

Family Tree Childcare Day Care of Children

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Type of inspection:
Unannounced

Completed on:
10 February 2025

Service provided by:
Alrose Ltd

Service provider number:
SP2015012590

Service no:
CS2015341549

About the service

Family Tree Childcare is registered to provide a care service for a maximum of 60 children from birth to those not attending primary school. The service is located in a residential area of Blantyre, South Lanarkshire.

Children are cared for in three separate playrooms. All children have access to enclosed outdoor spaces. The service is close to local shops and other amenities.

About the inspection

This was an unannounced inspection visit which took place on 3 and 4 February 2025. Feedback was provided to the provider on 10 February 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 and received feedback from six families
- spoke with staff and management
- reviewed documents
- observed practice and daily life.

Key messages

- Most children experienced caring and kind interactions that helped them feel loved, safe and secure.
- Personal plans were in place for all children which contained important information to help meet their needs.
- Regular outdoor play supported children's physical development.
- Staff should improve transitions around mealtimes to ensure they are able to sit with children, promoting nurturing interactions.
- Play spaces should be developed to ensure that children can direct their play in a way that develops their curiosity, learning and creativity.
- We were concerned that the environment did not promote a safe, comfortable and healthy environment for children.
- Staff should engage in further learning to develop a better understanding of child development.
- Quality assurance systems should be improved to promote positive outcomes for children.
- To ensure that children's needs were met across the day, staff deployment needed 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?	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

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

Quality indicator 1.1: Nurturing care and support

Children attending the setting were mostly settled, happy and confident. Staff knew children well and shared information with each other to help meet their needs. One parent told us staff were "always friendly approachable and happy to see my child and always tell me about their day when it's pick up time".

Families were welcomed into the service and most children experienced kind, caring and nurturing interactions that helped them feel safe and secure. For example, staff reassured children and gave cuddles when needed. However, at times when staff were busy with other tasks, some interactions lacked warmth and could have been more nurturing to support children's emotional wellbeing. During mealtimes there were unnecessary rules and staff struggled to meet all children's needs. For example, children were expected to follow instructions about hand washing and listening, when gentle support was needed.

Personal plans were in place for all children which contained important information to help meet children's care needs. Families were involved in this process, updating information as needed. Additional information was gathered to provide further support to children when needed. This included liaising with speech and language therapists. The manager identified improvements were needed to the organisation of record keeping, as some information was difficult to locate. This was actioned as a priority, which helped ensure that information was accessible to staff. We discussed where plans could be further developed, by recording next steps and strategies. This would help staff track and support children's development. We were satisfied through discussion with the manager that they would action this.

Children who were making their transition to older play spaces were given time for visits, which helped them become familiar with the new spaces, children and routines. However, we discussed with staff to consider more suitable times for visits. This would help ensure staff were available to provide support needed, rather than at busier periods. This would help support children's emotional wellbeing.

Staff recognised the importance of sleep to support children's wellbeing. Children could sleep and rest in response to their needs, supporting their overall wellbeing. On one occasion staff were not tuned into a child's signs of wakefulness. This meant that a child was put for a sleep when they were not tired. Staff could further develop their skills at noticing children's sleep cues and respond consistently.

Overall, children experienced relaxed and unhurried mealtimes. Their independence was promoted as they were encouraged to serve their own food and pour their own drinks. One child told us "I like the lunches, fish fingers are my favourite." A rolling lunch model was in place, which meant older children could choose when they wanted to have lunch. However, a few children wished to eat with their peers and there was no space. Staff should consider how they can be more responsive to the needs of children and set more places if needed.

Mealtimes could be further developed to ensure staff sit with children when eating, to help support supervision and create opportunities for developing communication and language. Staff should further develop their knowledge of weaning, to support younger babies. This would help ensure foods are presented safely for babies to use their hands, or cutlery, to self-feed and build their independence.

Drinks were easily accessible for older children. However, this was not consistent for younger children. The service should review their approaches to ensure all children can easily access water to keep children hydrated.

Children's nappies were changed regularly to support their comfort. However, on some occasions children's personal care could have been supported further. For example, children were encouraged to wash their face after their meal. However, faces cloths were worn and rough and children were not offered drying materials. Whilst, children were supported to clean their nose, at times this could have been noticed by staff sooner to promote their dignity.

Some systems were in place to support the safe administration of medicines. However, we discussed with the manager where it would have been beneficial for staff to record clear signs and symptoms, that indicated when a child needed medication. The provider told us they had a risk assessments in place to support administration if medication. However, on one occasion this could not be located at the time of the inspection. We acknowledged the service operated a system of using online medical forms coupled with information on paper about children's medical needs. To prevent any confusion, we asked staff to consider storing the paper copies of risk assessments alongside medicines, to ensure this can be accessed quickly.

Quality Indicator 1.3: Play and learning

Children had fun as they explored a variety of play materials. For example, sand, water and shaving foam. This supported their sensory needs and exploration. One child told us "I like the toys in my nursery and playing with my friends. We make dinner and play outside."

Approaches to planning had been developed to ensure a more child-led approach where staff followed children's interest. The pace of the day was relaxed, which helped ensure children had plenty of time for play and to build relationships with each other. Favourites included, outdoor play, home area and creative area. We discussed where play areas and materials could be better presented, to allow children more independence, supporting their choices, curiosity and creativity. This has been reported further under quality indicator 2.2 children experience high quality facilities.

Staff joined in with children's play helping create fun and engagement. Children gravitated towards some staff to support them in their play. Children stayed for extended periods of time at the creative area cutting ribbons, gluing and drawing. They also enjoyed peeling and cutting vegetable in the home area. This helped developed their fine motor skills and confidence using real tools. However, play was interrupted on occasions as staff were taken away from their role to support children to access toilet facilities, which were located out with the playroom. We reported on this under quality indicator 4.3 staff deployment.

Opportunities to extend children's language and thinking skills was supported by effective questioning and commenting by some staff. Children enjoyed listening to stories where staff encouraged engagement, as they paused at parts to allow children to fill in the blanks. Children were supported to give new things a try through gentle encouragement. This helped support their confidence and self-esteem. However, there were some missed opportunities to extend children's play by less skilled staff.

Children benefited from free flow access to the outdoor environment, supporting their wellbeing. They enjoyed mixing sand and water, and balancing using planks of wood. One child told us " I like the garden, we sometimes get to play on bikes." Staff could further develop approaches to adventurous play, by introducing more open-ended materials to support curiosity, creativity and problem solving. This should be considered both indoors and outdoors. For example, some toys and material were not displayed attractively or easily accessible to children.

There was a mixed age range of children within the playrooms. Staff should review play spaces to ensure they have age-appropriate toys and materials to support all children. For example, more materials were needed in the toddler room for younger babies to support their sensory needs. This should include comfortable spaces, with interesting materials for babies to reach and explore.

Staff shared children's progress and achievements through online apps and staff were in the early stages of developing their confidence in using trackers to support play. Staff worked together to record observations and plans to follow up on children's interest. Most observations highlighted children's progress and included their comments, valuing children's voice. We discussed where this approach could be developed consistently across the setting for all children.

How good is our setting?

2 - Weak

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

Quality Indicator 2.2: Children experience high quality facilities

Most play spaces were bright and benefitted from natural day light. We discussed with the service where lighting could be improved in darker areas of the older children's playroom, to make the spaces brighter. Each child had their own peg to store their bags and jackets, helping to support a sense of belonging.

We made a requirement at the last inspection to address concerns to promote a safe and clean environment for children. At this inspection we had significant concerns about some areas of the environment that needed attention to help ensure children's safety and wellbeing. Therefore, the previous requirement has been amended to reflect progress and actions needed. We discussed this with the provider and asked them to consider long term maintenance plans to support improvements needed to improve outcomes for children and families (**see requirement 1**).

With the exception of the baby room, which was not currently in use, most play spaces felt neglected. For example, play spaces were disorganised and the quality and quantity of play materials needed increased to support children to support children to extend their play (**see area for improvement 1**). In addition, many furnishings and fixtures were tired, worn and needed to be replaced or refurbished to help it feel more homely and inviting. This would help ensure children receive care in an environment that makes them feel like they matter.

Whilst, some improvements had been made to the setting. For example, refurbishment to the younger children's toilet and changing area. We were concerned that improvements were needed to the overall setting to promote children's health and wellbeing. For example, furniture was worn, which meant they were difficult to clean, which included tables where children ate meals. Children and staff were put at risk due to poor levels of infection prevention and control. For example:

- ventilation fans not working
- strong unpleasant odour in the sensory room
- clutter and debris in unused areas
- cleaning needed for some floors and cupboards.

We highlighted concerns that staff areas needed attention to remove food debris from floors, tables and electrical equipment. During the inspection there was no warm running water at the hand washing sink in the staff toilet and the hand washing sink in the kitchen. We asked the provider to seek further advice from environmental health about any action they may need to take in relation to this.

Whilst some measures were in place to support children's safety. For example, a secure front entrance and alarmed door in playrooms. We had concerns about some areas that needed actioned to ensure children experience a safe environment. This included removal of clutter and combustible materials in storage areas, covering data server boxes. In addition, we identified a ball pool area in the sensory room, which presented a risk to children as it had no soft padding. We asked the manager to remove this. The manager confirmed it was not in use.

Children had free flow access to outdoor play spaces. This meant they had opportunities for physical movement and fresh air, supporting their overall wellbeing. Staff understood the importance of outdoor play and supported children to make choices. To further enhance play experiences, outdoor spaces needed to be further developed. We identified areas which had become uneven due to wear and tear, which presented a trip hazard for children. For example, a section of artificial grass had lifted and wood had rotted away from the edging of soft tiles. We asked the provider to review this and they agreed.

During our inspection, we found that a rear garden gate which wasn't secure. The bolts on the gate were stiff and difficult for staff to close with ease. To ensure the safety of children whilst playing in that area, the provider should maintain the security of this gate. Additionally, we observed that the premises next door to the nursery had doors that opened directly onto the nursery garden. Although we received assurances that procedures were in place to prevent unauthorized individuals from entering the nursery garden, we emphasised the need for continuous review of these measures.

Improvements were needed to ensure important information and records were easily accessible. The manager had identified this as a priority and had begun to take action to address this. This included organisation of children's personal information. At the time of the inspection a room was being refurbished to create an office space. This would support the manager to help ensure personal information is easily accessed when needed and stored securely.

Requirements

1. By 30 May 2025, the provider must ensure children receive care in a clean, safe and well-maintained environment.

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

- a) ensure furnishings and fixtures are well-maintained
- b) ensure all spaces are clean and tidy
- c) remove unnecessary debris from unused areas
- d) address ventilation issues
- e) address unsafe areas in outdoor spaces.

This is to comply with regulations 4(1)(a) and (b)(welfare of users) and 10(2)(d) and (c)(Fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience and environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24) and 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.23).

Areas for improvement

1. To ensure that children can direct their play in a way that develops their curiosity, learning and creativity, improvements should be made to the environment. This should include, but is not limited to, ensuring children can access well-organised play spaces, open-ended materials and a wider range of resources.

This is to ensure care and support is consistent with the Health and Social care Standards (HSCS) which states that: '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) and 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 2.23).

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

There had been significant changes to the staff and management team in recent weeks. The current manager had only been in post for a very short period. They were at the early stages of settling into their role. We highlighted the importance of continuing to develop quality assurance processes to support improvements within the service. An area for improvement was made at the last inspection in relation to quality assurance systems, therefore, this has been repeated.

Staff told us they felt supported by manager and were feeling positive about the changes. The manager valued the input from staff and opportunities for discussions at team meetings were welcomed. This supported staff to share their thought and ideas, helping them feel valued.

The manager recognised the importance of involving families with developments within the service. Parents chatted informally to staff when they arrived at the service and were encouraged to respond to a question of the month. However, the manager acknowledged challenges to gathering parental feedback and had considered alternative ways to encourage families to share their views in a more meaningful way. This may include, QR codes and parents' meetings. We agreed that developing more opportunities would support families to share their views and ideas, contributing to improvements within the service.

The manager and provider engaged well throughout the inspection process and were receptive to suggestions. An improvement plan and quality assurance calendar were in place to help focus on priorities. However, these were not leading to improved outcomes for children and they did not identify the areas of concerns we discussed throughout this report. Whilst some quality assurance spot checks on the environment had been undertaken, it did not result in a clean, safe and hygienic spaces for children.

We discussed improvement plans in place and the acknowledged that due to staff changes there had been limited progress. Through time the manager planned to develop approaches to involving staff with self-evaluation. However, they recognised at the moment they had more significant priorities to respond to. We

agree that this would support staff to reflect on practice and recognise what is working well and what needs to improve. The manager should develop plans to help drive forward improvements identified at this inspection. We signposted the manager to guidance on notifications that should be submitted to the care inspectorate. For example, planned refurbishments and action plans.

How good is our staff team?

3 - Adequate

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

Quality Indicator 4.3: Staff deployment

Whilst there had been significant changes to the team, staff were beginning to build positive relationships with children and families. Parents told us, "staff are friendly and helpful and approachable" and "I find the staff are very loving and caring".

The nursery had experienced changes to the staff team which had impacted on staff deployment and consistent care for children. High staff turnover impacted on the development of strong connections and relationships with families. One parent shared "the staff are always amazing but appear to have a high turnover of staff. I always feel like my child bonds with staff members and then they leave shortly after." As a result, children did not always experience continuity of care by familiar staff. The manager and provider recognised this and were actively recruiting for staff and considering ways to reduce staff turnover.

The setting ensured that enough staff were available to care for children. Staff mostly deployed themselves effectively to support children's needs, communicating with each other when a task took them away from their role to ensure effective supervision. However, there were times when the deployment of staff did not support quality engagement with children. For example, staff moving backwards and forwards to support children to visit the toilet and during mealtimes. This impacted on quality interactions, play and supervision. The manager had considered ways to help improve this. For example, reviewing age groups within each play space. We offered advice around this to help improve children's consistent care.

At the previous inspection there was an area for improvement to ensure children experienced consistent care. This included developing contingency plans for when staff were absent. The service had employed bank staff to help support maintaining ratios. The provider and manager also provided support in the playrooms where needed. For example, at busier periods and mealtimes. However, this meant the manager did not have the time needed to work on other task and improvements needed. Staff told us, "we always meet ratios, and the new manager is great at helping when we need. The nursery is recruiting again but we know it takes time to find someone. More hands would help staff when children are settling in or needed extra support" and "we always meet ratios however I do feel with the wide range of additional support needs we could use the support from having additional qualified staff." We discussed how the service should continue to develop their contingency plans to ensure children were receiving consistent care. We have repeated an area for improvement made at the last inspection.

Staff had participated in some training to support them in their role to care for children. For example, child protection, paediatric first aid and toothbrushing. However, due to absence and the high turnover of staff, some training opportunities and learning had been impacted. The manager recognised they were in a cycle of recruitment, staff training and building staff skills, knowledge and confidence. Therefore, we have repeated an area for improvement made at the last inspection.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 13 November 2023, the provider must ensure that children experience an environment that is safe, clean, tidy and well maintained. To do this, the provider must, at a minimum:

- a) ensure all repairs to the younger children's toilets are completed to enable children to use this area
- b) ensure all indoor and outdoor spaces, including toilets, are clean and safe
- c) ensure all storage spaces are safely organised.

This is to comply with regulation 10(2)(b) (Fitness of premises) of the Social Care and Social Work improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

This requirement was made on 8 February 2025.

Action taken on previous requirement

Whilst some improvements had been made to the toilets for younger children, we identified further concerns that needed addressed. This included overall cleanliness of the setting and some maintenance issues. For example, cleanliness in staff areas and flooring, broken ventilation fan, unpleasant dampness odour, debris in unused spaces and some areas of the outdoor space needed attention.

Therefore, we have made a new requirement to reflect progress and address additional concerns. We have agreed an extension until 30 May 2025.

Met - outwith timescales

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 ensure children experience a well-managed service, the manager should further develop robust quality assurance systems to support continued development and improvements.

This is to ensure 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 3 February 2025.

Action taken since then

The culture of self-evaluation and improvement was at an early stage. Some systems were in place for quality assurance including spot checks of play spaces and reviews of online journals. However, quality assurance systems did not identify or address concerns that we identified throughout this inspection. The new manager in place acknowledged that they needed to develop systems to involve staff with self-evaluation and improving quality assurance. We reminded the provider to submit an action plan detailing how these improvements would be addressed as this was not provided to the Care Inspectorate after the last inspection. **Therefore, this area for improvement has not been met.**

Previous area for improvement 2

To ensure that children receive high quality care, the provider should ensure that staff are trained, competent, skilled and able to reflect on their practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 3 February 2025.

Action taken since then

Staff had undertaken some training to support them in their role. For example, first aid and child protection training. It had been challenging to release staff for other training courses due to the high turnover of staff and absences. Staff would benefit from opportunities to access training, to support them to develop their knowledge and skills to provide high quality care for children. **Therefore, this area for improvement has not been met.**

Previous area for improvement 3

To ensure children experience consistent care, management should develop contingency plans to manage staff absences.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

This area for improvement was made on 8 February 2025.

Action taken since then

The service had experienced significant challenges and changes to the staff team. This meant that staff were moved around the building to help ensure there were enough staff to care for children. Consideration had been given to who would best support the playrooms. However, this meant that children experienced different staff caring for them across the day. We acknowledged that the service were currently recruiting staff.

Therefore, this area for improvement has not 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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	4 - Good
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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