

Buchanan Park Nursery Day Care of Children

Pavilion 6, Buchanan Court
Cumbernauld Road
Stepps
Glasgow
G33 6HZ

Telephone: 01417 797 755

Type of inspection:
Unannounced

Completed on:
16 April 2025

Service provided by:
Buchanan Park Nursery Limited

Service provider number:
SP2011011719

Service no:
CS2011303430

About the service

Buchanan Park Nursery is registered to provide a care service to a maximum of 18 children aged 0 to under two-years; 20 children aged two-years to under three-years; 32 children aged three-years to those not attending primary school; and 12 children of primary school age.

The service is provided by Buchanan Park Nursery Limited.

The care service operates between the times of 08:00 and 18:00, Monday to Friday. The service is in partnership with North Lanarkshire Council to provide funded childcare for children over the age of two-years.

The service is provided from a detached building within Buchanan Business Park, Stepps, North Lanarkshire. The service is close to main roads, bus and train routes, schools, shops and parks. Playrooms are situated on both the ground floor and first floor of the building. There is access to an enclosed outdoor play area within the grounds. The service also makes use of a large grassed area adjacent to the building for more active, energetic play activities with the older age groups of children.

About the inspection

This was an unannounced inspection which took place on 15 and 16 April 2025. The inspection was carried out by two inspectors, and an additional inspector was in attendance, as part of our quality assurance, 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 a small group of children using the service
- gathered feedback from 18 family members, using a questionnaire
- spoke with some staff and management present
- observed staff practice and children's daily experiences
- reviewed documents.

Key messages

- Leader's confidence to use self-evaluation to measure the quality of service provided and to enhance outcomes for children had continued to improve. As a result, they had a clearer understanding of how well the service was doing and where further improvements were needed.
- Staff and children had formed close bonds, creating a warm and nurturing environment. However, when staff completed tasks or at busier times of the day, staff needed to maintain these positive interactions.
- Staff skills to plan and provide good quality play and learning had improved, resulting in better play experiences being provided to meet children's needs and interests.
- Although improvements had been made within playrooms, infection prevention and control measures needed to be better, to ensure all facilities were kept clean and tidy.

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?	4 - Good
How good is our staff team?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to be improved.

Quality indicator 1.1: Nurturing care and support

Children were settled and familiar with staff and their daily routine. We found that children were content when playing with staff and friends. We saw that staff were caring and respectful, they had formed close bonds with the children and families. During discussions with the children, one child told us that "the staff looked after them and kept them safe" and all parents told us they "had formed good relationships with staff."

The service had made improvements in how they supported children during transitions. For example, when going for meals or going outside to play. We found children moved seamlessly throughout the day. We heard staff sing a song to get children's attention when outside, and all children responded by singing their response. This let staff check-in with the children in a caring way to ensure they were all safe and accounted for.

In the playroom, for children aged three to five-years, we saw on a few occasions where staff missed opportunities to meet children's needs, for example, staff initially changed only a child's top after playing with water but failed to change the wet vest or trousers, resulting in the child's clothes remaining wet. Staff positioning within the playroom needed attention, for example, to stop staff sitting with their back to children, preventing them from seeing when children needed assistance. We spoke to the service and we found staff took swift actions to address these concerns. They made some changes, and as a result, during further observations, we saw that staff were better positioned within the playroom nearby children, interacting with them, giving them support when needed. Going forward, better consistency within the staff deployment and interactions needs to be embedded.

The playrooms for children under three-years provided a nurturing and caring environment. The younger children's playrooms were calmer and more relaxed. Staff maintained the materials and environment to ensure they met the needs of the children. Staff ensured they followed personalised routines and respected personal preferences. For example, around sleep routines. However, we have asked staff to be mindful to ensure, where possible, children are given the opportunity to make choices, such as selecting to wear a bib or not.

Mealtimes were relaxed and calm, and the service continued to monitor and make improvements when identified. Children were encouraged to be independent and help was provided, if needed. Staff sat with the children, creating a sociable mealtime, however, the older children's mealtimes could be further improved by creating a more pleasant area, as they had their meals within a room that was partially a cloakroom and was in need of some refurbishment. The management agreed to include our suggestions into their plans.

Children's medications were stored and managed well, ensuring that when medication was needed, it was administered safely. We suggested, for children with conditions such as allergies, the specific signs and symptoms should be included on their medication consent forms. This was to ensure staff knew when they needed to administer the medication and could do so safely.

Further development of children's personal plans had been made, this was to ensure staff knew what mattered to the child and planned how best to support their needs. Improvements made included more opportunities for the child and family input. Alongside other planning systems, staff had become more confident identifying children's needs and planning the right care, play and learning to support these. These changes were at the early stages, the service still needed to support staff to further develop their understanding and plan how best to support children's needs and interests.

Quality indicator 1.3: Play and learning

Overall, throughout the nursery, we found most children to be engaged and playing. However, at times, we found the children would have benefitted from less adult directed play and more opportunity to make their own decisions about their play and learning.

Staff working with the youngest children knew them well and planned their play and learning, considering their interests and needs. They provided materials to support their physical development and natural curiosity to learn and see how things worked. Children moved between different play experiences exploring materials. We suggested for the children within the two to three-years room, to have more materials available for them to self select and direct their own play.

Improvements had been made to the three to five-years playroom, creating more focus play and learning areas. We could see children had increased access to materials to mark-make, design and build structures and use their imaginations. Open shelves provided children with easy access to these materials, and they could see what was available to help them select what they wanted to play.

We discussed some areas where further improvements could be made. This included children having better access to art and craft materials, like paint, and to consider if resources were age and stage appropriate, such as the height of the water trough, as we saw some children were leaning over the edge to reach the water.

Staff reflected on how they planned and provided the play spaces for children. They were at the early stages of implementing new learning from recent training, to create inviting play spaces that inspire children's natural curiosity to play and learn. Staff were heading in the right direction creating quality play spaces, but further improvement was still needed. The management agreed, and along with support from other agencies, told us this was an "ongoing priority." As a result, the area for improvement made around children's learning at the previous inspection will remain in place at this time.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to be improved.

Quality indicator 2.2: Children experience high quality facilities

Staff actively monitored each entrance to the secure premises, effectively controlling access to ensure only known individuals entered the setting. On one occasion, we observed a child, accompanied by staff, pressing the exit button to open the door when going outside to play. We asked the service to implement procedures ensuring only adults operated the exit button. This would further ensure children's safety and reduce the potential of children leaving the service unaccompanied.

The younger children were being cared for in playrooms on the ground floor and the children over three-years, on the first floor. Each age group had access to a designated outdoor play area.

Improvements had been made to the design of the playrooms to meet the needs of the children. There were increased natural, open-ended materials allowing children more freedom to direct their own play and learning. Materials were easily accessible and children could access them freely. Playrooms had some soft furnishings for children to relax and rest. Overall, playrooms had been laid out and resourced to meet the needs of the children.

On the first floor, the service had made changes to the use of some rooms. This included a separate dining area and quiet room. We discussed with leaders to consider what elements were working well and where further improvements could be made. This included the shared use of one room for meals and cloakroom.

Throughout the building, we found improvements were needed to the premises in relation to cleanliness. When we arrived at the service we found carpets, touch points and internal windows needed to be better maintained. Internal windows, heavily marked with finger prints, some carpets and flooring needed cleaned and this was found to be similar throughout the day.

Although no meals were cooked in the premises, there were some small preparation kitchens to store and heat up foods. We found an unpleasant smell when the door to the upstairs preparation kitchen was opened. The fridge used to store packed lunch boxes lacked sufficient space. Downstairs, the kitchen door handle was missing, resulting in staff unable to open the door safely. In general, the preparation kitchens needed some improvement.

We found lots of brushes and shovels around the service. These needed replaced and to be kept clean ready for use. We have asked the service to ensure these are stored out of the reach of children. We found that bins needed to be improved, those in place either had no lids or damaged lids, but all were in need of a good clean. All cleaning aids should be kept to a good standard of cleanliness to meet infection prevention and control safety measures.

We found one children's hand-washing sink had its taps taped, and we were informed this was to discourage children who liked to play with the taps and water. As a result, children in the large playroom upstairs could not access the hand-washing sink within the room. We have asked that this sink returns to be operational.

As a result of our findings at this inspection, the area for improvement made at the last inspection will remain to ensure the environment is well-maintained and infection prevention and control measures are in place.

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children, and clearly outweighed areas for improvement.

Quality indicator 3.1: Quality assurance and improvement are led well

Leaders within the service had become confident self evaluating the service and using tools to gather information to undertake evidence based assessments on how well the service is doing. They had received support and training from North Lanarkshire Council Early Learning and Child Care Team. They are also undertaking qualifications to enhance their skills and knowledge managing an early learning and childcare setting.

The service had effective systems in place to ensure safe recruitment procedures. In addition, to support new staff, leaders now used the national induction packs to support staff during induction. Staff told us they felt supported and that, through effective mentoring, they had been well informed and felt welcomed. Management continued to support all staff through regular supervisions and supported staff access training and development.

The service had implemented more meaningful and effective quality assurance methods to embed good practice. Strong leadership and good role modelling is needed to further support staff. We found leaders were working hard, and they were heading in the right direction to ensure the service provided was of good quality. The service, having made positive changes, needs to ensure they are maintained. They also need to put in place a plan to ensure the environmental concerns raised at this inspection are addressed.

We have provided leaders with information on updated notification guidance to ensure, going forward, they inform the Care Inspectorate of significant events, as required.

How good is our staff team?**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to be improved.

Quality indicator 4.3: Staff deployment

Staffing levels throughout the service met the required adult to child ratios, however, the deployment and skills of staff overall needed to improve. The service needs to reflect on the space and facilities used to provide care, to ensure they consider the layout and design when assessing how many staff are needed. The staff working upstairs have one large area and two small areas to cover, as well as outdoor space. If all areas were open, a minimum of five staff would be needed. At times, we found this was a challenge for the staff, and if we added the needs of the children, we saw that on a few occasions children's needs were not fully met.

When some staff were at lunch, the number of experienced staff caring for children was reduced. We observed at times staff sat with their back to the children and on a few occasions had to leave the playroom to bring a child out of the nearby office. As a result, staff supervision of children was compromised. We raised this with leaders and this was addressed immediately. This resulted in changes to the use of some spaces and layouts during these times, and children being cared for within a more safe and nurturing environment.

We found that a few staff needed further support when speaking with children. Staff need to be mindful of the language they use, to ensure clear messages are given to children. If giving children a choice, such as "do you want to wash your hands?" they need to be aware that children might say "no." Staff also need to be aware of the impact of telling children not to do something, which may be to keep them safe, but at times felt more that staff were being risk-averse. Young children need to be able to understand and recognise when boundaries are set to keep them safe, and staff need to ensure they give consistent messaging.

The service had recognised the need to have more staff employed to support the leadership within the service and support staff to provide quality care and support. New lead roles have been introduced to bridge the gap between management and the staff, and to disseminate good practice.

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

Children should be provided with a well-balanced curriculum, offering high quality child and adult-initiated play and learning experiences. This should include, but not be limited to, staff being skilled in observing and analysing information, to plan play and learning opportunities to meet children's needs.

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

'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 31 May 2023.

Action taken since then

Staff had made good progress in delivering a more child-led planning system that met the needs of the children. They were at the early stages of implementing a new planning system which was going well. The service should continue to use the systems in place and support staff.

As this area for improvement was still under development, to be fully embedded, it will remain and be followed-up at the next inspection.

Previous area for improvement 2

To support children's wellbeing, learning and development, the provider should ensure staff are skilled at communicating with children to provide the right care and support to meet the children's needs. This should include, but not be limited to, using effective communication tools to support children through transitions in their day.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This area for improvement was made on 7 August 2024.

Action taken since then

Staff had worked hard to improve their skills in communication with children to ensure they heard their voices and planned the care and support needed. We found during our observations that almost all of the children's needs were being met, and they were settled. We discussed some areas that could be further developed around some of the language and questioning used, however, we were satisfied the concerns identified at the last inspection had been addressed.

As a result, this area for improvement had been met.

Previous area for improvement 3

To support children's wellbeing, learning and development, the provider should ensure care is provided from a clean and safe environment. This should include, but not be limited to, the environment being well-maintained and infection prevention and control measures being in place.

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

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

This area for improvement was made on 7 August 2024.

Action taken since then

The service had made some improvement within the playrooms, however, at this inspection we identified many areas where infection prevention and control measures needed improvement. This included, within the food preparation areas, materials used for cleaning bins and floorings. Some areas had a strong odour which we have asked the service to investigate.

As this area for improvement needed significant work to be fully embedded, it will remain and be followed-up at the next inspection.

Previous area for improvement 4

To support children's wellbeing, learning and development, the provider should ensure effective monitoring and auditing supports for staff to provide high quality care, play and learning. This should include, but not be limited to, monitoring of staff practice and children's experiences against good practice guidance.

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

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

This area for improvement was made on 7 August 2024.

Action taken since then

The service had worked hard to support staff development. Increased staff monitoring, training opportunities and improved induction processes had contributed to this. We found the improvements made and satisfactory outcomes resulted in improved outcomes for children..

As a result, this area for improvement had 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?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate

How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good

How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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