

Woodland View Early Years Day Care of Children

Woodland View Early Years
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Type of inspection:
Unannounced

Completed on:
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Service provided by:
East Dunbartonshire Council

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CS2003014680

About the service

Woodland View Early Years is based within Woodland View School which is located in the Kirkintilloch area of East Dunbartonshire. The service is registered to provide care for a maximum of 20 children aged 2 to 5 years with additional support needs. The children have access to a large playroom and the use of the school facilities including hydrotherapy pool, rebound room and soft play area. The accommodation includes a safe and secure outdoor playground.

About the inspection

This was an unannounced inspection which took place on Monday 10 March and Tuesday 11 March 2025. This 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

This inspection was part of a pilot to test the 'Quality improvement framework for early learning and childcare sectors' developed jointly with Education Scotland. Because this inspection was part of a pilot, no new evaluations (grades) have been awarded.

During the inspection we:

- spoke with three people using the service
- received four completed questionnaire responses from parents
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- A structured approach to play supported children's sense of routine and security.
- High levels of engagement and interactions were observed.
- Communication supports are well utilised for supporting transitions.
- Outdoor play should be provided at suitable times, with further development of the outdoor space to enrich children's experiences.

Children thrive and develop in quality spaces

The nursery provided a spacious environment for children to play and learn. Children had access to a large playroom with an outdoor area, which offered opportunities for exploration and movement. The dedicated entrance and wide corridor allowed parents to drop off their children in a calm and welcoming space. This supported a smooth transition for children and contributed to a sense of security.

A variety of indoor and outdoor spaces, including soft play, rebound room, and swing rooms, enabled children to move their bodies in different ways, helping them regulate their emotions. Individual risk assessments were in place to ensure children's safety. For example, children were provided with constant adult supervision to ensure they stayed safe in their environment and when engaging with others. However, more detail could be added to enhance the effectiveness of these assessments. Including children's individualised strategies would further support children's wellbeing.

An outdoor play space was available to children, providing opportunities for fresh air and physical activity. However, the timing of outdoor play should be reviewed to ensure it aligns with children's needs and routines. Staff should consider offering outdoor play at suitable times throughout the session to maximise engagement and benefits. Additionally, developing the outdoor space further with more varied and stimulating resources will enhance children's learning experiences, promote curiosity, exploration, and physical development.

Staff demonstrated a good understanding of the importance of play and learning experiences. A structured programme provided predictability and security for children. Introducing more opportunities for choice within the daily structure would give children greater control over their play and learning. The management and staff team should consider incorporating provocations and loose parts play to further spark children's curiosity and creativity.

Effective infection prevention and control (IPC) practices were observed, with staff having completed training. We highlighted some improvements which could further support staff practice, including wearing an apron at all times when carrying out personal care. This was promptly addressed, with the policy being updated. Strengthening staff awareness of IPC procedures, with a focus on hand washing, will help maintain a clean and safe environment for children.

Staff understood their roles in managing sensitive information. Children's personal information was securely stored, ensuring compliance with best practice and legal requirements.

Children play and learn

The nursery offered play through a structured and timetabled approach. This approach supported children in establishing a routine and allowed them to predict what will happen next. This predictability fostered a sense of security and enhanced children's overall well-being.

Staff provided some experiences that aligned with the interests of the children. A range of activities were available, including arts, music, outdoor play, and storytelling. This variety ensured that children had access to a variety of experiences throughout the session.

Parents told us:

"There are lots of different opportunities for my child to participating in messy play, robust play and also time for calm activities as well," and

'We see on his learning journals that play experiences are linked to the curriculum in a meaningful way.'

Children demonstrated enjoyment when exploring resources while playing in the house corner. Staff should now consider incorporating loose parts play to further stimulate creativity and imagination.

The setting had been working on establishing an all-inclusive communication environment, utilising Boardmaker symbols, objects of reference, and a pictorial timetable. One parent told us, 'My child has developed lots of communication skills through different methods.' Staff effectively used objects of reference to initiate communication and support transitions. The service should now focus on children using these communication methods independently to encourage two-way communication.

Very good levels of engagement and interactions with individual children were observed. For example, a staff member supported a child to be included in an activity that was happening in another part of the playroom. Staff adapted their approach by engaging effectively, demonstrating a flexible and inclusive practice.

All children had individualised educational plans (IEPs) in place, with set targets that were regularly evaluated. However, the strategies used were largely generic and applied similarly across all children. To better support individual progress, staff should tailor strategies to reflect each child's unique needs and developmental stage. As a result, children will receive more targeted support, fostering greater participation and enhanced learning outcomes.

Observations were recorded on an online system and were shared with parents. Next steps in learning were not always recorded, making it difficult to track individual children's progress. Planning was theme-based and focused on books, often planned too far in advance. We suggested to the manager to focus on developing a planning cycle that is based on high-quality observations, taking account of children's needs and interests. This will ensure children are provided with experiences that match their interests and stage of development.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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