

Southside Daycare Day Care of Children

Block 3
Unit 15
Museum Business Park, 140 Woodhead Road
Glasgow
G53 7NN

Telephone: 01418 814 888

Type of inspection:
Unannounced

Completed on:
11 April 2025

Service provided by:
Pollok Enterprise Trust

Service provider number:
SP2007009130

Service no:
CS2007154351

About the service

Southside Daycare provides early learning and childcare to a maximum of 92 children, of whom 15 children aged under two years, 21 children aged two years to three years, 20 children aged three years to those not yet attending primary school, and 20 children attending primary school. The service is provided by Pollok Enterprise Trust and is in partnership with Glasgow City Council to provide early learning and childcare. It operates from purpose adapted units within a business park in the Darnley area of Glasgow. The business park is close to local shops, amenities, and access to public transport. Children also had access to an enclosed rear garden.

About the inspection

This was an unannounced inspection which took place on 1 and 3 April 2025. Feedback was provided to the provider on 3 April 2025 and to the manager on 11 April 2025. The inspection was carried out by three 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
- spoke with families of the children using the service
- spoke with staff, management and the provider
- reviewed 19 completed questionnaires from staff and families
- observed practice and daily life
- reviewed documents.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

Key messages

- Children were confident within the setting and were having fun.
- Staff knew children well and were nurturing in their approaches.
- Parents provided positive feedback about the service.
- Personal plans must be improved to support staff to meet children's needs.
- Infection prevention and control practices must be improved to keep children safe and protected from the spread of infection.
- Maintenance and management of risk should be improved to support children's safety.
- The provider must ensure clear roles and responsibilities are identified for staff in the manager's absence.
- Quality assurance, self-evaluation, and improvement planning should be improved to support better outcomes for children.
- Staff deployment should be improved to ensure all children's needs are met.

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?	2 - Weak
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 warm and kind in their approach towards children. They were friendly and had established positive relationships with children and families. They took time to listen and respond to children's needs. This meant staff had established meaningful relationships and supported children's and families' wellbeing. Parents provided positive feedback about the relationship staff had with them and their children. Comments we received included:

"We can't fault the staff. They go above and beyond to help and have built up a strong relationship with ourselves and our daughter. They are approachable, friendly and we feel safe leaving our child in their care."

"They understand and cater for individual needs of the children in their care, they are approachable and understanding. We feel very comfortable sharing information with them and appreciate how well they've gotten to know our little one."

Children were offered nutritious snacks and lunch. They came together in groups within their playrooms to enjoy their food with their peers. Children within the youngest age groups were supported well by staff. They supervised them while they ate to support their safety. Interactions were nurturing and supportive to children's different stages of development. This supported young children to experience positive mealtimes that fostered their wellbeing and development. The approach in other age groups was inconsistent. Some staff sat with children while they ate, when others were task focussed. Most staff were serving lunch and cleaning up at the same time. This meant there were missed opportunities for staff to support children's independence and social skills. They were not always including children in the serving of foods, and chatting with them as they ate. We have made an area for improvement to address this (see area for improvement 1).

Overall, children's emotional security and wellbeing was supported through sensitive sleep time arrangements. Children were able to rest or sleep in line with their needs. Sleep mats, cots and blankets were available, and children slept throughout the day when they were tired, and to support their routines from home. However, on the first day of inspection, staff did not always stay within the same area of the playroom where children were sleeping. When we highlighted this was not appropriate safe sleep practice, changes were made to address this. To support children's safety and wellbeing, management should continue with updating their policy and procedures to ensure children always sleep safely in line with best practice guidance, supporting their wellbeing.

Medication was administered safely. We sampled medication and found medication records were completed accurately. Medication was stored in the manager's office, meaning that emergency medication was not easily accessible for staff to administer. The manager acknowledged this and agreed it would be better to store this within the playrooms safely, where staff can access medication more easily. We concluded this was a positive step to ensure medication is administered and stored in a safe and sensitive manner to support children's health and wellbeing.

Personal plans were in place for almost all children. Of the plans we sampled, some contained information

that supported staff to care for children in line with their preferences and routines from home. However, plans were not in place for all children or had not been updated for significant periods of time to reflect children's current needs. This meant that staff covering in rooms, or staff who were new to the service, did not have the information needed to fully meet children's needs. We acknowledged some staff knew children well; however, clear information about children and the strategies they used to support them was not recorded. This had the potential to compromise children's health, wellbeing and safety. Overall, the personal planning approach was inconsistent and needed immediate improvement. Therefore, we have made a requirement to address this (see requirement 1).

Quality indicator 1.3: Play and learning.

Children were engaged in different experiences throughout the day. Most play spaces were well-resourced, and children could self-select toys and materials to support their play. Older children participated in experiences including, making structures with construction materials, playdough, painting, and numeracy games. There were opportunities for babies' sensory development through sand play, shaving foam play, and they enjoyed rhymes with actions. We noted some improvement could be made to resources within the two-three years age group. Staff and management shared they were purchasing new resources to support this age group. We agreed this was a positive step to supporting children within this age group's play and learning opportunities.

Most children were supported with regular free flow play to outdoors. The outdoor environment supported their choice and interests. For example, children enjoyed using large loose parts to create obstacle courses, and younger children enjoyed interacting and exploring with their peers. On the first day of inspection for one playroom, access to outdoors was not offered until later in the morning. The manager and staff agreed this could have been offered earlier to support children's choice and interests. On the second day of inspection, all children accessed outdoors from the start of the day. We concluded that overall, children benefitted from interesting outdoor experiences that supported their development.

Planning approaches for play and learning were developing. Staff observed children at play and then planned experiences in response to this. We acknowledged the service was welcoming support from the local authority leader of learning. They were developing the planning approaches to be responsive to children's interests, and ensure their environment offered curiosity and inquiry.

There were inconsistent approaches to children's learning profiles and significant gaps within the recording of children's play and learning. For some children and playrooms, observations of children's learning and planning records had not been updated or completed for significant periods of time. Some observations lacked in depth and analysis of learning. This meant staff were not able to effectively share children's learning and had potential to impact on them supporting their development. Observations could be improved with recording the skills and learning children had achieved. Therefore, we have made an area for improvement to address this (see area for improvement 2).

Requirements

1. By 31 July 2025, the provider must ensure that children's care needs are met through personal planning.

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

- a) ensure that each child has a personal plan in place within 28 days of starting the service
- b) ensure personal plans contain information about children's needs and how they will be met

c) ensure personal plans are reviewed minimum every six months, or when information changes in partnership with parents and carers.

This is to comply with Regulation 5(1)(2) (Personal plans) 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 personal plan (sometimes referred to as a care 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).

Areas for improvement

1. To support children's health, safety and wellbeing, the manager and staff should ensure children experience sociable and positive mealtimes.

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

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

2. To support children's wellbeing, learning and development, improvements should be made to the planning for play and learning processes. This should include but not be limited to ensuring children's achievements and progress are shared with families.

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).

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.

Children were cared for in age groups, within three main play spaces across two levels. The setting was decorated in warm neutral tones, was furnished well, with some soft materials to support a homely feel. This helped children to feel welcomed.

There were windows and doors to support ventilation throughout the setting. However, on the first day of inspection, we noted the playroom on the top mezzanine level was very warm. Once we discussed this with staff, they turned the heating off and used fans to support the ventilation to flow from the open windows downstairs. The manager and staff should continue to monitor the ventilation and temperature of the play

spaces to ensure it supports children's health and wellbeing.

Children had use of an outdoor space accessed directly from the downstairs play spaces. Outdoor spaces were resourced to support children's needs and stages of development. During the inspection, we carried out a perimeter check of the premises. There were two perimeter gates in the garden area used for safe evacuation purpose. Both these gates had low push bars at the children's level. This had potential to compromise children's health and safety as they could easily push the gates open and leave the premises. We acknowledged that staff were vigilant when outdoors to account for and supervise children. However, no clear control measures were recorded within risk assessments to support this. When we highlighted this to the provider, they agreed it did not fully support children's safety and started to make plans to safely adjust the gates to improve security. The manager also shared at feedback they were reviewing the recorded risk assessments to ensure clear control measures were in place and shared with all staff. This was a positive step to making the outdoor space more secure.

There was an inconsistent approach to infection prevention and control. We acknowledged some good practice. This included staff and children practicing good handwashing, and most play spaces were clean. In contrast, laundry was not managed well, there was some play spaces in need of deep cleaning, and items were inappropriately stored in bathrooms and toilets. Additionally, at lunch time a trolley was used to store clean plates of food alongside food waste and dirty plates. This all had potential to cause cross-contamination and did not fully support children's health and wellbeing. Therefore, we have made an area for improvement about this (see area for improvement 1).

Risk check lists were in place, and staff visually checked for some hazards throughout the day. For example, staff checked the garden area for rubbish and broken equipment before they went outside. However, risk assessments lacked clear detail on potential hazards and any control measures that were in place to keep everyone safe. There was no information on the risk checklist about how staff should position themselves around the garden to ensure they account for children and keep the perimeter safe. This did not provide clear shared messages to all staff on the control measures in place. Additionally, there was a lack of leadership and direction for staff. There was a lack of monitoring that would ensure checks were completed to support children's safety. We have made a requirement in section 3.1 that addresses this improvement (see section 3 'How good is our leadership?', requirement 1).

There was an inconsistent approach to ensuring the building and play spaces were well maintained. Where maintenance issues were raised and added to the repair list, repairs took place quickly. This was a positive step to supporting children to be cared for in a well-maintained environment. However, due to the lack of leadership and direction, robust checks of the environment had not taken place and some repairs had not been reported. For example, there was a broken tap within one of the playrooms and a missing toilet seat within one of the children's bathrooms. This had potential to compromise children's health and safety. We have made a requirement in section 3.1 about this (see section 3 'How good is our leadership?', requirement 1).

Children's personal information was stored securely within locked files. Staff did have access to children's information with permission from the allocated clerical person or manager. This was a positive step to managing children's personal information safely in line with general data protection requirements.

Areas for improvement

1. To support children's health, wellbeing and safety, the provider should ensure children are cared for in a safe and hygienic environment. This should include but not be limited to ensuring clear infection and prevention procedures are in place and followed by all staff.

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?

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 3.1: Quality assurance and improvements are led well.

During the last inspection, we had concerns about the leadership and management of the service. As a result, we made this an area for improvement. During this inspection, we noted that improvements had not been made to support better outcomes for children. As a result, we have made a requirement about this. The manager of the service was on annual leave and, whilst staff engaged well with the inspection process, they were not fully supported and they were unclear about their roles and responsibilities in the manager's absence. As a result, staff were not safely deployed to meet children's needs. Additionally, this meant staff did not always reach out for support from management. This resulted in them not being given appropriate direction to ensure children were cared for well and safely. This impacted on the outcomes for children and families (see requirement 1).

Most staff had taken part in professional learning to support their knowledge of child protection. We found that all staff felt confident in supporting children when child protection concerns were raised, and at identifying possible harm. Senior staff who were managing the service had been informed of the process for reporting this in the absence of the manager. However, there was times where no senior staff were on shift at the service, and no clear procedure had been shared to support staff. This meant staff were not always clear of who they would report concerns too. This had potential to impact on safeguarding procedures to support children and families. We highlighted this to the manager and senior staff who agreed to review their procedures and share with staff. This was a positive step towards ensuring children are always effectively safeguarded and protected from harm.

We sampled staff files and were concerned that some staff had not been safely recruited. We acknowledged the provider had carried out Disclosure Scotland safety checks on all staff prior to commencing employment. However, some staff had started employment without the appropriate reference checks taking place. This put children at risk. Therefore, we have made a requirement about this (see requirement 2).

There was significant gaps within the quality assurance processes. For example, children's personal plans had not been implemented and updated. Staff appraisals had failed to identify training needs to support all

staff to provide nurturing care, in line with best practice guidance, and professional codes of practice. We acknowledged there was an improvement plan in place alongside a quality assurance calendar. However, quality assurance and improvement planning had not led to improved outcomes for children. Therefore, we have made a requirement about this (see requirement 3).

Although staff engaged well with inspection, they were unclear about the service's vision and aims. As a result, staff were unable to access updated policies and procedures that supported them to carry out their roles. Additionally, some policies had not been reviewed or updated for significant periods of time. This meant that they did not reflect the needs of the service. For example, the service operated closed circuit television (CCTV). We acknowledge that CCTV was used to support the safe delivery of safe, effective and compassionate care without impinging on children's rights. However, there was no CCTV policy in place. This meant families had not been consulted about the CCTV. They were not informed of their rights relating to this, including gaining permission. The manager and provider should ensure the appropriate policies and procedures are reviewed, developed and shared with staff, children and families (see requirement 3).

Requirements

1. By 31 July 2025, the provider must ensure that the service is safely led and managed. To do this, the provider must, at a minimum:

- a) ensure that leadership and management roles and responsibilities are clear
- b) ensure staff and management are deployed in a way that meets children's needs
- c) develop contingency plans to support staff and management absences
- d) ensure children are cared for safely within a well maintained environment.

This is in order to comply with section 7(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 use a service and organisation that are well led and managed' (HSCS 4.23); and
'My needs are met by the right number of people' (HSCS 3.15).

2. By 31 July 2025, the provider must ensure children are supported by staff who have been safely recruited. To do this, the provider must, at a minimum:

- a) ensure all essential pre-employment checks are carried out prior to staff commencing employment in the service.

This is in order to comply with Regulation 9(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8 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 am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

3. By 31 September 2025, the provider must ensure robust quality assurance, self-evaluation and improvement planning take place, and impact on improved experiences for children and families. To do this, the provider must, at a minimum:

- a) carry out self-evaluation in consultation with children, staff and families
- b) implement robust quality assurance processes
- c) ensure staff are supported with professional development opportunities that support improved outcomes for children
- c) ensure policies and procedures that support the safe delivery of high quality care for children are reviewed, or developed.

This is to comply with Regulation 4(1)(d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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 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.

Most of the time there was enough staff to meet children's needs. However, we had some concerns about staff deployment. We observed one playroom that were operating without enough staff to meet children's needs. At this point, staff struggled to complete the demanding tasks placed upon them and meet all children's needs. We brought this to the attention of the provider who swiftly distributed staff across the service to allow all children's need to be met. Additionally, we found staff were task focused at mealtimes, leading to missed opportunities to support children. Although there was enough staff across the service, there was a lack of leadership to support effective staff deployment. We have referenced throughout this report the impact of that on outcomes for children, and have made a requirement within this report to address the improvements required (see section 3 'How good is our leadership?', requirement 1 for more information).

Overall, staff were deployed appropriately throughout the service, in line with their skills and experience. Children were relaxed and happy within the service and they confidently approached staff, which demonstrated they felt safe and secure. We noted parents were coming into the service and staff were spending time feeding back to them about their children's time at the service. Parents provided positive feedback about the communications they had with staff. One person said, "Staff are very professional and informative. Feedback about my child's day is always on point." This promoted continuity of care and meant parents were fully informed about their children's experiences.

Staff were kind, caring and familiar with the needs of children. They often identified where children needed support and asked colleagues for help. For example, when children needed help at the toilet. This meant staff were working together to support children. Parents provided positive feedback about the staff.

Comments we received included:

"The relationship she has with the staff, it is evident that the staff make her feel comfortable and supported during her day which we are so grateful for."

"The staff are knowledgeable and good at what they do, they make the service what it is."

Arrangements for staff absences and changes were poorly managed. A lack of communication over staff changes meant that staff did not know who would provide cover during their breaks, and children could not be prepared for any changes to their care. This led to gaps in interactions across the day.

Staff caring for children were registered with the Scottish Social Services Council (SSSC), the regulatory body responsible for registering the social services workforce. They provide public protection by promoting high standards of conduct and practice and support the professional development of those registered with them. This helped keep children safe.

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

Staff should have time to reflect on best practice guidance. The manager should create opportunity for staff training, and opportunity for staff to contribute to improvement planning, and self-evaluation. This will contribute to building a team with good understanding of current best practice, theory, evidence-based approaches, and knowledge of child development.

This is to ensure that care and support is consistent with 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).

This area for improvement was made on 21 September 2023.

Action taken since then

Staff had taken part in some core training including smile training and first aid. This was a positive step to supported staff's knowledge on children's health and wellbeing. After the last inspection, staff had begun to take part in some brief opportunities at staff meetings to reflect on their practice. However, there had been some management absence. This had impacted on staff protected time to take part in training and to contribute towards improvement planning, and self-evaluation. Additionally, we had concerns around the management and leadership of the service, and the quality assurance and improvement planning of the service.

This area for improvement is no longer in place and has been incorporated into a new requirement under section 3 'How good is our leadership?'.

Previous area for improvement 2

The provider should ensure all staff are recruited safely and line with current best practice guidance.

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); and
'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 21 September 2023.

Action taken since then

We sampled staff recruitment files and were concerned about safe staff recruitment. We acknowledged the provider had carried out Disclosure Scotland checks on all staff prior to commencing employment. However, some staff had started employment without the appropriate reference checks taking place. This put children at risk.

This area for improvement is no longer in place and has been incorporated into a new requirement under section 3 'How good is our leadership?'.

Previous area for improvement 3

To support the service to be managed and led well, the provider should ensure staff roles and responsibilities are clear, and all staff who are responsible for managing and leading the service in the absence of the manager.

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 21 September 2023.

Action taken since then

We had concerns around the overall strategic management and leadership of the service. The manager was on leave during the start of the inspection. Staff who were left running the service were not fully supported or provided with necessary information by the provider prior to the manager going on leave. We have made reference to impact this had on outcomes for children and families throughout this report.

This area for improvement is no longer in place and has been incorporated into a new requirement under section 3 'How good is our leadership?'.

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	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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