

# Meiklewood Nursery & Out of School Care Day Care of Children

Unit 1  
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Drumoyne  
Glasgow  
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**Type of inspection:**  
Unannounced

**Completed on:**  
17 July 2025

**Service provided by:**  
Amcol Scotland Ltd

**Service provider number:**  
SP2003000911

**Service no:**  
CS2011298710

## About the service

Meiklewood Nursery & Out of School Care is registered to provide care to a maximum of 119 children at any one time. Of those 119, no more than 15 are aged under 2 years; no more than 25 are aged 2 years to under 3 years; no more than 64 are aged 3 years to those not yet attending primary school and; no more than 15 are attending primary school. There were 93 children registered at the service at the time of the inspection.

Children are cared for over one level, across five playrooms for different age groups. Children have access to secure outdoor play areas. The service is located in a residential area of Drumoyne, Glasgow and is situated close to primary schools, shops, transport links and other amenities. The provider of the service is Amcol Scotland Ltd.

## About the inspection

This was an unannounced which took place between 15 and 17 July 2025. between 09:30 and 17:00. 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.

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.

In making our evaluations of the service we:

- spoke with children using the service and received feedback from eight of their family members
- reviewed completed questionnaires from three staff members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Children experienced warm and caring interactions, helping them feel safe and secure.
- Children were mostly settled, happy and confident in the play spaces.
- Personal plans should be reviewed to ensure they help meets children's needs, wishes and choices.
- Children benefitted from regular access to outdoor play.
- Play spaces had been improved, which provided a welcoming and homely environment for children and families, helping children feel like they matter.
- Children explored interesting play materials, which helped promote their curiosity, imagination and problem solving.
- Toilet facilities for children aged 3-5 should be improved, to help promote infection prevention and control.
- Approaches to self-evaluation and quality assurance should continue to be further developed to support continuous improvement.

## 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?	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?

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: 1.1 Nurturing care and support.

Children were mostly settled, happy and comfortable in the play spaces. They experienced warm and kind interactions, which helped them feel safe and secure. For example, children were offered cuddles and sitting on staff knees when needed.

Children's communication needs were recognised and respected. Staff interacted with children at their level, using soft tones and reassuring facial expressions, which helped support their wellbeing. Children were confident at seeking out staff and used their names to request support when needed, which helped them build positive attachments. However, we found at busier times, staff found it more difficult to respond to all children quickly. For example, when a few children needed more support, staff were too stretched to provide the time and attention needed. We discussed this with the manager and they took steps to improve this by reviewing staff deployment.

Most children had a personal plan which included important information to help meet their needs. For example, medical, allergies, likes and dislikes. However, we noted where there were gaps in information recorded. For example, missing signatures and no clear records when reviews had taken place. We found that a few plans did not contain enough information to help staff plan for children's needs. The manager agreed to review systems in place for monitoring personal plans to ensure information is up to date and clearly recorded. **(See area for improvement 1).**

Children's personal care needs were met in a sensitive way to promote their comfort and dignity. For example, staff sensitively invited children to have their nappy changed and warm face cloths were provided to younger children after mealtimes to clean their faces. Familiar staff supported children with these routines which helped support their overall wellbeing.

Children experienced relaxed and sociable mealtimes which met their needs. This had been improved for older children. Most children served their own food, which helped develop positive attitudes about food and skills for life. Children talked to each other as they shared food around the table, discussing their likes and dislikes. One child commented "let me have them, I like them." We discussed where this approach could be further developed for children in the 2-3 room, to provide opportunities to promote independence.

Children regularly accessed drinks helping ensure they stayed hydrated. However, many children brought bottles containing juice, which could be harmful to teeth. We discussed with the manager about encouraging water and milk as a preferred drink.

Most children enjoyed the meals provided and told us "my favourite thing is fish" and "I like macaroni, pizza and soup." One parent told us they would welcome more fruit options which we shared with the manager. They agreed to review this. If children did not like the meal, they were offered an alternative. For example, a sandwich or cereal. This helped ensure children were not hungry. Parents commented positively about mealtimes and told us "my child has tried loads of different foods since being at nursery. They are all

healthy full of nutrients and I don't have any issues" and "my child is offered a wide variety of foods and snacks."

Systems were in place to help support staff to safely administer medication when needed. We found one occasion where there were inconsistencies in the gathering of information for long term medication. We discussed this with staff and management and we were satisfied that this was addressed immediately. Staff and management should ensure that systems in place for the safe administration of medicine are followed in line with best practice guidance.

Children were able to sleep and rest in response to their needs, which supported their overall development. Staff dimmed the lights to help create a calm sleep space. However, staff should consider where additional light is needed for children that are not sleeping.

### **Quality indicator: 1.3 Play and Learning.**

Children experienced a wide variety of opportunities that promoted curiosity, exploration and discovery. Improvements to the layout and organisation of play spaces contributed positively to play opportunities. For example, an extensive block play area, mud kitchens, home area and arts and crafts. Parents told us "my child had tried lots of new things and activities since joining the nursery" and "my child has been involved in a range of activities which [they] have enjoyed."

Staff had developed approaches to using open-ended play materials to support play and learning. For example, children explored with pipes, tubes and crates. This supported children's imagination and encouraged them to lead their own learning. We discussed where further materials could help enhance and children's play experiences. This could include real items in the outdoor mud kitchen and additional materials at playdough areas to support children's choices and strengthen the muscles in their hands. Staff told us about their plans and ideas to develop areas further to support play opportunities.

Children's sensory skills were supported as they explored freely outdoors with mud, sand and water. Children had fun making soup in the mud kitchen and transporting water to other areas. Younger children were engaged in transporting soft bricks and adding them to foam and spent time building towers. This nurtured children's imagination and creativity. One child commented "I'm sticking the bricks."

Children experienced opportunities to listen to stories and explored books with staff and on their own. This contributed to children's language development, social skills and provided time to relax. Staff acknowledged where they could develop children's engagement further by increasing resources. For example, adding more books, puppets and props. This would further support their early literacy development.

Babies accessed a variety of play materials to meet their needs. Baskets contained interesting materials, which supported their sensory needs and curiosity. For example, soft material, musical instruments, mark making and transparent blocks. This supported children to make discoveries and build connections in their brains.

Most children had accessed outdoor play spaces freely, which supported their wellbeing. They enjoyed running, climbing and exploring. Lots of fun was had as children hunted for bugs and insects. Children used magnifying glasses, binoculars and checklists which promoted their curiosity and literacy skills. Staff were responsive to children's interests and provided resources to help extend their play ideas further. Older children had fun creating a volleyball net using pipes, sticky tape and tubes. We discussed where more consideration could be given to ensuring school aged children have more regular access to outdoor play.

Parents told us "the outdoor facilities are great for the kids and "I like that it's any and all weathers and not just nice days. My child has the opportunity to go outside freely throughout the day."

Approaches to planning had been developed with a focus of following children's interests. Staff facilitated learning by providing opportunities and resources in response to their interests. Floor books captured photos and evaluations of children learning. For younger children, this also identified next steps for their development. We discussed where strengthening this approach and using high quality observations would help support the planning and assessment cycle. We found that whilst experiences were shared with families, observations could contain more detailed information about children's progress and development. This would help staff to plan next steps and provide further learning opportunities. The manager agreed to action this.

## Areas for improvement

1.

To support children's wellbeing and development, the provider should review personal plans to ensure they set out how their individual needs will be met, as well as their wishes and choices. This should include, but not be limited to, ensuring:

- personal plans are regularly reviewed with children and parents to ensure that information is up to date
- plans reflect children's current needs, wishes and choices.
- developing how strategies are gathered and used to support all children.

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

## How good is our setting?

**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: 2.2 Children experience high quality facilities.

Play spaces were bright, clean and welcoming. Each playroom had a welcoming entrance, where children had space to store their personal belongings. This helped them feel valued and included. Staff photographs were displayed outside each room to help ensure families knew staff names and were kept informed of any changes.

Information was displayed in the foyer area which helped remind families of important information and events. A comfortable seating area was available which provided a suitable space for families to meet with staff or wait whilst their child was playing. However, we found that corridor areas were congested with prams and bikes. This created a potential hazard. We suggested reviewing storage arrangements to help ensure areas are tidy and free from hazards.

Improvements had been made to the quality of furniture and soft furnishings. Many resources had been replaced and took account of children's interests and stage of development. This provided children with suitable space to move around freely and helped them feel like they matter. In addition, cosy spaces had been developed for children to rest or relax when needed, which supported their overall wellbeing. These were further enhanced with soft furnishings. For example, trailing ivy, cushions, blankets and fairy lights. Staff told us they had audited spaces and identified where further improvements could be made. This included adding more materials to help extend play opportunities. We agreed this would enhance the opportunities for children.

A variety of measures were in place to help ensure children were kept safe. For example, a secure entrance, regularly updated registers and supervision of play spaces. Staff completed daily checks of play spaces to help address any hazards. We discussed where further information could be included within risk assessments.

Children were cared for in a spacious environment where staff regularly maintained play spaces. For example, daily cleaning of surfaces, toys and soft furnishings. However, attention was needed to the toilets for children aged 3-5. Some fixtures and fittings were old and worn meaning these were difficult to clean. For example, broken tiles, exposed wooden panels on units, and visible dirt in the changing area. We asked the manager to check the ventilation, to ensure this was working effectively (**see area of improvement 1**).

### Areas for improvement

1. To ensure that children receive care in a safe environment, infection control procedures should be improved. This should include, but is not limited to, deep cleaning of toilet areas, repairing broken fixtures and fittings and ensuring ventilation fans are working appropriately.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 improvement are led well.

Leaders created a clear vision and aims for the service, which had been reviewed and shared with families. This was reflected in practice, creating a happy, welcoming, safe and secure environment.

Children's care, play and learning experiences were enhanced as leaders and staff had worked hard to make improvements since the previous inspection. This resulted in the development of play spaces, improved mealtime experiences and improved play opportunities. Leaders welcomed support from the wider organisation and local authority. This supported staff to contribute to the ongoing improvements within the nursery. They were encouraged to critically review their own practice, identifying strengths and next steps. For example, audits of play spaces supported staff to provide more resources and play materials.

Leaders were familiar with the self-evaluation document 'A quality framework for daycare of children, childminding and school-aged childcare'. They used this to support discussion and reflections. We discussed where more consideration could be given to more in-depth evaluations of children's experiences with robust evidence that supports their evaluations. This could help staff to identify where further improvements are needed, supporting positive outcomes for children and families.

The manager had a quality assurance calendar in place which helped leaders take steps to monitor the quality of care, play and learning. We discussed where it would be beneficial to include further monitoring across the service. For example, reviewing personal plans to help improve consistency and ensure plans reflect children's current needs, wishes and choices.

Leaders valued feedback from families to help inform changes within the service. Children and families were encouraged to share their views. This included question of the month, questionnaires and informal daily chats. This supported parents to feel valued and included. Two parents told us "the nursery offers many opportunities for me to be involved and [the managers] door is always open to have a conversation" and "emails are regularly sent to seek parents' opinions on the nursery."

## 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.

Children benefited from a consistent staff team that took time to get to know their needs. Photos of staff were outside all playrooms and families were informed of any planned absences, which helped children and parents know who was providing care, supporting their wellbeing. Parents described staff as friendly, and caring. Comments included, "the staff are friendly and well trained they know each child well and contact you with any issues or concerns" and "staff are always approachable and it doesn't matter who it is, the ladies will always give you time to chat about our children and they are fantastic people."

Leaders had implemented staff rotas which helped ensure consistency across the day for children's care. For example, breaks were carefully managed to ensure this did not disrupt children play or care needs. One parent told us "my experience has been that there is always staff in the room to greet my child in the morning and at pick up time."

At the time of the inspection, temporary staff were in place due to staff absence. As they were not familiar with children, core staff continued to meet children's personal care needs. This helped provide continuity for care and promoted children's wellbeing.

Managers had considered where staff were best placed to meet the needs of children. For example, staff skills and abilities had been considered to ensure there was a mix of experiences across the varying age groups. Staff were further supported by senior staff to meet the needs of children. We discussed where staff deployment could be reviewed for older children during school holidays. Due to staffing constraints, access to outdoors was not always available, limiting children's access to outdoor play and learning. The manager agreed to action this.

Staff worked well together as a team, providing support to each other when needed. They shared



information and communicated in a respectful manner to ensure children's needs were met consistently across the day. This helped create a happy place for children to play and learn.

One parent told us ""staff are always friendly and able to tell me what kind of day my child has had, how long they have slept for, what they had for lunch, so I have a good idea of their day. My child has a good relationship with all staff members and they have taken the time to get to know [them]."

Staff were eager to participate in professional development opportunities to build their knowledge and skills. Recent training included child protection, first aid, nurture and attachment. Staff spoke positively about participating in recent training about play. They had begun to provide more open-ended play materials to support children's play and engagement. The manager encouraged professional reading and this had helped to inform practice.

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To support children's wellbeing, independence and opportunities for social interactions, the manager should ensure that mealtimes are developed in line with current best practice.

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 meal times in as relaxed an atmosphere as possible' (HSCS 1.35) and 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences respected' (HSCS 1.34)

**This area for improvement was made on 11 April 2024.**

#### Action taken since then

Mealtimes had been improved across the service. As a result, children experienced relaxing and sociable mealtimes. Some children had opportunities to self-serve meals, which supported their choices and independence. We discussed ways where this could be extended to younger children. The manager agreed to review this.

**Therefore, this area for improvement has been met.**

#### Previous area for improvement 2

To ensure children receive care in a safe environment, infection control procedures should be improved. This should include, but is not limited to, ensuring cot mattresses have wipeable covers, regular cleaning of soft furnishings and improvement to nappy changing areas.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24)

and

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 2.23).

**This area for improvement was made on 11 April 2024.**

## Action taken since then

The provider replaced cot mattresses and soft furnishings, which were clean and in good condition. In addition, a new changing area had been installed in line with best practice guidance. However, we discussed where attention was needed some toilet areas and have made a new area for improvement under quality indicator 2.2: Children experience high quality facilities.

**Therefore, this area for improvement has been met.**

## Previous area for improvement 3

To support children's play and learning, improvements should be made to the environment to promote curiosity, problem solving and curiosity. This should include ensuring children can access well-organised play spaces, open-ended materials and high quality resources and reviewing daily routines.

This is to ensure 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 am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 2.23).

**This area for improvement was made on 11 April 2024.**

## Action taken since then

Play spaces for children had been developed and provided a curious environment for children to play and learn. Audits had been carried out, which supported staff to improve play spaces and introduce new toys and materials. Staff had plans in place to continue with improvements. For example, by adding more materials to the mud kitchen and home area.

**Therefore, this area for improvement has been met.**

## Previous area for improvement 4

To ensure that quality assurance processes impact positively on outcomes for children, they should be developed to become more robust, helping to identify and prioritise improvements needed. This should include, but is not limited to, developing achievable improvement plans and strengthening self-evaluation processes.

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).

**This area for improvement was made on 11 April 2024.**

#### Action taken since then

An improvement plan was in place which took account of discussions and areas for improvement identified at the last inspection. Staff, families and children had been involved in sharing ideas and contributing to this process. This helped improve outcomes for children and families. We discussed where this could further strengthened going forward.

**Therefore, this area for improvement has been met.**

#### Previous area for improvement 5

The manager should ensure staff are deployed in a way that meets the needs of children attending the service. This should include, but is not limited to, ensuring consistency of staff at mealtimes and deploying staff to maintain access to play spaces for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 together well.' (HSCS 3.19).

**This area for improvement was made on 11 April 2024.**

#### Action taken since then

Staff rotas were in place which helped ensure children received consistent care by familiar adults. Breaks were well planned to ensure children's routines were not disrupted. Staff deployed themselves to ensure play spaces remained open across the day. We discussed where further consideration could be given to improving staff deployment in the out of school care provision to help ensure children can access more outdoor experiences. The manager agreed to review this.

**Therefore, this area for improvement has been met.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## 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?	4 - Good
4.3 Staff deployment	4 - Good

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