

# Chatelherault Nursery School Day Care of Children

Avon Mill Cottage  
(over Old Avon Bridge)  
Old Avon Road  
Hamilton  
ML3 7UH

Telephone: 01698 283 027

**Type of inspection:**  
Unannounced

**Completed on:**  
11 February 2025

**Service provided by:**  
Chatelherault Nursery School Limited

**Service provider number:**  
SP2003001437

**Service no:**  
CS2003006341

## About the service

Chatelherault Nursery School is registered to provide care to a maximum of 30 children aged from birth to those not yet attending primary school. There are 45 children registered with the service. The service is in partnership with South Lanarkshire Council to provide early learning and childcare to children aged between three and five years.

The service is provided by Chatelherault Nursery School Limited and operates from a semi-detached property in the Hamilton area of South Lanarkshire. Children have regular access to the secure garden area for active play in the fresh air.

## About the inspection

This was an unannounced inspection which took place on Monday 10 February 2025 between 08:45 and 18:15. We concluded the inspection on Tuesday 11 February 2025 when we gave inspection feedback to the service provider, manager and a representative from the local authority. 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 registration information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- Spoke with some of the children using the service and reviewed survey responses from 27 parents, whose children attend the service. We also spoke with three parents and carers in person
- Spoke with the service provider, the manager and three staff. We also reviewed survey responses from five staff
- Spoke with one external professional who works with the service to support positive outcomes for children
- Observed practice and staff interactions with children
- Reviewed documents.

## Key messages

- Interactions between staff and children were nurturing and responsive, which helped children feel safe, secure and loved.
- The manager should continue to work with staff and families to consolidate children's personal plans, ensuring children have appropriate support for their care, development and progress.
- Infection control measures and risk assessments should be meaningfully implemented to support children's health, safety and wellbeing.
- Quality assurance processes need to be streamlined and embedded to secure sustained improvements across the setting.
- A positive team approach modelled respectful relationships and promoted a friendly environment for children and families.

## 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.

We observed that children were happy, relaxed and comfortable in their surroundings. Staff were nurturing and responsive to children's individual needs. We liked that children could use little emotion stones at the beginning of each day to talk about, and label, how they were feeling. It was clear that children had developed good relationships with staff and often sought them out when they needed comfort or assistance with their play. Secure attachments at nursery are important as they help children feel safe, which in turn enables them to explore their new world more confidently and lead their learning.

The majority of parents responding to our survey agreed that they were involved in their child's care, including developing and reviewing their personal plan. A few didn't know but were not sure whether that was due to their child's age and pattern of attendance. Their comments included, "I feel that I can discuss aspects of my child's care with the staff when necessary. A completed personal plan is also sent home which I can add details to" and "Involved in reviewing my child's progress via a sit down face to face chat and SHANARRI document. I know if staff have any concerns about my child they will share those with me". We sampled children's personal plans for each age group, and found a new format was in progress. Trackers had been introduced to highlight how children were meeting milestones across the curriculum, however, it was difficult to ascertain what children's individual needs were or how they should be supported. We discussed with the management team, the need for personal plans to set out clearly how children should be supported as individuals. This will be enhanced once the key worker system is fully operational. A keyworker is an identified member of staff who takes a special interest in individual children's care and development and monitors their progress. We have repeated an earlier area for improvement (see area for improvement 1).

Children were confident and relaxed participating in familiar routines throughout their nursery day. Babies and younger children experienced mealtimes that were relaxed and calm. They were well supported by staff who were attentive and vigilant about preventing the risk of children choking. Children in the three to five playroom enjoyed the independence offered by the concept of a 'rolling snack'. This meant they could join snack when they were hungry rather than interrupting their play focus. They could also choose who to sit with and where, which made this a sociable experience. All snacks observed included well presented and healthy options such as fruit, vegetables and crackers. Lunchtime in this playroom needed some consideration to offer similar pleasant experiences for children as snack. For example, promoting independence as children set tables, pour their own drinks, choose and serve their own food. We acknowledged that three children were nominated to be 'waiters' that carried out some of these tasks, but it meant that there were limited opportunities for the other children to develop life skills. Management and staff should refer to Car Inspectorate's SIMOA good practice note, 'Keeping children safe: supporting positive mealtime experiences in early learning and childcare', to support their professional reflection on mealtime improvements.

Staff were clear about their role in safeguarding children and had participated in training to keep their knowledge up to date. This meant they felt confident about the procedures to follow in the event of concerns for children's welfare.

However, we noted that the child protection policy was not up to date or in keeping with the most recent Scottish Government guidance - 'National Guidance for Child Protection in Scotland 2021 - updated 2023'.

We have made a related area for improvement around updating policies and procedures under 'How good is our leadership?' We identified issues that compromised children's safety. For example, when children were playing outside, staff did not routinely carry out a head count or keep a tally of the children moving from inside the setting to outdoors. The manager and staff should ensure a record of children's presence is maintained, so that they can account for children in the event of an emergency. (See area for improvement 2.)

### Quality Indicator 1.3: Play and learning.

Children's perspective and ideas were listened to by staff. The setting was at an early stage of implementing the United Nations Rights of the Child and were looking for ways to meaningfully represent children's voice. Some of children's comments about their play and learning were displayed to demonstrate they had been listened to and their views were respected. In our feedback from parents it was commented that some displays could be historical, which highlighted the importance of dating all records to ensure these were current and relevant. In the moment planning was loosely applied so that staff could follow children's interests. Management and staff intended to reintroduce floor book planning, which would demonstrate to children that their views were respected and provide a visual reminder of what they wanted to learn about next. We suggested that the new team would benefit from training in effective questioning techniques, to strengthen interactions with children further.

There were opportunities for children to engage in experiences that supported the development of skills in literacy, language and numeracy. For example, books were available in different play spaces for children. Displays, which included environment and numbers supported some children in number and letter recognition. Staff joined children in conversations and singing that encouraged language development. However, there were also timetabled use of play spaces and adult led activities, such as 'carpet time' which interrupted children's engagement in their play. A less structured approach to the day and shorter periods where children sit together as a whole group would provide flexibility for children to lead their own play, following individual interests that absorbed their attention. We acknowledged that large group activities can be helpful for some children to learn skills such as listening to instructions and focussing on a task. However small groups tend to be more effective in encouraging children to talk, listen and share ideas with their peers.

Open ended and natural materials were provided within each playroom and outdoors, which promoted children's curiosity and imagination as they explored different shapes and textures. For example two children enthusiastically invited us to join their water play, they said "we're going to flood the place!" and "feel the water its nice and hot!"

Children aged two to five years enjoyed outdoor play during their nursery day, however the babies had very limited opportunities. We acknowledged that opportunities for outdoor play for all ages were planned to be increased in the future, as developing outdoor play was a service priority within their improvement plan. Outdoor play enables children to explore, be creative and enjoy physical activity in the fresh air.

Staff aimed to observe and record observations of each children's planned learning experiences at least twice per week. They shared children's play, learning and development with parents using an online platform, monthly. The manager was monitoring the content of children's learning journals to ensure there was consistency across the team and that there was a respectful tone. Staff should make sure that any group observations of children, within individual learning journals, consistently highlight the engagement and outcome for that child.

This will contribute to a child centred and responsive approach to children's interests and experiences, supporting children to achieve. We acknowledged that parents had given permission for children's photographs to be published on this online platform, but advised that children's comments should not be added, when it is not their own learning journal. This is to respect their confidentiality.

In our survey feedback, most parents agreed they were fully involved and informed about their child's care, play and learning and development. They felt their child's development was supported through interesting and fun play experiences. Parents' comments included, "Outdoor play, crafts, Playdoh, music, sticky kids, story time, baking, painting, bird watching, planting, singing, Christmas show" and "There is a mixture of learning and fun and my daughter loves going to nursery".

## Areas for improvement

1. To support children's wellbeing, learning and development, the management team should work with staff to consolidate approaches to personal planning. This should include, but is not limited to, recording children's needs, how they will be met and reviewing plans regularly with parents.

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

2. To ensure the safety and security of children at all times, the management team should ensure that accurate registers of children's attendance are maintained throughout the day.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

## 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.

The playrooms and outdoor play areas were welcoming and stimulating. There were four playrooms: one dedicated for babies, one for children aged two to three years and another for three to five years. The fourth playroom was dedicated to messy play for all children, including mealtimes for younger children. This created a homely atmosphere where children felt safe and secure.

Throughout the setting there were cosy spaces where children could rest, supporting their emotional wellbeing. The garden provided purposeful areas rich in opportunities for children's curiosity and investigation. The service provider was in the process of investing in and further developing children's outdoor play area, which should enhance children's outdoor learning environment. It was evident that some staff training had already impacted on provision of some resources. For example, the addition of materials to the block play area promoted children's imagination and creativity. One child told us "I made this" as they proudly showed us how the bucket operated on a digger they had made from construction materials.

The setting had a plethora of resources but how these were stored and displayed had resulted in a cluttered environment. This made it difficult for children to navigate and find resources that supported their play interests and curiosities. We acknowledged that there were child friendly inventories of resources for older children to select from. However some children could find the busyness of the play space overwhelming from a sensory point of view. Management had made decluttering the play environment a priority within the service improvement plan. Together with staff, they should continue to evaluate the quality of children's play spaces to ensure they offer children stimulation and challenge. 'Realising the Ambition - Being Me' could be used as a self evaluation tool to help with this task. Realising the Ambition is Scottish Government's national practice guidance on early learning and childcare. It supports staff in professional reflection so that outcomes for children can be measured and improved.

Arrangements for monitoring and maintenance of the setting needed to be improved to support quality care, play and learning experiences for children. We highlighted hazards, which could have put children at risk from avoidable harm, such as loose radiators. Temporary measures were immediately implemented to address this. The risk assessment folder, included some relevant information but was mainly a tool for management. There was no audit trail between this and records of accidents within the setting or the maintenance log, to demonstrate that action had been taken when needed. Staff were not routinely involved in assessing risk in the playrooms and identifying any new hazards in the way of children's safety. We acknowledged that this usually happened verbally between staff and management. It was good practice that children were involved in risk assessments of their outdoor play area, which meant they were developing skills in assessing and managing their own risk. We have repeated a previous area for improvement and signposted management to the websites of The Royal Society for the Prevention of Accidents, Scotland (RoSPA) and Health and Safety Executive, Scotland (HSE). Guidance from these organisations can help the setting evaluate whether existing control measures are adequate or what more needs to be done for their own service context. (See area for improvement 1.)

We evaluated how the safety and wellbeing of children and staff were supported through the application of infection prevention and control measures within the setting. Staff had participated in infection prevention and control training, knew their role in following cleaning checklists and the service provider employed a cleaner. We acknowledged that the provider had also planned refurbishing the current set up of children's toilets and nappy changing facilities, that would help support improved infection prevention and control.

However, closer attention to hygienic practises would help limit the risk of everyone being exposed to harmful germs. For example sensory materials, such as sand should not be returned to the tray after being swept off the floor and playdough should be discarded at the end of each day. Children's snacks should always be served on surfaces that are clear of toys or other items, and have been wiped. Staff should model and support effective hand hygiene with children throughout the day so that children are learning to take responsibility for their own health. The service provider should give consideration to the risk of cross infection when children's food is prepared in areas that have a dual purpose, such as where clothes are laundered. (See area for improvement 2.)

## Areas for improvement

1. To support children's health, safety and wellbeing, children should be cared for in a safe and secure environment, both indoors and outdoors. Robust risk assessments should be undertaken, and a record kept of action taken to mitigate risks to children.

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

'My environment is secure and safe' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

2.

Children's health and safety should be supported within an environment where the risk of cross infection is minimised through good hygiene practices, in accordance with Public Health Scotland guidance 'Health protection in children and young people settings, including education' (March 2024). This should include but not be limited to:

- a) ensuring all areas and resources used by children are clean, hygienic and fit for purpose
- b) ensuring staff model and support effective hand hygiene with children, for example after wiping noses, coming in side following outdoor play and before mealtimes.

This is to ensure that care and support is consistent with Health and Social Care Standards, which state that: 'My environment is secure and safe' (HSCS 5.19) and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

## 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 was in partnership with South Lanarkshire Council and therefore had access to their improvement plan templates and support from the early education and childcare team, for its implementation. The improvement plan identified priority areas for development, which had been carried forward from the previous year. These were to implement staff support, declutter children's environments and improve their outdoor play space. The aspirations of the improvement plans were at a very early stage of development but had great potential for securing children's experiences and outcomes. The visiting professional we spoke with agreed with this evaluation.

Some quality assurance measures had helped identify where improvements were needed. Now that a new staff team was in place, devolving more leadership roles would motivate staff to feel ownership of the service improvement journey. Management had previously used Scottish Social Services Council (SSSC) online Step into Leadership materials, and these could assist with that task. SSSC is responsible for registering people who work in social services and regulating their education and training. It was good practice that the manager had already participated in training on observations of the setting, including children's experiences and staff interactions. Implementing this practice needed time to embed, before bringing about positive change for children and staff.

Moving forward, self evaluation and monitoring processes should be further developed to identify gaps and where action is needed. For example, we discussed the importance of monitoring the appropriate storage of children's medication and continuing to update the medication administration forms. Arrangements were in place to ensure all staff knew about children's health and dietary needs, including allergies. Clearer systems needed to be in place to ensure children's dietary information was shared with new kitchen staff. This will support children's health and safety and ensure procedures are following best practice guidelines.



We recognised that space was very limited within the setting and that the manager had been very creative in organising storage space related to their administrative duties. However, arrangements for the storage of staff and children's confidential information was poorly managed, and did not comply with general data protection requirements (GDPR). (See area for improvement 1.)

Communication with families was transparent, for example using displays, emails, an online platform and face to face contact. Both the service provider and manager were visible, friendly, and approachable to families. The majority of parents responding to our survey agreed that they and their child were involved in a meaningful way to help develop the service. Two did not agree. Comments included, "Always have the opportunity and encouraged to share thoughts and opinions" , "I think it is well run so they don't feel the need to ask for much involvement" and "My child participated in helping choose new play equipment and enjoyed having her say". Involving parents in decisions about the setting contributed to them feeling respected, and made it more likely that any developments were relevant to their families' needs.

The service provider, manager and staff engaged well during the inspection process. They provided additional evidence taking on advice and support, which demonstrated their commitment to service improvement that brings about positive change to outcomes for children.

### Areas for improvement

1. To support high quality outcomes for children and families, the service provider and manager should streamline their quality assurance processes, including for monitoring and evaluating the service. This should include, but not be limited to updating policies and procedures in line with policy and good practice guidelines.

For example: monitoring children's personal plans and medication, risk assessments, secure storage of confidential information, staff practice.

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) and '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, where strengths only just outweighed weaknesses.

#### Quality Indicator 4.3: Staff deployment.

We recognised that, common to the national picture of staff availability in the early learning and childcare sector, the service had experienced difficulty in recruiting staff. Whilst the management team had tried to mitigate the impact of staff turnover, this had had an effect on the quality of children's experiences and the development of the service as a whole. The service had now recruited successfully and achieved the full complement of staff to meet adult-child ratios. We reminded management that staff deployment should be informed by the individual needs of children, their environment, and activities. This is to ensure children are appropriately supervised and supported at all times. At times, quality of engagement for some children was not as effective as staff were focussed on tasks, for example, during lunch routines for older children. This led to some missed opportunities to support and extend children's play and learning.

The expectation throughout the day was for staff to call for help if needed, such as when a child needed one-to-one support. We suggested that internal phones or walkie talkies would avoid raising voices, and be more effective in keeping children safe.

Staff appreciated each other's support and had quickly gelled as a new team. Staff were kind, caring and respectful towards the children, which had helped build positive relationships. Parents spoke highly of the staff team and of their compassion. Comments included, "My relationship with the staff is very positive. They are welcoming, caring, and supportive. They always listen to any concerns I have and provide the necessary support to address them" and "The love, care and kindness that is shown towards my child"

It was good practice that the induction for new staff was beginning to be informed by the national induction resource. This helped ensure staff would be familiar with the Scottish Government's expectations of national standards for early learning and childcare. Established staff could tell us that they had annual appraisals where they could discuss their progress and identify any professional development needs. However, staff had very little time off the floor for professional discussions, to learn from each other and reflect on how best to support positive outcomes for children. There were no formal staff meetings, the service and provider and manager both had a presence in the playrooms therefore used this time to share any operational information with the team. Staff also took their breaks in the playroom, which meant they had no time to relax and return refreshed to engage with children.

We discussed with management the importance of all staff having regular individual support and supervision meetings, in addition to coming together as a team. Being attuned to staff individual needs, the staff skill mix and strengths would inform the deployment of staff, and identify where more support was needed to promote high quality outcomes for children. When staff feel cared for and valued, their mood reflects on their interactions with the children they care for, contributing to them feeling settled. (See area for improvement 1.)

## Areas for improvement

1. To fully support positive outcomes for children, the service provider should plan for staff to participate in continuous professional development that meets the individual needs of children and service improvement priorities. This should include regular formal support and supervision and full team meetings, which enable staff to develop and improve through reflective practice.

This is to ensure 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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The provider should ensure that notifiable events are submitted to the Care Inspectorate.

**This area for improvement was made on 22 December 2023.**

#### Action taken since then

The service provider and manager had familiarised themselves with Care Inspectorate guidance 'Records that all care services (except childminding) must keep and guidance on notification reporting'. A copy was in the setting diary so that all staff would be aware of responsibilities. Management had made some notifications since the advice had been given. This area for improvement had been met.

#### Previous area for improvement 2

The provider should ensure that personal plans are updated to reflect children's care and support needs. This includes any updates from incidents and must have parental input.

**This area for improvement was made on 22 December 2023.**

#### Action taken since then

The format for personal plans had been reviewed and was in the process of being brought into line with the local authority's template, including trackers for children's learning and development. For example, parents had been given the opportunity to up-date information within their child's personal plan using the SHANARRI wellbeing indicators. It was good practice that the manager monitored the personal plans to check consistency in content, tone and grammar.

However, due to staff turnover there were differences in the quality of staff observations and whether next steps for children were individualised and meaningful. Not all information about children's individual care needs had been kept up to date. The area for improvement had not been fully met and has been repeated within a revised area for improvement, that acknowledged the progress made.

#### Previous area for improvement 3

The provider should ensure that risk assessments reflect current practice and perceived risk, to ensure a safe and secure environment for children.

**This area for improvement was made on 22 December 2023.**

#### Action taken since then

The risk assessment folder was mainly a tool for management. Management and staff did not always work well together to promote a safe environment for children. We acknowledged that information was often shared verbally however arrangements for monitoring, maintenance and repair of the setting and resources were not clearly documented. The area for improvement had not been met and has been reworded and repeated under 'How good is our setting?'

## 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?	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

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.