

Bright Starts Glasgow Day Care of Children

47 Glentamar Road
Balmore Industrial Estate
Glasgow
G22 7XS

Telephone: 0141 573 0554

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Unannounced

Completed on:
23 July 2025

Service provided by:
Balmore Kindergarten Limited

Service provider number:
SP2010011273

Service no:
CS2010275624

About the service

Bright Starts Glasgow is a day care of children service in the north of Glasgow. The service is provided by Balmore Kindergarten Ltd and operates from renovated premises located in an industrial estate. The early learning and childcare service is in partnership with Glasgow City Council to provide commissioned places for children aged between three and five years and eligible two-year-olds.

The service can accommodate a maximum of 124 children. The age range of the children is 12 aged zero to two years, 24 children aged two to three years and 56 children aged three years to those not yet attending primary school. The service is registered to provide an after school service however is no longer providing this service. At the time of our inspection there were a total of 56 children present on the first day and 64 children present on the second day.

The two-storey building has a number of bright and spacious playrooms including a room for mealtimes for older children. Children have access to outdoor play areas for physical play and outdoor learning. Outdoor play spaces are accessible from playrooms. There is a reception area, family room and changing and toilet facilities for children and office, catering and staff facilities. The service is close to schools, transport routes, shops and community services.

About the inspection

This was an unannounced inspection which took place on 22 and 23 July 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
- reviewed feedback from six parents and carers whose children attend the service
- reviewed feedback from six staff members employed in the service
- spoke with management and staff
- observed practice and staff interactions with children
- 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 service.
- Welcoming and kind interactions from staff supported positive relationships.
- Lunch was a relaxed and unhurried experience with staff supervising children contributing to a safe mealtime experience.
- Personal plans should be further developed to ensure they fully support meeting children's needs.
- We identified improvements that would minimise infection risks and support children's health, safety and wellbeing.
- The provider had invested funding to develop outdoor play spaces for children's play and learning.
- The manager was initiating and leading with improved changes to the service.
- The manager and staff should review and develop systems in place for effective staff communication, the deployment of staff and supervision of children.

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?	4 - Good
How good is our setting?	4 - Good
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?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality Indicator 1.1: Nurturing care and support

Children were happy, settled, and confident in their environments and had developed friendships which enhanced their wellbeing. Children told us they like "seeing their friends and playing with toys."

Staff were welcoming and kind towards children and responded warmly. Most interactions between staff and children were responsive and engaging. This supported children to feel safe, secure and contributed to the positive relationships they had with staff. Parents told us, "They have a person centred approach, that is they deal with each child as an individual, providing the best care for your child to meet their needs and developmental milestones" and "The staff looking after my child at the moment are friendly, welcoming and always happy to see us when we arrive."

Staff were sensitive when providing personal care and supported children's privacy and dignity. We observed occasions where some staff could be more responsive to children's personal needs to support their comfort and wellbeing. For example, changing children's clothes when they got wet.

Improvements had been made to children's lunchtime experience. Lunch was a relaxed and unhurried experience with staff supervising children contributing to a safe mealtime experience. There were opportunities for older children to be responsible, independent and to make choices with the self-serving of food and clearing away used lunch items. When finished mealtimes older children waited for other children to finish before leaving the table. Whilst this was a positive step in teaching children sociable skills for life, some children waited for extended periods. This had the potential to impact on their wellbeing by limiting choices and opportunities for children's play.

Staff understood the importance of sleep for children's overall development. Children's safety and emotional security and wellbeing were supported through sensitive arrangements for sleep routines which were responsive to children's individual needs. Safe sleep checks were in place and staff supervised sleeping children.

At our previous inspection we made an area for improvement for personal plans. Management and staff had made some progress towards this. They had reviewed their personal plan procedure and personal plans were in place for children. Plans were created in partnership with parents and carers. However there were inconsistencies with information recorded within plans. Some plans contained the information staff needed to support children and meet their needs. Next steps and agreed actions were in place and reviewed showing progression. Whilst other children's plans would benefit from meaningful strategies and next steps. Management and staff should continue to review personal plan procedures to support consistent approaches and the accessibility of information as part of a child's plan. As this has the potential to compromise children's care, play and learning we have continued to make an area for improvement (see area for improvement 1).

At our previous inspection we made an area for improvement for medication. Improvements had been

made. Children's medicine was clearly labelled, administered and stored safely. Health care plans were in place for children and reviewed regularly to support children's health and wellbeing.

Quality Indicator 1.3: Play and learning

Children were having fun and were engaged in a variety of experiences. They had opportunities to lead their own play and learning. This contributed to supporting children's development and wellbeing. Children told us, "I like playing football," and "I'm making my numbers. I have done a four." Parents told us, "There is different activities for my [child] to do. [Child] always has a range of choices" and "My [child] loves the construction area, and the mud kitchen."

All staff were interacting and joining in experiences with children to support children's play and learning. Older children were drawing pictures and manipulating playdough and talking about their creations supporting children's creativity and language skills. Children were proud of their achievements and sharing these with adults, contributing to a sense of positive self-worth and self-esteem.

Children under three years had opportunities to take part in a range of experiences that supported their skills and development. Babies joined in physical play and were supported to develop their gross motor skills as they balanced on pebbles and climbed on small apparatus. Children joined in song time supporting their language development. The toddler room were responsive to some children's current interest of animals. Staff were extending children's learning and language through the naming of animals and children joined in making animal sounds.

We observed children transporting items to other areas of the playroom. Staff provided resources to support children's fascination with watching items move, showing their understanding of child development and schematic play. Schematic play is repeated actions or behaviours that children display as they explore the world around them.

Management and staff had reviewed and were developing their planning processes to be responsive to children's interests for play. Although these were at the early stages of development, management and staff had made a positive start. Planning captured information of children's play experiences and their learning. We made suggestions to support with improvements to floor books to enhance opportunities for children to choose experiences and to reflect on their play and learning. Meaningful planning and evaluation linked to curriculum guidelines has the potential to improve outcomes for children's play, learning and progression.

A digital platform was being used to support communication and share information of children's learning and development. Some observations evidenced children's progress well and next steps for learning were identified. The sharing of information supported families to be informed and celebrate children's progress and achievements. However, the approach to the recording of observations was inconsistent. Some observations did not capture children's skills as effectively and next steps were vague and did not offer specific strategies for developing children's learning and development. Better use of documenting children's observation and next steps has the potential to enhance children's play and learning. Parents told us, "I'm always updated on her progress." In contrast one parent said, "Not always do we feel involved as sometimes there is no update as to what my child has been doing throughout the day. I never see her in any pictures or receive anything she has made in nursery."

Areas for improvement

1. To meet children's health, welfare and safety needs, the manager should develop children's personal plans. This should include, but not be limited to, identifying and implementing appropriate strategies to meet children's needs, supporting progress and helping them to achieve their full potential.

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 1.1)

How good is our setting?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality Indicator 2.2: Children experience high quality facilities

Children were cared for in an environment that was welcoming, bright and well-ventilated. Play spaces were furnished with natural resources which helped create calm and relaxing environments that promoted children's wellbeing. Indoor environments were secure for children to support children's safety and wellbeing.

Toys and resources including natural materials were organised to support children's choices and were accessible to children. Children were able to join in experiences which were of interest to them. Cosy areas provided opportunities for children to rest or relax, supporting children's health and wellbeing.

The provider had invested funding to develop outdoor play spaces for children's play and learning to include new equipment, apparatus and artificial grass. Outdoor sheltered areas supported children's play and learning in most weathers. We suggested to management to extend sheltered areas for younger children.

We observed children having fun outdoors. Children were participating in physical, challenging and risky play. Children had opportunities to develop their gross motor skills when using apparatus to climb and balance. We discussed with management extending opportunities for loose parts and open ended materials to support children's curiosity and creativity.

All children had opportunities to play and learn outdoors to support their health and wellbeing. We observed older children's opportunities for outdoor play were restricted at times and discussed with staff and management maximising the opportunities for free flow play to outdoor areas to support children's choices and interests for play.

The current facilities for nappy changing did not comply with best practice. The manager acknowledged this and shared the providers plans for the refurbishment of the nappy changing area. We were satisfied this would be addressed.

We observed children washing their hands before and after mealtimes. We found infection prevention and control practices could be improved to support children's health and wellbeing. We suggested handwashing facilities within the mealtime room would support with improved infection, prevention and control and reduce waiting times for children before and after eating. Management agreed and during the inspection

had planned for installation of the equipment. Paper towels, mops, blankets and children's clothes were not always stored appropriately. This meant that children were at risk of pathogens spreading and the risk of infection.

Management and staff were reporting faults and breakdown of equipment. Maintenance staff were taking action to repair these to support children's safety and wellbeing. However, we identified some areas which had the potential to cause harm to children. This included some broken equipment in an outdoor environment and the storage of some resources next to fire exits contributing to partly blocking the exit. We discussed these with management and these were actioned to support children's safety and wellbeing during the inspection. Management and staff should review their approach and update risk assessments and their practice accordingly to support all staff working towards the same shared control measures. As this has the potential to compromise children's health, safety and wellbeing we have made an area for improvement (see area for improvement 1).

Areas for improvement

1. To support children's health, safety and wellbeing, children should be cared for in a safe and secure environment both indoors and outdoors. Robust and dynamic risk assessments should take place and action taken to mitigate risks to children.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state, 'My environment is secure and safe' (HSCS 5.17) and '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 as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality indicator 3.1: Quality assurance and improvement are led well

The manager was passionate, visible, friendly, and approachable to children, families, and staff. They were leading with improved changes to the service that included children's lunch time experiences, medication and planning processes. One parent told us, "I will say the new management is doing a great job. Lots of positive changes. So right now the management and staff are doing their optimum best to the best of my knowledge." Staff told us, "Lots of new planning, paperwork and training has been introduced to upskill staff. Gardens have been refurbished to better suit the needs of the children" and "The setting has come on a lot since over the last year as we have achieved more as a whole nursery."

Staff were supported to engage in the settings improvement journey. Although at the early stages of their improvement plan, they were making progress in their priorities of literacy and improving collaboration with staff and stakeholders. Staff told us the progress being made and how this was supporting the outcomes for children and their families.

The service was using a quality assurance calendar to monitor and audit aspects of the service. Management carried out monitoring of staff practice. This had led to strengths and areas for improvement being identified, contributing to improved outcomes for children. We discussed with the manager the

opportunity to re-visit identified areas for improvement would support with celebrating success from staff or identify where further training may be needed for continuous improvement.

Audits of medication, personal plans, environments and accidents and incidents were taking place contributing to improvements within the service. We suggested management should review the procedures for the auditing of accidents and incidents. This would support with identifying patterns and contribute to improved changes for children's health and wellbeing.

Parents were kept informed of news and the sharing of information through general feedback and nursery newsletters. Some consultation had taken place to support developments. These could be further enhanced to support parents to feel fully valued, use their views to measure change and as a starting point for improvements. Management could enhance opportunities to capture children's voice for example when making changes in playrooms. This has the potential to send a message to children that they are valued, have a voice and the right to be involved in making decisions.

Development days gave staff the opportunity to reflect on service delivery, learning and development and discuss any arising issues. This was an opportunity to allow staff to have their voice heard and to come together as a team. We suggested management and staff use good practice publications to support their reflections, enabling them to benchmark against best practice.

Staff had opportunities for one to ones with management and was welcomed by staff. These provided an opportunity to reflect on practice, set individual goals to support with developing staff skills and knowledge. This has the potential for increased responsibility and accountability for staff contributing to leading to improved outcomes for children and their families.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While some strengths had a positive impact, key areas needed to improve.

Quality Indicator 4.3: Staff Deployment

Since the previous inspection the service had experienced some staffing changes which had resulted in vacant positions within the service. Management were spending most of their time covering in playrooms providing care to children and supporting staff to meet children's individual needs. We acknowledged current recruitment challenges and management told us the ongoing challenges they had faced in recruiting staff. Two new staff members had been recruited and were undergoing safe recruitment checks and interviews were arranged for other positions. Additional staff in place has the potential to improve outcomes for children and support the manager in their role to oversee and manage the service. One parent told us, "I feel there is a shortage of staff and everyone is stretched really thin, so I don't have the chance to have proper chats about my [child]."

The staff team provided a range of skills and experience to the service across environments. Key working arrangements ensured there was consistency in individual children's care across the day in most playrooms. We discussed with management considering the deployment of staff across the whole service to support with consistency in individual children's care in all playrooms. Management agreed and we were satisfied that a plan was being put in place.

Some effective communication between staff was taking place to support children's interests and meet

their needs. We found this was not consistent across the service, for example when some children were transitioning from outdoors to indoors. Management and staff should review procedures and communication systems in place to account for all children and their whereabouts. As this has the potential to compromise children's protection, safety and wellbeing we have made an area for improvement (see area for improvement 1).

All staff were supported to develop their skills and knowledge through attending professional development. Staff shared with us the opportunities enhanced their learning and skills, and how this, in turn, positively impacted their practice. One staff member commented, "Even though I'm new to the nursery, the training I've done has helped me understand how to support children better. I've learned how to keep them safe, help with their learning, and make sure they are happy and included."

An induction programme was supporting new staff to develop a better understanding of their roles, responsibilities and best ways of working to meet children's needs. The service had been using the 'early learning and childcare: national induction resource' and used this with existing staff in the service too. This has the potential to support all staff in their role and understand the expectations placed upon them in providing care, play and learning for children.

Areas for improvement

1. To support children's protection, safety and wellbeing consideration should be given by the manager and staff to review and develop systems in place for the deployment of staff, their supervision of children and effective staff communication to ensure all children are accounted for.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state, 'My needs are met by the right number of people' (HSCS 3.15); and 'My care and support is consistent and stable because people work well together' (HSCS.3.19).

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

To meet children's health, welfare and safety needs, the manager should develop children's personal plans. This should include, but not be limited to, identifying and implementing appropriate strategies to meet children's needs, supporting progress and helping them to achieve their full potential.

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 1.1)

This area for improvement was made on 10 July 2024.

Action taken since then

Management and staff had reviewed their personal plan procedure and personal plans were in place for children. There were inconsistencies with information recorded within plans. Some plans contained the information staff needed to support children and meet their needs and next steps and agreed actions were in place and reviewed showing progression. Whilst some children would benefit from meaningful strategies and next steps.

The area for improvement had not been met. Please refer to 'How good is our care, play and learning?' for further information.

Previous area for improvement 2

To keep children safe and healthy, management should ensure medication is audited, stored and administered appropriately. The service's medication processes should be updated in line with the current health guidance "Management of medication in day care and childminding services."

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

This area for improvement was made on 10 July 2024.

Action taken since then

Children's medication was clearly labelled, administered and stored safely. Health care plans were in place for children and reviewed regularly to support children's health and wellbeing. Management and staff were monitoring medication.

We were satisfied the area for improvement had 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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
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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