

# Blue Kangaroo Happy Nursery Ltd

## Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
30 January 2025

**Service provided by:**  
Blue Kangaroo Happy Nursery Ltd

**Service provider number:**  
SP2021000172

**Service no:**  
CS2021000275

## About the service

Blue Kangaroo Happy Nursery Ltd is a day care of children service in a suburban area of Glasgow. The service is located in a converted building within a residential area in Pollock. The early learning and childcare service is in partnership with Glasgow City Council to provide commissioned places for children aged between three and five years and eligible two year olds.

The service can accommodate 80 children. The age range of the children is from birth to those not yet attending primary school. This includes no more than 15 aged under two years, no more than 25 aged two years to under three years and no more than 40 aged three years to those not yet attending primary school full time. At the time of our inspection there were a total of 62 children present.

The accommodation consists of three large playrooms with each environment having direct access to an outdoor play area for physical play and outdoor learning. There is a reception area, changing and toilet facilities for children and office, catering and staff facilities. The service is close to schools, transport routes, shops and community services.

## About the inspection

This was an unannounced inspection which took place on 29 and 30 January 2025. 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
- reviewed feedback from 16 parents and carers whose children attend the service
- reviewed feedback from six staff members employed in the service
- spoke with the provider, manager and staff
- observed practice and staff interactions with children
- reviewed documents.

## Key messages

- Children were settled and confident in their environment.
- Personal plans should be further developed to ensure they fully support meeting children's needs and are updated as a minimum every six months.
- We identified improvements should be made to the record keeping of medication to support children's health and wellbeing.
- Management and staff should review and improve the mealtime experience to ensure older children have more opportunities to be independent and experience a more positive mealtime experience.
- Management and staff should review and improve the opportunities available for free flow play to the outdoor environment for older children.
- We identified improvements that would minimise risks to children and enhance the safety of the environment for children's health and wellbeing.
- The newly appointed manager acknowledged improvements were at an early stage and further developments were required.
- The provider should review the deployment of staff and supervision of children to ensure the safety and wellbeing of all children.

## 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?	4 - Good
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

We evaluated this key question as adequate. While some strengths had a positive impact, key areas needed to improve.

### Quality Indicator 1.1: Nurturing care and support

Children were settled and had developed friendships which enhanced their wellbeing. The children were confident in their environment and were familiar with nursery routines. Overall staff were warm and caring towards children. We observed some children approach staff for help when needed. This showed they felt comfortable, safe, and secure and contributed to the positive relationships they had with staff. We observed at times staff were task-focussed resulting in not always being responsive to children's needs who needed comfort and support. We observed occasions where staff could be more sensitive in their approaches for example, speaking to babies and children before carrying out personal care tasks. One parent commented "staff is not always totally dedicated in terms of encouraging the kid to go to toilet and to help them clean themselves" and in contrast another parent told us, "Friendly staff, feel comfortable leaving my daughter in their care and as though they've spent time understanding her individual personality and needs."

Babies experienced a calm and unhurried lunchtime experience. Staff sat with babies to assist and supervise them as they ate. This supported their safety and wellbeing. There were opportunities for babies to feed independently and they were supported by staff when needed. Improvements could be made to mealtime experiences for older children. We observed staff were task focussed. Reviewing the mealtime experience has the potential to reduce the waiting time for children, to provide opportunities for an unhurried and sociable experience and for children to be independent and responsible. The manager told us of plans to visit other early years establishments prior to introducing a rolling lunchtime experience for older children. We were satisfied that action would be taken to enhance children's experiences. Staff were aware of children's dietary requirements and alternative meals were provided contributing to children's health, safety, and wellbeing.

Staff knew the children well and confidently described children's individual needs and how they were supported. All children had a personal plan in place within 28 days of starting the service. Plans were a combination of information gathered from families, and observations that were shared with families via an online application. At our previous inspection we had made an area for improvement for personal planning. The approach to personal planning remained inconsistent. We acknowledged the manager was in the process of implementing a new personal planning format. Some plans had not been updated within the six-month period. Where staff or families had identified children needed support or had a particular interest there was no recordings of strategies, support, or reviews. As this has the potential to compromise children's care, play and learning we have continued to make an area for improvement (see area for improvement 1).

At our previous inspection we made an area for improvement for medication. Improvements had been made to the storage and labelling of children's medication and was accessible to staff. There were inconsistencies in the recording of paperwork with not all administration forms containing the parent's signature to give permission to administer the medication. There was conflicting information within records for children and not all records included the signs and symptoms for the administration. As this has the potential to compromise children's health, safety, and well-being we have continued to make an area for improvement (see area for improvement 2).

Staff understood the importance of sleep for children's overall development. Children's emotional security and wellbeing were supported through sensitive arrangements for sleep routines. Sleep routines were responsive to children's individual needs.

### Quality Indicator 1.3 Play and learning

We observed staff engaging with children in experiences. Older children enjoyed physical play outdoors. They were opportunities for risky and challenging play when using climbing apparatus and loose part materials, for example tyres. This also supported children's physical development and movement skills. There were opportunities for children to develop their sensory, language, and numeracy skills. Younger children joined in experiences of playdough and song time, and we observed children having fun playing with sand outdoors. Children told us "I love playing in the garden, I love the toys, I love how we go to the park, I love the staff" and "I love to play with my friends."

Staff offered a variety of experiences for older children throughout the day. At times children's experiences were interrupted as staff had to leave to carry out tasks and support other children. Additionally, to support the nursery routine children's play was interrupted. Children spent a lot of time being encouraged to tidy up and were gathered in large groups. This meant that children were not able to explore and develop their own play ideas at these times. Management and staff should review the routine of the day to support and extend children's choices and interests for play and learning.

Younger children benefited from direct access to outdoor play areas, and we observed children free flowing from indoors to outdoors. The service had made changes which led to restricting opportunities for direct access to outdoor play for older children. In addition, as a result of storm damage the service had not been using their outdoor play space and there were no contingency plans in place to support with accessing outdoor play for this period. Management and staff should review their procedures for older children's direct access for outdoor play, considering the children's safety, security, and well-being with this approach.

The service was in the process of reviewing their planning processes. Staff were responsible for planning and providing experiences in designated areas of the playrooms. Approaches to planning were at an early stage of development. Staff were undertaking child development training. This has the potential to develop their knowledge, understanding and skills to support planning for children. We discussed with management planning should be more responsive to children's interests, choices, and stages of development. This has the potential to improve opportunities and outcomes for children's play and learning.

Staff and management used an online application (app) to communicate with families and share children's learning. The app was used effectively to share updates and provide general information with families. We saw the sharing of information for children's learning was inconsistent. Some children had significant gaps. Where observations had been recorded and reported to parents, these lacked in depth and analysis of learning. Some had meaningful next steps, while others were wide and generic. One parent commented, "Not sure when observations get carried out and not informed of the aims of these before receiving a written observation, it would be nice to have more involvement in this." Regular and meaningful observations and next steps has the potential to support progression in children's play and learning and supports learning to continue at home.

### Areas for improvement

1. To support children's care, play and learning the manager and staff should ensure individualised personal plans capture children's health and welfare needs, progression in learning and support children to reach

their full potential. The manager and staff should ensure meaningful strategies are identified and recorded to support children.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state, "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 1.15).

This is to ensure personal plans are consistent with the Care Inspectorate Document: 'Guide for providers on personal planning early learning and childcare.'

2. To support children's health, safety and wellbeing needs management and staff should ensure all records include permission from parents to administer medication and detail the signs, symptoms and the dosage to be administered. The service should ensure effective quality assurance processes are in place and monitored by management and staff to ensure the safe management of medication.

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

This is to ensure medication is consistent with the Care Inspectorate Document: 'Management of medication in daycare of children and childminding services.'

## How good is our setting?

## 4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

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

Children were cared for in an environment that was bright and well ventilated. We saw areas of the service were being decorated contributing to a clean and welcoming environment. The service had a secure door entry system and safety gates were installed. External gates had clear signs displayed and encouraged families and visitors to close gates leading into the grounds of the service. These contributed to supporting children's safety, security, and well-being.

The service had installed high level handles to playroom doors to minimise children leaving the playrooms. In contrast the service had doors with push bars which were within children's reach. We identified an outside area of the nursery that could compromise children's safety and security. We discussed with management priority should be given to minimise children leaving the service from push bar doors within areas of the service.

We identified improvements could be made to outdoor environments to support children's health, safety, and well-being. There was a sensory tray blocking a fire exit, restricting children, and staff's accessibility to exit the area. When discussed with staff, the tray was removed. We saw items of furniture were being stored in an outdoor play environment, contributing to areas not always supporting children's interest and curiosity for play. There were other areas of the service that were being used to store discarded items. This has the potential to attract pests. To ensure children are cared for in a safe environment the management and staff should fully risk assess all areas of the service regularly. Risk assessments should be recorded with identified hazards, and the control measures in place to keep children safe.

There were opportunities for children to participate in risky and challenging play. The climbing apparatus provided opportunities for children to build their confidence and resilience. There were areas providing shelter for children from most weathers, ensuring they were comfortable and experiencing fresh air. The service had plans to extend an outdoor play area for children. We discussed with management who agreed, the potential for developing and enhancing all outdoor environments to include extending loose part materials to enhance children's play and learning.

Staff were monitoring temperatures within playrooms for children's comfort and wellbeing. There were cosy spaces in playrooms for children to rest and relax throughout the course of the day. We discussed with management the potential the baby room has to create more warm, inviting, and cosy spaces for children. The manager and staff had plans to visit other early years services to support with sharing ideas for the development of their environment and on return make changes to support children's care, play and learning.

Overall toys and resources were accessible to children in storage units within play environments, including natural materials. We identified in some areas of playrooms resources were outwith the children's reach. Staff should review the accessibility of these throughout the day to support children's play and learning.

We observed staff and children washing their hands before and after mealtimes to prevent the potential spread of infection. This was less frequent when carrying out tasks of personal care for example the washing of hands after wiping children's noses. We discussed with the manager the importance of washing hands at this time to in order to enhance children and staff's health and wellbeing.

Staff were accountable for children. Staff updated registers, carried out regular head counts and used good communication while children transitioned around the service. This contributed to the safety of the children.

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate. While some strengths had a positive impact, key areas needed to improve.

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

There was a new manager to the service who was enthusiastic, visible, friendly, and approachable to children, families, and staff. The manager was aware of the services strengths and areas for improvement and had begun to make changes to support with improvement. Management and staff shared with us the developments that had been made to include changes to personal plans and planning processes. The implementation of the changes was still in the early stages. In addition, the manager shared plans for improving lunchtime experiences and developments to outdoor play spaces. These have the potential to improve outcomes for children. Staff told us, "We have a new manager in which I have assisted in improvements within the nursery. I feel the nursery is running smoother and when any concerns or issues are identified they are managed instantly" and "there has been a lot of improvement."

The service was using a quality assurance calendar to monitor and audit some aspects of the service. Although in the early stages, monitoring, and auditing of areas of infection control, accidents and incidents and personal plans were identifying strengths and where improvements could be made. Some areas for development were being re-visited and had resulted in improvement. The manager and staff should prioritise tasks of monitoring and auditing to ensure children are cared for safely and children's individual needs are met. This includes reviewing procedures to support with robust systems in place for audits of

medication, monitoring of play experiences and mealtime routines. At our previous inspection we had made an area for improvement for quality assurance systems, and this will be continued to support with improving outcomes for children and their families (see area for improvement 1).

A service improvement plan was in place, and we could see some progress was being made. Management and staff should continue to work towards and reflect on tasks within the plan. This has the potential to lead to continuous improvement of the service.

As a funded partner provider with Glasgow City Council the manager and staff were receiving support from a Leader of Early Learning (LEL) to develop their planning processes and environments. We could see examples of the knowledge, skills and mentoring being shared from the LEL and the potential this has to improve the outcomes for children with staff and management taking this forward within the service.

Self-evaluation was in the early stages of development. The service should consider ways to involve staff, parents, and children in the process to support with meaningful changes to improve outcomes for children and their families. Most parents told us, my child and I are involved in a meaningful way to help develop the service. One parent commented, "We are always asked for opinions and feedback." In contrast a parent told us, "Nothing so far but I imagine this will change under new management, we have seen positive steps here so far."

## Areas for improvement

1. To improve outcomes for children, quality assurance systems should be developed further to assess and improve the quality of the provision in line with best practice.

This is to ensure care and support is consistent with Health and Social Care Standards, which state, '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

We evaluated this key question as adequate. While some strengths had a positive impact, key areas needed to improve.

#### Quality Indicator 4.3: Staff Deployment

The staff team had undergone changes which had resulted in a high number of new staff to the service. The service was recruiting staff. We acknowledged current recruitment challenges and management told us the ongoing challenges they had faced. The additional staff in place has potential to support staff to meet children's individual needs.

Staff absences and holidays had resulted in staff covering in other playrooms. Consideration was given to the deployment of staff for consistency in individual children's care across the day. Staff were being supported by room staff within the playrooms and were sharing key information for children's care, play and learning. We observed examples of communication and team working taking place. Staff supported each other and communicated when leaving a space or attending to a child's needs. Parents told us, "All the staff are very friendly and accommodating" and "My son always seems to be well cared for."

We observed a playroom was not meeting minimum adult to child ratios for a short period of time when staff lunch breaks were taking place. We alerted the manager, and support was put in place. Additionally,



we observed staff deployment could have been improved to meet the individual needs of a child to provide comfort and supervision to support their health and well-being needs. We brought this to the attention of staff. We discussed with the manager the service should have robust procedures in place for staff to seek support when needed. As this has the potential to compromise children's health, safety, and well-being we have made an area for improvement (see area for improvement 1).

Staff were recruited safely in line with best practice guidance 'Safer Recruitment through Better Recruitment.' This contributed to children being protected from harm.

Although staff told us they had protected time off the floor, we found significant gaps in record keeping that supported children's care, play and learning. Additionally, we observed staff working hard to carry out all task placed upon them, and saw they were stretched to do this. Some staff told us there are enough staff across the day to meet children's needs. Parents told us, "Staff are friendly but can seem quite stretched at times," and "During handovers on collection of my child, things are usually quite chaotic so you don't get the opportunity to find out how your child's day has went unless you prompt this." Improved staff deployment would allow staff to work together to provide high quality care, play and learning for children.

Staff were supported to develop their skills and knowledge through attending training courses. Some staff shared with us how their training had supported them to reflect, and as a result they had made changes to their practice. This has the potential to improve outcomes for children and their families.

### Areas for improvement

1. To support children's care, play and learning and ensure their safety and wellbeing consideration should be given by the provider of the skills, knowledge and experience of staff members and their deployment to meet children's individual needs. The provider should review and develop systems in place for the supervision of children to ensure children's safety and well-being.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state, '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 goals' (HSCS 3.14); and 'My needs are met by the right number of people' (HSCS.3.15).

## 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 support children's care, play and learning the manager and staff should ensure individualised personal plans capture children's health and welfare needs, progression in learning and support children to reach their full potential. Consideration should be given to, but not be limited to the following areas:

- personal plans are reflective of children's current health and welfare needs.

- plans clearly outline how the service will support children's individual needs and identify meaningful next steps for children.
- the recording of children's learning and progression.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 1.15).

**This area for improvement was made on 5 February 2025.**

### Action taken since then

The manager had introduced a new format for the recording of personal plans. Staff told us some children's plans were not in the service as they were with parents to complete and sign. Plans captured key information to help keep children safe, care for them and share their preferences, likes and dislikes. Where strategies were needed to meet needs these were not identified, and significant events and inputs were not revisited or followed up.

The area for improvement had not been met. Please refer to 'How good is our care, play and learning?' for further information.

### Previous area for improvement 2

To support children's health, safety and wellbeing needs management and staff should review best practice guidance; 'Management of medication in daycare of children and childminding Services.' Consideration should be given, but not limited to the following areas:

- (a) medication is easily accessible and labelled appropriately
- (b) permission forms for short and long term medication include information in relation to parents and carers administering a first dose of medication to their child
- (c) all records detail the reason for medication and signs and symptoms
- (d) effective quality assurance processes are in place and monitored by management to ensure the safe management of medication.

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

**This area for improvement was made on 5 February 2024.**

### Action taken since then

Medication was stored and labelled appropriately and was easily accessible.

Permission forms included information to the administration of first dose to their child. This was inconsistent and not all administration records had signatures from parents.

Not all records detailed both the signs and symptoms for administering the medication.

There were no formal audits of medication taking place.

The area for improvement had not been met. Please refer to 'How good is our care, play and learning?' for further information.

### Previous area for improvement 3

To support children's health and wellbeing and ensure children are safe and protected from harm management should ensure chronologies are in place for all children. The chronologies should be updated to provide key staff with the information they need. These should be available to all key staff involved in the child's care and welfare to enable staff to understand needs and risks to children.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state, "My care and support meets my needs and is right for me" (HSCS 1.19) and "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS3.20).

**This area for improvement was made on 5 February 2024.**

#### Action taken since then

There was a clear child protection policy and procedure in place. Management and staff had received child protection training. Staff were aware of their responsibilities and duties to safeguard children.

We were satisfied the area for improvement had been met.

### Previous area for improvement 4

To improve outcomes for children, quality assurance systems should be developed further to assess and improve the quality of the provision in line with best practice. This should include but not be limited to creating a quality assurance calendar for areas to be audited and observed.

This is to ensure care and support is consistent with Health and Social Care Standards, which state, '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 5 February 2024.**

#### Action taken since then

A quality assurance calendar was in place.

Audits and monitoring were at the early stages of development. We identified areas of the service where no formal monitoring was taking place for example medication and where audits could be more robust for example personal plans and accidents and incidents.

Monitoring had recently been introduced and should extend to other areas to include play experiences, and lunch time experiences.

The area for improvement had not been met. Please refer to 'How good is our leadership?' for further information.

## 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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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