taken since then

The management team had developed a self-evaluation calendar, and we were beginning to see the impact of some of these activities. For example, monitoring of playroom practice included feedback to staff and planned actions. This meant that staff were supported to reflect on and improve their practice, leading to a more consistent and high-quality experience for children.

However, not all quality assurance processes were regular or robust enough to ensure procedures were consistently followed or led to sustained improvement.

See further information in section '3.1 Quality assurance and improvements are led well.'

This area for improvement has not been met and will be continued.

Previous area for improvement 6

To ensure positive outcomes for children, management should monitor and review the deployment and positioning of staff with a focus on staff responsibilities, engagement and effective supervision.

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

'My needs are met by the right number of people' (HSCS 3.15), and 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 19 January 2024.

Action taken since then

At the last inspection we asked management to monitor and review the deployment and positioning of staff with a focus on staff responsibilities, engagement, and effective supervision to support positive outcomes for children. During the inspection we found staff shared roles and responsibilities well through ensuring they positioned themselves to support the needs of the children. This allowed staff to support children's individual needs, develop areas of play and learning while engaging with children in different parts of the nursery for example, snack area, outdoors and creative area.

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.

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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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