

Thrive Childcare and Education Happitots Erskine Day Care of Children

Erskine
Bishopton
PA7 5PU

Telephone: 0141 812 2333

Type of inspection:
Unannounced

Completed on:
11 April 2025

Service provided by:
Enchanted Forest Nursery Limited

Service provider number:
SP2005007827

Service no:
CS2005107944

About the service

Thrive Childcare and Education Happitots Erskine provides a day care of children service to a maximum of 70 children at any one time, of whom no more than; 22 are under the age of two years; 18 are aged from two years to under three years; 30 are aged three years to not yet attending primary school. At the time of our inspection, 30 children were registered with the service; 13 children attended the service on the first day of the inspection and 11 on the second day.

The registered provider is Enchanted Forest Nursery Limited and the service is in partnership with Renfrewshire Council, to provide funded places for eligible children aged two to five years.

The service operates from a purpose built premises within the grounds of Erskine Hospital, Bishopton, in the Renfrewshire area. Children are cared for across four playrooms, depending on their age and stage of development. There is also a large secure outdoor area and the nursery is close to woodland, country walks and the river Clyde.

About the inspection

This was an unannounced inspection which took place on Tuesday 8 April 2025 between 08:40 and 17:25 and Friday 11 April 2025 between 09:15 and 13:45. We gave feedback to the service on Friday 11 April 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with children using the service
- received 13 completed Microsoft Forms questionnaires
- spoke with staff, senior leadership team and provider
- observed practice and daily life
- reviewed documents.

Key messages

- Children were happy, and staff were kind in their approach.
- Personal planning should be further developed to ensure that strategies are clear and measurable, allowing for effective tracking of children's targets and outcomes over time.
- The environment allowed children to choose where they wanted to spend their time.
- Improvements were needed to enhance outdoor play areas to stimulate and provide meaningful play experiences for children.
- Some staff would benefit from learning more about how children learn through play to support high-quality experiences for children.
- Infection control practices need to improve to help prevent the potential spread of infection.
- Self-evaluation and quality assurance processes need improvement to enhance children's experiences.
- The provider must ensure staff are effectively deployed to meet children's individual needs, taking into account their knowledge, skills, and experience.

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?	2 - Weak

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 were happy, and staff were kind in their approach. Recent changes in the staff team meant that some relationships between children and staff needed to be developed. One parent commented, "I am sure the new staff members covering the nursery are very capable and pleasant, but I do not know them, and neither does my child. They are largely temporary staff as far as I am aware".

Overall, staff responded to children when they needed support with personal care and during mealtimes and sleep routines to ensure their comfort, wellbeing, and safety. A consistent staff team would further strengthen relationships and ensure children receive the best care, play, and learning through continuity, expertise, and a shared understanding of their needs. We made a requirement about this (see requirement 1 under 4.3 staff deployment).

Most children had personal plans, which included information about how their health, wellbeing, and care needs would be met. We acknowledged that some staff members were familiar with the children and could see where the plans were being used in practice to support children's individual needs. However, other staff were not familiar with the children, and some personal plans were unavailable. This impacted the staff's ability to meet children's individual needs. Training was needed to support staff in developing clear targets and support strategies for children (see area for improvement 1).

We discussed the importance of regularly sharing personal plans with families and strengthening the partnership between the setting and the children's homes. This would enable all staff to meet children's individual needs. One parent commented, "Until recently, I did not feel involved in my child's personal plan; however, now I feel heard regarding what is best for my child and how we can help them thrive in the setting". Another said, "Plans were recently updated, but I wouldn't describe them as active documents that are regularly reviewed".

Children were provided with a nutritious snack and lunch that accommodated their allergies and dietary requirements. Staff sat with children as they ate, keeping them safe and allowing them to engage in conversations with the staff. Children had some opportunities to pour their drinks. Further self-help opportunities should be considered to extend children's life skills.

Medication was stored out of children's reach, and the administration methods were documented. This ensured that children's health needs were met and kept them safe. Staff should ensure that parents sign the record after medication has been given to confirm that children received the recommended daily dosage. We discussed with senior leaders the importance of medication monitoring to maintain accurate records for supporting children's health, wellbeing, and safety.

Overall, sensitive sleep arrangements supported children's emotional security, safety, and wellbeing. Parents who provided feedback agreed. We concluded that children could rest or sleep according to their needs, routines, and preferences.

Quality indicator 1.3: Play and learning

Children were offered different activities throughout the day and were given opportunities to choose toys and materials to support their play. For older children, this included options such as playdough, imaginative play with dolls in the home corner, drawing pictures, and story time. Babies had opportunities to develop their physical skills using a ramp, where they practised moving up and down. They listened to stories and explored their senses in the sand and water. However, the planning for children's play and learning lacked depth, breadth, and challenge. As a result, it did not effectively reflect the children's ideas, interests, or their next steps in learning.

Most staff engaged well with children. However, while their interactions were warm and caring, there were several missed opportunities for staff to use skilled questioning to support children's learning through meaningful conversations and opportunities to revisit learning and develop skills learned.

Staff used an online app to communicate with families, sharing nursery updates and general information. While some information about children's play moments was recorded, a more focused and consistent approach was needed to support children's progression. One parent commented, "More use of the Parent Zone app to help my understanding of what my child is learning throughout their days in nursery. Perhaps also setting up a way for parents to communicate what they have been working on at home or what interests my child has been showing". Another said, "Observations feel very generic and infrequent. Some days we don't get any updates about our child".

Some staff would benefit from learning more about how children learn through play. This would support them to make detailed observations about children's development and learning and how they should be supported. Senior leaders should continue to enhance staff knowledge and skills, model effective practices and support methods for tracking and responding to children's learning needs, supporting and extending children's play. This would foster a child-centred planning approach. **We made an area for improvement about this at the last inspection. This has not been met and remains in place.**

Areas for improvement

1. To ensure children experience care and support that meets their needs, the manager and provider should review and develop personal plans. This should include, but not be limited to, ensuring that every child has a personal plan with set targets and support strategies, that plans are measurable and consistently applied in practice, and that staff are provided with relevant training in completing personal planning.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

and

'As a child, 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).

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

Measures like boundary fencing, gates, and a secure entry system supported children's safety. Systems were in place to account for children's whereabouts while they attended the service. This kept children safe.

Playrooms were bright with natural light, and windows could be opened to support ventilation. At the time of the inspection, the playroom for older children became warm in the afternoon. Staff should respond to the heat build-up and ensure windows or doors to the enclosed garden remain open. The room thermometer should be used to monitor the maximum and minimum temperatures over time to ensure children's comfort.

Indoor play spaces and resources were age and stage appropriate. This supported children's play and made them feel welcomed. Children had a named peg in the cloakroom, supporting their sense of belonging and independence.

The nursery garden was accessible from the main playroom for older children, allowing free-flow access. Some children had fun making a muddy puddle and jumping in and out. Due to the layout of the building, babies did not have direct access to the garden, and outdoor play had to be planned. There were few resources for the babies outdoors on the first inspection day. Staff used the heuristic baskets from indoors, such as natural objects typically found at home rather than conventional toys, to support children's sensory stimulation and exploration. Resources for babies improved on the second visit, during which children were offered sand, water play, and story books.

Outdoor learning environments would benefit from further resources to encourage imaginative play, spark curiosity and increase opportunities for children to extend and consolidate their learning, and support children to lead and be challenged in their play.

We identified some issues relating to infection prevention and control. While older children practised effective handwashing, staff could have further supported this for the babies after snacks when baby wipes were used. Foods given to babies were placed beside the multi-purpose playroom sinks, increasing the risk of cross-contamination. The bin in the playroom for older children was used for multiple purposes and was overflowing. Areas used for playing in the garden area were not kept clean after use, including discarded toys and litter, which had the potential to spread infection. During the feedback, the leadership team spoke about introducing a trolley for younger children's mealtimes and was committed to ensuring improvements to cleanliness in the indoor and outdoor environments.

Staff needed to improve their ability to identify infection prevention and control environmental risks, such as mud-soiled toys and resources used for play. These assessments should effectively mitigate risks while prioritising and supporting children's health, safety, and wellbeing (see area for improvement 1).

Accident and incident forms were completed and shared with families, and appropriate first aid was administered when needed. These forms were regularly audited, which helped identify common or recurring themes and the necessary actions to maintain children's wellbeing and safety.

Areas for improvement

1. To ensure that children are cared for in a hygienic and safe environment, the manager and provider should ensure that the environment is clean and free of risks. This should include, but not be limited to, robust risk assessments and room checks to minimise the spread of infection.

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 organisational codes' (HSCS 3.14).

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 newly recruited manager, operational manager, and provider were working closely to recruit additional staff. They engaged with the inspection process and appeared keen to make changes that would benefit children and families, helping to establish a shared vision for the direction of the service.

The manager was in the early stages of implementing self-evaluation processes to enhance the quality of the service. This should continue to be reflected on and developed with staff, children, and families, and they should respond to their suggestions to create positive changes. This approach would ensure their views are valued, improve staff wellbeing, and outline the necessary actions to develop the service.

An improvement plan needed to be developed. The service should proceed with its plans to improve play spaces and resources for children and use the feedback gathered from this inspection to support children's development and progression.

Quality assurance systems should continue to be improved to support the service and identify strengths and areas for improvement. The leadership team should delegate and clarify roles within the team. This would ensure staff understand the expectations around different roles and tasks and support improvements to be undertaken effectively and timely (see area for improvement 1).

Areas for improvement

1. To improve children's outcomes, the manager and provider should ensure that self-evaluation and quality assurance lead to improved experiences. This process should include, but not be limited to, collecting and responding to feedback from stakeholders and reviewing staff practices.

This is to ensure that 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).

How good is our staff team?

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 4.3: Staff deployment

During the inspection, we found that the service had faced significant staffing challenges and had taken temporary measures to address this. Due to the lack of consistent staffing, children were not supported by staff who knew them well. While some parents provided positive feedback about the current staffing arrangements, other parents expressed concerns about the turnover of staff and the quality of experiences offered to their children. Comments included, "Compared to the other nursery my child attends, they are under stimulated at this nursery" and "They are just left to play; rarely do I see or hear of structured activities". As a result, children were not fully supported to meet their potential and make meaningful progress in their development.

Induction processes needed improvement to ensure temporary staff were familiar with the setting and the children they cared for. Staff had not been provided with the opportunity to review children's personal plans to support their responsive care. Additionally, some staff were not familiar with the layout of the premises. As a result, children's care, play and learning were at times negatively impacted. A more robust induction approach would ensure opportunities to share relevant information and enhance the care provided to children.

The provider recognised that more staff were needed and had begun the process of recruiting staff. However, contingency arrangements needed to be strengthened due to further staff changes planned to ensure that children consistently received good care and support.

Due to the challenges, staff had been unable to develop individually or as a team. They were deployed based on task needs rather than skills or knowledge. The provider must ensure that staff are deployed effectively according to their roles and responsibilities, have opportunities for professional learning, and be able to apply their knowledge and skills in practice. This will help staff become familiar with the current best practice guidance, improving the quality of experiences and outcomes for children (see requirement 1).

Requirements

1. By 25 August 2025, the provider must ensure that children receive consistent care and opportunities to develop their learning. To do this, the provider must, at a minimum:
 - a) Ensure that staff are consistently deployed to meet children's individual needs, taking into consideration their knowledge, skills, and experience.
 - b) Ensure staff are given an induction and essential training and development opportunities to progress in their roles.

This is to comply with section 8 (1) (a) of the Health and Care (Staffing) (Scotland) Act 2019.

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).

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

Requirements

Requirement 1

By 17 March 2025, in order that children experience high quality care in a safe environment the provider must implement an effective system to prevent the risk of the public tailgating and breaching nursery security without staff's knowledge.

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:

'My environment is safe and secure' (HSCS 5.17).

This requirement was made on 11 February 2025.

Action taken on previous requirement

Improvements have been made to enhance the operational and systematic approach to children's safety. These improvements include repairing the main entrance door to ensure it closes securely after use, improving communication between the setting and families about the door's operation, and ensuring that caretaking staff and senior leaders conduct regular checks. Additionally, quality assurance systems have been implemented to evaluate the effectiveness of these measures.

Met - within 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

Improvements were needed in the planning processes for play and learning to support children to progress and reach their full potential. Children's ideas, wishes and interests should inform planned play experiences and be evident within the observation, assessment and planning cycle.

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

'I am supported to achieve my potential in education' (HSCS 1.27), and

'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).

This area for improvement was made on 26 June 2024.

Action taken since then

Children were not being supported to make good progress in their play and learning. Staff did not know children well enough to plan and support their next steps in learning.

This area for improvement has not been met and has been reworded in this inspection report.

Previous area for improvement 2

Management and staff to ensure overall communication and information sharing with parents and carers is effective.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 11 February 2025.

Action taken since then

The manager implemented systems to enhance parental engagement, such as monthly newsletters and meetings with some parents to discuss their child's care. This strengthened the relationship between the setting and the child's home, ensuring their needs were met.

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?	2 - Weak
4.3 Staff deployment	2 - Weak

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