

The Barnehage Nursery & Out of School Care Day Care of Children

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Type of inspection:
Unannounced

Completed on:
12 March 2025

Service provided by:
House4kids Limited

Service provider number:
SP2007008941

Service no:
CS2007144936

About the service

The Barnehage Nursery & Out of School Care Service is located in Blantyre, South Lanarkshire. The service is registered to provide a care service to a maximum of 154 children aged from birth to those attending primary school. There are currently 326 children registered with the service, who attend on a flexible basis within the conditions of registration.

The service is provided from a single storey building with direct access to an enclosed outdoor play area. There is an enclosed grassed play space a short walk away and opportunities for additional outdoor play experiences in a nearby wooded area and local parks. The service is situated within a business park with shops, offices and nearby transport links.

About the inspection

This was an unannounced inspection which took place on 10 and 11 March 2025 between the hours of 9:15 and 17:00. Feedback was shared on 12 March 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 25 of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- received feedback from one visiting professional.

Key messages

- Staff were kind and caring in their interactions with children, which contributed to children feeling safe, secure and loved.
- The storage of medication, completion of forms and procedures for parental consent must be improved to ensure children's health, safety and wellbeing.
- The condition, variety, number and types of resources both indoors and outdoors, should be reviewed and replenished. This would ensure children's play and learning was supported, challenged and extended. This was an area for improvement at the last inspection.
- Risk assessments should be more meaningful and robust to ensure children's safety at all times.
- There was a new provider, new management structure, a significant turnover of staff and changes to staff within playrooms in recent months. The now stable team should provide continuity and consistency of care for children and the development of the service.
- The provider and management team recognised the service were in the early stages of their improvement journey. They were keen and motivated to work with children, families and staff to ensure everyone was included.

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?	3 - Adequate
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

Staff were kind, caring and respectful to children. Children were generally happy, with some still settling into the service. Recent staff changes had taken place within playrooms, with some staff knowing children and their families well and others beginning to create trusting relationships. To support these changes and transitions, some staff had moved to the next playroom with groups of children, which provided continuity of care for children and families. Parents were welcomed into playrooms to share information, meet staff and hear about their child's day. This contributed to parents feeling included and respected.

Personal plans were in place for all children. There was a new format for personal plans being introduced which would provide consistency across the service. An overview sheet gave brief information about each child, including their preferences, needs, routines and how their needs could be met in the service. This assisted staff in getting to know children. We highlighted the detailed information in place for children who had additional support needs and how this clearly recorded how their needs would be met in the service. To meet the needs of all children, we discussed how this could be extended for children with additional support needs within the out of school sector.

Most parents agreed they were fully involved in their child's care, including developing and reviewing their personal plan. Additionally, an online application (app) was used to share information about children's play and learning experiences. Parents' views were mixed. They told us, "Staff regularly update the care plans asking for any new updated and relevant information, asking if there are any new details to add into their plan", "I would like to know more about what happens day to day, not just food and naps, but what my child is enjoying and who they play with" and "I would like to have more regular updates and photos in the 'Family App', as it can be several weeks before there are any updates." We were assured by management that this would be addressed and a consistent approach maintained, now that a stable staff team was in place.

Home cooked lunches were prepared on the premises. Menus had recently been reviewed with children and families in line with national guidance to ensure there was a balance and variety of healthy options, which also met children's preferences and dietary needs. A rolling lunch and snack system meant children could choose when to have something to eat more flexibly within their session. Staff sat and ate alongside children in small groups, which created a relaxed, homely feel. Younger children pointed and told us, "More cheese", "beans", as they ate their baked potato.

Staff should continue to support children's independence in setting the table, pouring drinks and serving themselves and ensure the numbers of children sitting together is monitored. Children should be more involved in deciding which sitting they preferred for lunch. This would contribute to a pleasant, sociable experience for all children. Although fresh drinking water was available to children, staff should encourage and promote drinking water more often throughout the day, both indoors and outdoors. This would ensure children remain hydrated.

We sampled the procedures, documentation and storage of medication which may be required by some children while attending the service. We discussed some required improvements.

This included inaccuracies when staff had signed in medication and online consent forms, ease of access to one medicine cabinet and the correct storage of emergency medication, for example, inhalers. These issues had the potential to impact negatively on children's health, safety and wellbeing. (See Requirement 1).

Staff we spoke with were clear about their roles and responsibilities in keeping children safe. Due to the new management structure, the role of child protection co-ordinators should now be updated and any required training to support their role undertaken. Fifty-four percent of staff who completed our questionnaires said they had received child protection training in the last 12 months. Their comments included, "I did not get any child protection training since joining" and "Child protection training was provided in-house by our child protection officer. Staff were able to refresh on how to report if necessary and how to go about this."

Quality indicator 1.3: Play and learning

Most children had the opportunity to play outdoors over the course of the day. This included the outdoor play area, a grassed area nearby and walks to parks and places in the local community. This met an area for improvement at the last inspection. Staff were generally responsive to children, supporting them in their play choices. Younger children sang songs with staff as they sat on a wooden structure with steering wheels, colours around the environment were explored and staff interacted with children rolling and kicking a ball. However, there were some missed opportunities to extend play and learning opportunities for all children, when outdoors.

We understood there were plans to develop the outdoor play space. We agreed with this development focus, as some resources were tired and did not meet the age and stage of development of all children who attended the service. There were limited additional resources to fully support and extend children's play, imagination and creativity in this area.

The majority of parents agreed their child's development was supported through interesting and fun play experiences. Their comments included, "I know they enjoy playing in the garden and painting, but apart from that I'm not sure what specific activities they enjoy at nursery", "I don't feel there is ever enough activities put out for the children to get involved in" and "They love getting into the art corner. They regularly come home covered in paint or pen after being creative, equally enjoy being out in the garden in the sand pit. They love playing in the home corner, reading books with their friends and doing challenges setup in the construction area."

We observed children taking part in a variety of activities indoors. We observed some positive examples where staff supported children, engaged their imagination and developed skills in language, literacy and numeracy. However, some conversations and activities with children lacked structure and challenge and there were missed opportunities to build on their interests. Plans were in place for a 'back to basics' approach to support staff in child development, theory and practice using national practice guidance and reviewing planning across the service. Once embedded, this would lead to more opportunities for children to have fun, challenge and be meaningfully and actively involved in leading their own play and learning. Children told us, "I like playing with (named staff member). They are painting, but I paint at home."

Children in the out of school care were more actively and independently engaged in a wide variety of indoor activities. They freely made choices of where to play and what to play with, taking the lead, but with adult support where required. A wide variety of resources were stored on low and open shelving to enable children to make choices.

Children told us, "I like reading, so that's what I mainly do here. I bring my own, but there are books here too." (seated on a low sofa). Another added, "I like crafty things. I've made a springy thing with pipe cleaners. I've made a caterpillar and called him Toonie!"

As there was no direct outdoor play space available to the out of school care age group, opportunities for outdoor play and visiting places locally and in the wider community took place mainly over school holidays. Children told us, "We can decide where we would like to go in the holidays. Staff ask us and we talk about it. It's always fun places." Staff told us they sometimes used the enclosed grassed space nearby during term-time. This area could be used more effectively to offer outdoor play opportunities to school aged children more regularly.

As advised as an area of improvement at the last inspection and carried forward at this inspection, resources and books should be reviewed in all indoor and outdoor play areas. This would ensure there were sufficient, good quality resources to offer choice, variety, challenge and support, supporting children's interests and creativity. Staff whom we spoke with and consulted with through questionnaires, said they always consulted with children and responded to their play and learning ideas. However, 55% disagreed that they had the resources needed to help them fully support children's care, play and learning.

Requirements

1. By 25 April 2025, the provider must ensure there are robust medication procedures in place to support children's health, safety and wellbeing.

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

- (a) ensure parents complete, sign and date the parental consent forms for any medication to be administered to their child
- (b) ensure staff accurately record the name of all medication signed in and out of the service
- (c) ensure emergency medication, for example inhalers, are stored in line with current medication guidance to enable them to be accessed easily, in case of an emergency
- (d) ensure all medication cabinets can be locked and unlocked with ease.

This is to comply with Regulation 4(1)(a)(welfare of users) 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 high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our setting?

3 - Adequate

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

Quality indicator 2.2: Children experience high quality facilities

There was a safe and secure entry system in place for parents and visitors to the service. Children and families arrived to a bright foyer area and dropped their children off and collected them within their playrooms. This welcomed and included families.

One parent told us, "We are welcomed every morning and asked how they are doing. I do a handover then and we get a handover at the end of the day when we collect them. When required, we get updates during the day." Playrooms had windows which provided natural light and ventilation and there was space for children to hang their coats, bags and belongings. This shared the message that children mattered.

The majority of spaces were comfortable and homely. Some playrooms had been reviewed and refurbished, for example, the playroom for children aged over three had been opened up to create more space for children to play and access more play experiences and an additional nappy changing area had been added for babies. This contributed to children's care and support. Cosy, comfortable areas had been created in playrooms to enable children to rest and relax. Having an ongoing refurbishment plan and environmental audit would capture any maintenance issues, such as the painting of doors and some corridor areas and assess if all playrooms and outdoor areas were bright, inviting and comfortable play spaces for children. This would contribute to the provision and maintenance of high quality facilities.

Although playrooms generally took account of children's stages of development and learning we advised where this could be improved, for example, increasing the range of rich, stimulating play resources, both indoors and outdoors for all age groups and reviewing the height and content of displays for children. We saw some examples of children's artwork in the out of school care for handwashing posters, menus and framed artwork entitled 'Make your mark'. This included and valued children's work and opinions, giving children ownership of their space.

There were systems in place to support infection prevention and control. This included the use of disposable gloves and aprons while nappy changing, children and staff handwashing at appropriate times, such as before eating and after assisting children to wipe their noses. The service took immediate action when we highlighted some infection control storage issues for children's bedding and baking resources. We also advised where hand hygiene could be improved, for example, having bins and hand gel in the outdoor area where there was no running water and revisiting effective handwashing procedures with all staff and children regularly. This would contribute to maintaining a safe, hygienic environment.

There were systems in place for the safety and maintenance of vehicles used to transport children to and from school and annual checks undertaken for staff who drove them. A general maintenance logbook recorded required repairs for the setting, with timescales and actions taken. This contributed to maintaining a safe, secure environment.

We advised reviewing the format and systems for risk assessments, in particular for outdoor play, trips and outings which we had sampled and observed. The current generic risk assessments did not detail specific information and considerations for different age groups of children, the different areas or activities planned and actions to be taken by staff. There was a numbered assessment which did not correlate with the table on the sheet. Staff were not confident about the total number of children leaving the nursery to the grassed area on one occasion. Records were unclear. Although all children were accounted for and safe, this had the potential to impact on children's safety. Therefore, risk assessments were not effective or meaningful to ensure children's health, safety and wellbeing. (See Area for Improvement 1).

Personal plans were stored within playrooms, with any personal and sensitive information stored securely. As the service also used online apps and social media platforms, they had registered with the Information Commissioner's Office (ICO) to ensure information was stored and shared in line with general data protection requirements (GDPR).

Areas for improvement

1. To support children's health, safety and wellbeing, the provider should ensure there are more specific, effective and robust risk assessments in place.

This should include, but is not limited to, risk assessments for outdoor spaces, trips and outings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My environment is secure and safe" (HSCS 5.19) and "I am helped to feel safe and secure in my local community." (HSCS 3.25)

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

A new provider bought over the service in 2024. There had been significant changes in staffing over the past year with a new manager and several staff appointed around the time of this inspection. At the time of writing this report a full complement of staff were now in place. Having this stability would assist with the overall improvement of the service.

The provider and management team were realistic and recognised this was a time of change and that they were in the early stages of their improvement journey. They planned to have a 'back to basics' approach to include all staff, children and families in reviewing aims, policies, procedures and practice in the service to ensure everyone had a shared understanding of the service provision.

Although the majority of parents agreed they and their child were involved in a meaningful way, their comments were mixed. These included, "The communication is good. Would love to be aware of any ways to help or be involved", "There has not been much opportunity for us to engage in developing the service recently", "Feedback, staff of the month, review of care plans, donations of craft goods and resources for themes" and "I don't think anyone has ever asked us for ideas." Having people more meaningfully involved would ensure their views and suggestions were included, respected and influenced change within the service.

One visiting professional told us, "I have only recently started working with the service. The management team have been very welcoming and shown an appreciation that I am there to support. The staff within the nursery are also very friendly and helping me to get to know the children."

The management team planned to re-visit the improvement plan and self-evaluation processes to support and include staff. We highlighted the staff team who had taken an active role in the inspection process and who were motivated and keen to continue to develop the service together. Motivating staff through team building sessions and relaxed, inclusive team meetings would further support their understanding of best practice. This would lead to staffs' increased confidence and positive outcomes for children.

There were dates in the diary for staff supervision meetings to discuss individual staffs' interests, strengths, development and training needs. This would offer an opportunity and protected space for open discussion and in time, leadership roles for staff, informed by their interests and passions. A more formal appraisal system was yet to be fully implemented.

We discussed the importance of notification reporting within required timescales. This was an area we had highlighted with the previous manager on several occasions. Notifications were required to ensure children's wellbeing, safety and health needs were being met and the correct procedures followed timeously. (See Area for Improvement 1).

Areas for improvement

1. To support children's wellbeing, health and safety, the provider should ensure any required notifications are submitted within the required timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I use a service and organisation that are well led and managed." (HSCS 4.23).

This is to ensure procedures are consistent with the Care Inspectorate's document, 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.'

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

Following significant staff turnover and staff changes within playrooms, there were now sufficient numbers of staff with a mix of skills and experience to meet adult/child ratios. Staff were observed working well together in their new teams. We acknowledged the retention and recruitment of staff had been challenging for many services within the early years sector nationally.

Staff photos were currently being updated in the foyer area to inform families and visitors of changes. Some parents had told us that sometimes there was not always enough staff in place to meet their child's needs, sharing specific examples. We also shared examples from our observations where having an additional member of staff would meet the needs of children, for example, having an extra member of staff to assist over nappy changing times, when children were settling or when food is being prepared within playrooms. Parents' comments included, "Staff are dedicated and professional and very supportive of each other. A good team" and "Sometimes it feels like the staff have their hands full if someone is running an errand or in the changing area."

From our recent questionnaires only 22% of staff felt there were always enough staff across the day to meet children's needs and added "Staffing has had a large turnover in the last year, leading to some issues where we have had to have bank staff from our sister nurseries. We are in the process of recruiting new staff." We acknowledged that at the time of our inspection a new stable staff team and new management structure were in place. The area manager and management team were receptive to all feedback regarding staffing. This included accessing the national induction resource for new and existing staff. This would ensure all staff were aware of the Scottish Government's expectations of the national standards for early learning and childcare.

Staff were kind, caring and respectful with children which helped to build positive relationships. They were motivated and keen to be involved in the improvement focus of the service, highlighting to us that children were at the centre.

Their comments included, "I believe staff always have the children's best interests in mind and go above and beyond to provide the best care for them. We work incredibly well as a team." One more recent member of staff told us, "My mentor is (named staff), but I know that I can ask anyone for support. Everyone has been so helpful and approachable."

Staff were registered or in the process of registering with the Scottish Social Services Council (SSSC), as required. This regulatory body are responsible for the registration of social care staff. They provide public protection by promoting high standards of conduct and practice and support the professional development of staff. This together with safe recruitment procedures provided reassurance for families and members of the public that only people who had relevant checks in place were working with children.

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 and enrich children's play, learning and development, the provider should ensure there are a wide range and sufficient number of resources and play experiences available to children, both indoors and outdoors throughout the day.

This is to ensure that care and support 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 for my age and stage, which stimulate my natural curiosity, learning and creativity.' (HSCS 2.27).

This area for improvement was made on 12 December 2022.

Action taken since then

We acknowledged some resources had been purchased and that although staff had opportunities to request resources, staff felt this took some time. We shared examples from all playrooms and outdoor play spaces where resources were limited, some which were tired and well-loved and now needed replenished or replaced. Sufficient resources are needed to fully support, engage, challenge and extend children's natural curiosity, learning and creativity.

This area for improvement has not been met and remains in place.

Previous area for improvement 2

To support children's health and wellbeing and to ensure all children have daily access to fresh air and outdoor play and learning experiences, the use of all available outdoor play spaces should be reviewed to ensure they are used more frequently and effectively.

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 play outdoors every day and regularly explore a natural environment.' (HSCS 1.32).

This area for improvement was made on 12 December 2022.

Action taken since then

Almost all children were offered an opportunity for outdoor play experiences over the course of the inspection. However, this needs to be managed better, for example, transitions were lengthy for some groups of children as they got ready to go out, risk assessments were not clear or meaningful for outings, with some staff unclear of total numbers of children going outdoors.

We have made an area for improvement within this report in regards to risk assessments.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
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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