

# Gryffe Manor Nursery Day Care of Children

The Butts  
Houston Road  
Houston  
Johnstone  
PA6 7BA

Telephone: 01505 613 134

**Type of inspection:**  
Unannounced

**Completed on:**  
26 June 2025

**Service provided by:**  
Gryffe Manor Nursery Ltd

**Service provider number:**  
SP2017012994

**Service no:**  
CS2017360728

## About the service

Gryffe Manor Nursery is located within the village of Houston and is situated in a secluded woodland area. The service is provided within two units, all having direct access to outdoor play spaces and a forest area. The provision for children aged three to five is situated in the main nursery building across three accessible rooms along with the birth-to-two-years provision which is accommodated on the ground level. The two-to-three-years provision is located close to the main nursery building within a converted cottage.

## About the inspection

This was an unannounced inspection which took place on 25 and 26 June 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 a small number of children using the service
- Gathered feedback from family members of children using the service
- Spoke with staff and management present on the days we visited the service
- Spoke with a parent on one of the days we visited the service
- Gathered feedback from 14 staff members using a questionnaire
- Gathered feedback from 16 family members using a questionnaire
- Observed staff practice and children's experiences
- 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.

This information will be anonymised and analysed to help inform our future work with services.

## Key messages

- Children were happy, settled and confident in the setting.
- Staff interactions were kind and caring, helping children feel safe and secure.
- Positive relationships between staff and parents supported a shared approach to care and learning.
- Planning and resources were inconsistent across the setting, both indoors and outdoors, which impacted the quality of children's engagement and meaningful learning experiences.
- We found areas across the setting that required upgrading to support a safe and clean environment.
- Quality assurance processes should be further developed to measure impact and sustain improvements in the nursery as a whole.

## 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?	4 - Good

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 good, where several strengths impacted positively on outcomes for children, and clearly outweighed areas for improvement.

### Quality Indicator 1.1: Nurturing care and support

Children were happy, confident, and well-settled. They had formed close bonds with staff who knew them well and responded to their individual needs, helping them feel safe and secure.

Staff worked closely with parents to create and review children's personal plans, sharing key information such as routines, healthcare needs, likes, and dislikes. Most parents felt involved in this process and told us, "The care plan is reviewed and I'm always consulted," while another described how the service helped maintain continuity between home and nursery. Plans for babies and children aged 2-3 years were up to date and reflected their needs, developmental stages and routines, showing responsive, individualised care. This was less consistent for children aged 3-5 years, with some plans needing more regular updates and clearer strategies. We discussed with the leadership team the importance of regular reviews to ensure plans reflect children's current needs and support staff to ensure children receive consistent care.

Mealtimes were calm, relaxed, and unhurried, children were supported to make choices. Staff responded with kindness and praise, they had a good understanding of children's dietary requirements and allergies. The use of food labels and coded placemats further supported this. We saw children enjoying a healthy lunch and eating well. Parents commented positively on the healthy options and the good variety of food provided. Staff engaged warmly with babies, chatting to them to support early communication while ensuring their safety. Some babies fed themselves, whilst others were supported by staff according to their needs, promoting independence. However, in the 2-3 and 3-5 rooms, there was scope to involve children more in mealtimes. We discussed with the leadership team to further increase children's involvement, such as setting the table and helping to serve food, to build their confidence and sense of responsibility. Overall, mealtimes were positive and supported healthy eating habits.

Sleep routines were well established and met children's individual needs. Staff created a comfortable space with blankets and comfort items. Some children slept outdoors, benefiting from fresh air and were happy and relaxed. One parent told us, "I particularly like that there are opportunities for all children to sleep outside". Staff monitored children closely during sleep to ensure their safety. We spoke with the leadership team about further developing the indoor sleep area for children under two to make it cosier and more calming, such as the use of softer lighting. Overall, sleep times were well supported, helping children feel relaxed and rest in a way that suited their needs.

Nappy changes and toileting were carried out naturally, with minimal disruption to children's play. Children were comfortable with staff and responded positively to their interactions. We spoke with staff about the importance of respecting children's privacy and dignity during personal care, such as using potties in a separate area if the toilet was occupied and keeping doors closed. This would ensure children continued to feel respected with their privacy maintained.

Procedures were in place to ensure the safe storage and administration of medication. Parental consent was sought when medication was required, and the relevant forms were completed. Staff should ensure

that all forms are consistently signed and dated to maintain accurate records. Staff were knowledgeable about children's medical conditions. As a result, children's health care needs were met and supported.

### Quality Indicator 1.3: Play and learning

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

We observed all children having fun as they played with their friends and staff, helping to build positive relationships. Babies engaged in a variety of sensory experiences, including sand, water, and mud play. They spent time on the small climbing frame, which helped develop their gross motor skills, and explored different materials such as handbags, scarves, musical instruments, and wooden and metal objects. Staff were patient and attentive, and supported play through encouraging interactions and joining in with games like peek-a-boo. The Dear Zoo story was a particular favourite, with children excitedly guessing which animal would come next, repeating words, as well as singing songs that supported the development of early literacy and numeracy.

The 2 to 3 year-olds engaged in activities such as sand play, playdough, arts and crafts, and enjoyed planting and digging. Meanwhile, children in the 3 to 5 room took part in painting, imaginative play with playdough and baking trays, and a matching ice cream game to develop numeracy skills. We noticed that the block play area was particularly popular. Children proudly showed off wands they had created using sticks and craft materials. We saw children enjoy a story being read to them by a staff member.

Overall, we observed children being busy and active, however, we noticed that children in the 2-3 and 3-5 rooms often moved quickly between experiences and were not always fully engaged. Some areas were set up to spark curiosity and support sensory play, literacy and numeracy, however, further development was needed to improve these to better capture children's interest and extend learning. We discussed with staff and leadership ways to enhance play and learning by building on children's interests and providing a wider variety of resources that inspire exploration and encourage meaningful engagement. This would support children in exploring their ideas more deeply, leading to richer and more purposeful play. (See area for Improvement 1).

Most children took part in regular outdoor free play, which helped them develop physical and social skills. The outdoor area was set up by staff, which meant children had limited opportunities to lead their own learning by deciding how they wanted the space to be arranged. Playing outside gave children access to fresh air, allowed them to explore and be active. When in use, the forest/camp area provided valuable real-life experiences. We discussed the benefits of adding more natural, open-ended resources to the garden space to further support children's natural curiosities, developing interests and engagement in play.

The addition of a music and movement teacher and Spanish teacher supported creativity, language skills and physical development through enjoyable interactive activities.

Planning was in place but at an early stage. Baby room staff showed an understanding of how to support children's development through activities such as tummy time, animal stories, and self-care skills like feeding, supporting walking, and tooth brushing. Children's learning was recorded in individual journals. However, planning across the service was inconsistent, with gaps in records and varied use of planning systems. This made it difficult to track progress and build on children's interests and ideas over time. We saw limited examples of planned learning experiences, most planning was reactive, lacking the depth needed to fully extend learning. We discussed the planning cycle and the benefit of increased resources to enhance the quality of children's play and learning. (See area for Improvement 2).

## Areas for improvement

1. To support positive outcomes and enrich children's play experiences, resources should be reviewed and built upon, leadership and staff should:

Provide resources to children with more challenge, open ended materials and loose parts play, capture interests, promote their curiosity and imagination and their sense of wellbeing and wonder.

Review the layout of the indoor and outdoor play spaces to make better use of the available space, creating well-defined areas that offer children greater opportunities to play, learn, choose from a variety of resources independently, and explore their creativity

This is to ensure that care, play and learning is consistent with the Health and Social Care Standards (HSCS) which states that: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable to my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

2. Outcomes for children should be improved by supporting staff to implement a child-centred approach to observation, planning, and assessment of children's learning through play.

In addition, staff should be further supported in developing their understanding of child development and planning cycles.

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

The environment was bright, welcoming, and well-ventilated. Visitors were greeted at the reception area, where they signed in and out, this process helped ensure safety and security. The furniture was appropriately sized for children, and soft furnishings provided comfort and space for relaxation. Children had ample room to play both independently and in small groups, supporting their individual needs enabling them to make their own choices.

Each playroom had direct access to a secure garden, allowing children to enjoy free-flow play both indoors and outdoors. Children had fun exploring the outdoors. We observed babies painting, exploring the mud kitchen, enjoying water play, and playing hide and seek with staff. Children showed enthusiasm as they rolled balls and cars down guttering, repeating the activity, which supported schematic play. Children aged 2 to 3, enjoyed digging, transporting materials, and jumping in puddles. Meanwhile, children aged 3 to 5 explored water play and had opportunities to develop their physical skills using bikes, scooters, and a seesaw.

In addition to the secured gardens, children had access to a larger outdoor grass area with an outdoor classroom, as well as a forest/camp space. These areas were not fully secured. While some boundaries were in place, we discussed with the leadership team the importance of securing these spaces such as installing a perimeter fence or other physical barriers, to provide a secure space for children to play and discourage unauthorised access. Due to the size of the large outdoor area, we observed missed opportunities for interaction, as staff were restricted to specific zones to ensure children's safety. We recommended reviewing how this space is used to better support the needs of both children and staff, considering how it can be utilised to its full potential in a safe and effective way.

Risk assessments were in place across the setting to support staff in maintaining a safe environment for children. However, these should be reviewed and updated to more accurately identify potential hazards, particularly in outdoor open areas such as the forest or camp space, which are not enclosed and could be open to unauthorised access. Procedures should clearly outline potential risks and provide clear, practical guidance for staff to help ensure children are kept safe during outdoor experiences. Including the implementation of defined boundaries. (See area for Improvement 1)

We identified aspects of the environment that required attention to ensure a safe and hygienic setting for children. In particular, some playrooms and the staff toilet had exposed porous surfaces that could not be cleaned appropriately, some fridges also needed to be cleaned and maintained. We discussed this with the leadership team along with concerns about the storage of potties, which was addressed quickly as well as reviewing the use of reusable wipes and storage arrangements for nappies to ensure they meet infection prevention standards and are stored in individually sealed, wipeable containers. Additionally, toilet doors should remain closed at all times to maintain privacy and hygiene. While the service had quality assurance processes in place, these were not effective in consistently supporting a safe environment. Improvements are needed to ensure a clean, safe setting that promotes positive outcomes for children's health and wellbeing. (See area for Improvement 2).

Most staff followed good infection prevention practices by encouraging children to wash their hands before snack and lunch, washing their own hands after personal care, and wearing aprons and gloves when changing nappies. We discussed with the leadership team about the importance of regularly monitoring staff practice to ensure this is consistent in, reducing the potential spread of infection and ensuring a safe and clean environment for children.

### Areas for improvement

1. To ensure children are safe and secure at all times the outdoor perimeter accessed by children should be reviewed and risk assessments should be developed and implement to support a safe environment.

This should include, but not be limited to:

Developing the garden areas to ensure children are secure and can freely access outdoor play spaces safely.

Implementing robust risk assessments that are shared with staff and reviewed regularly, and include consideration of car use in the carpark near children's play spaces.

Implementation of boundary/perimeter fence or physical barriers to provide a secure space for children to play and discourage unauthorised access

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS), which state that: 'My environment is secure and safe' (HSCS 5.16)

2. To ensure children experience high quality facilities, that support children to play and rest in an environment that is well maintained and supports rigorous infection prevention and control. The provider and manager should consider attention to the following areas:

Repairing areas that have exposed porous surfaces.

Review the use of potties along with storage to support children's privacy and dignity and good infection prevention and control.

Review the storage for children's nappies and wipes to ensure they are stored individually in sealed, wipeable containers.

Review the use of reusable wipes and develop robust procedures for the use of these for cleaning children's faces and handwashing only, in line with the Infection Prevention and control best practice advice given.

Replace fridges that cannot be cleaned appropriately.

Review infection, prevention and control audits to ensure they positively improve practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'. (HSCS 5.22)

## 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 Improvements are well led

The staff and leadership team showed a collaborative approach throughout the inspection process and were open to suggestions and ideas for development. Senior leadership roles had been established and although still at an early stage, leaders were beginning to take responsibility for different aspects of the service. In addition, staff had been given champion roles and spoke confidently about their involvement in areas such as numeracy, literacy, and parental engagement. Staff told us they felt well supported by leadership and described them as approachable, kind, and accommodating. We discussed the benefits of effective role modelling and the importance of consistent, on-the-floor support from leaders to help further strengthen staff practice and development.

A quality assurance calendar was in place to support self-evaluation, a variety of audits had been carried out on aspects such as personal plans and medication. An improvement plan had also been developed, with key priorities including the Talk for Writing programme, enhancing hand hygiene, and developing early science experiences. While these priorities were relevant to children aged three to five, the plan did not reflect the needs of the under-three provision, and current processes were not yet consistent enough to support ongoing improvement. Although some progress had been made, we discussed with the leadership team the need to further develop the improvement plan, along with monitoring and follow-up processes, to



consistently measure and reflect the impact on children's care, play, and learning, as well as on staff skills, knowledge, and understanding. (see area for Improvement 1).

The service recognised the importance of parental involvement and actively sought parents views through questionnaires and informal daily interactions at drop-off and pick-up times. Parents commented that they were regularly asked for feedback, including through surveys and as part of staff appraisals. They also told us the nursery frequently asked for both children's and parents' views. A variety of communication methods were used to keep families informed, including newsletters, notice boards, and digital updates. This helped ensure that all families felt included, informed, and connected.

A key strength was that parents and carers were kept well informed by the leadership team, particularly about changes within the team and details about the new staff members. Photographs of staff were clearly displayed, helping children and families become familiar with key adults, which contributed to the development of strong, trusting relationships. The keyworker system ensured that each child had a designated adult supporting communication with families and promoting a shared understanding of the children's needs. Parents spoke positively about the staff team and the level of communication they received.

Staff were committed to involving families and building a strong sense of community in the nursery. They led a range of activities such as stay and play sessions, forest mornings, family fun days, daffodil teas, parents' wellness mornings, and grandparents' day. These events gave families meaningful ways to take part in nursery life, helping children feel secure and valued.

### Areas for improvement

1. To improve outcomes for children. The leadership team should further develop and implement robust quality assurance systems with a focus on, monitoring children's experiences, the indoor and outdoor environment, Infection Prevention and control, monitoring of staff practice and evaluating and improving the nursery.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards which states 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?

**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 4.3: Staff deployment

Staff were flexible in their deployment and supported each other well throughout the day, they worked well as a team. Staff agreed, and one commented that strong teamwork and good communication helped everything run smoothly. Staffing levels in the playrooms met children's needs and required ratios. Cover arrangements ensured familiar staff supported absences, maintaining continuity for children, staff, and families. We discussed with the leadership team ways to further support staff deployment and outdoor positioning in the 3-5 room to maximise positive interactions, enhance children's freedom to choose where to play outdoors, and support their engagement and development.

The service had been through a period of change, we could see the team had worked well to build relationships with each other, the children, and families. While there had been some recent staff changes, we saw that things were beginning to settle, and staff were confident and comfortable in their roles. Staff were supported by the leadership team, including room leaders, deputy managers, managers and director. These systems helped create a stable and positive environment for staff and children, promoting consistency in children's care.

There was a good mix of skills and qualifications within the team. An ongoing induction and mentoring programme supported staff in developing knowledge and confidence. Tools such as the nursery induction checklist and national induction resource helped guide learning and build confidence. Staff spoke positively about their induction and described mentors as kind and supportive. Leadership also provided regular observations, one-to-one reviews, and appraisals. We discussed the importance of regular follow-ups to ensure support remains meaningful and promotes continued professional growth.

Staff communicated well with one another, through face-to-face conversations, communication diaries, and daily room plans to keep informed. Although these methods worked well, we discussed better use of walkie talkies and alternatives such as nursery mobile phones to ensure continuous communication, particularly when staff were outdoors in large spaces or to support the staff within the 2-3's building. This would also enhance communication in emergencies, helping to maintain children's safety and wellbeing at all times.

Ongoing professional development was supported through training such as child protection, first aid, and infection control, alongside additional courses such as Pondering Pedagogy, A Celebration of Blocks, and The Magic of Storytelling. Staff reflected on their learning by completing questionnaires. The training plan should continue to be reviewed to ensure staff access meaningful opportunities that enhance their knowledge, confidence, and positively impact children's learning.

The leadership team showed a clear commitment to staff wellbeing. A well-resourced staff room offered a comfortable space for breaks. Staff said they felt valued and supported, with the open-door policy especially appreciated. One shared, "Management are very approachable and understanding," while another said, "I feel my wellbeing is genuinely recognised and supported." Wellbeing initiatives celebrated achievements, promoted team building, and strengthened relationships. This supportive environment contributed to a motivated team that positively influenced the quality of care for children.

Parents were happy with the service provided to by the staff and leadership at Gryffe Manor Nursery and told us, "My child has flourished in Gryffe Manor and it's thanks to all the staff", "An amazing nursery with incredible staff", "we have been impressed with the care given, Gryffe Manor is a fantastic establishment".

## 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	4 - Good
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?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

## 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.