

Kirktonholme @ Wishaw Day Care of Children

Wishaw General Hospital
Glasgow Road
Wishaw
ML2 0DP

Telephone: 01698 224279

Type of inspection:
Unannounced

Completed on:
29 July 2025

Service provided by:
Kelly Care Limited trading as
Kirktonholme Nursery

Service provider number:
SP2003001303

Service no:
CS2003016287

About the service

Kirktonholme @ Wishaw is registered to provide care to a maximum of 53 children. Of those 53, no more than 15 are aged birth to two years in the baby room; 14 children aged two to three years and 24 children aged three to those not yet attending primary school will have shared use of the remaining playrooms in the building. There were 34 children attending the service at the time of the inspection.

Children are cared for across one level and have access to secure outdoor play areas. The service is located within the grounds of Wishaw General Hospital, North Lanarkshire and is situated close to primary schools, shops, transport links and other amenities.

About the inspection

This was an unannounced inspection which took place on 28 and 29 July 2025. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration 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 and received feedback from 19 family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children were settled, happy and comfortable in the setting.
- Personal plans should be reviewed to ensure they meet children's needs, wishes and preferences.
- Children benefited from a wide variety of play spaces to explore, which met their needs and interests.
- Infection control measures should be improved to help minimise the spread of infection.
- Children independently chose where they played and moved confidently between the indoor and outdoor play spaces.
- Children experienced a relaxed and unhurried mealtimes where they could eat at a pace which was right for them.
- Staff deployment should continue to be reviewed to help ensure 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?	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 settled happy and comfortable in the setting. Staff worked hard to ensure they could meet children's needs, offering support and comfort when needed. For example, they joined in with play experiences and supported them to access play materials. Most families described staff as friendly, helpful and approachable. Parents comments included "the staff are approachable. They understand my [child's] routine and if I ask any of them to change any of my [child's] routine they are willing to adapt to suit [their] needs, they are lovely!" and "lovely people and easy to talk to. Have been very comfortable leaving my child in their care since [they] were months old. Never worried about anything."

Keyworker systems were in place, which helped ensure staff knew children's well and supported them to build positive attachments. New children were welcomed, with their families, for 'stay and play sessions'. This supported them settle and become familiar with the environment. We discussed where this could be strengthened further, by identifying the child's keyworker prior to them starting at the service. This would further support children to form strong connections and promote meaningful relationships.

Children's medical and health information was recorded in personal plans, which helped staff meet their needs. This included some information about their likes and dislikes. Staff worked alongside external agencies to develop strategies to support their development. For example, speech and language therapist.

However, we found information within plans were inconsistent. For example, missing dates and gaps in reviews. We discussed where plans should be reviewed with families to ensure information is up to date. **(See area for improvement 1).**

Children experienced a relaxed and unhurried mealtimes, where they could eat at a pace which was right for them. The introduction of a free flow lunch meant that children could choose when to come and eat, which supported their wellbeing. Staff sat with children helping to ensure they were well supervised. This enabled staff to respond quickly if children needed assistance.

Children had opportunities to self-serve food, which promoted opportunities to develop their independence and skills for life. Most families told us this was a very positive aspect of the service. Comments included "they don't go hungry, always food available for the kids and even if they don't like the lunch they have a choice of sandwich", "there always seems to be a wide variety of foods for the children with a good mixture of snack options as well" and "our child never comes home complaining about the food. Infact [they] will tell us what [they] had and tell us to make it or provide it at home as [they have] enjoyed it so much." One child told us "I like "pasta, rice and sauce. We get healthy food."

Children were supported with personal care in response to their needs. For example, nappy changing. However, improvements were needed to nappy changing areas to support children's dignity and privacy. We discussed this further under quality indicator 2.2 children experience high quality facilities. Whilst younger children were sensitively supported to clean their face and hands after mealtimes, this was

not the same for older children. Staff should ensure older children are supported with this to promote their dignity and comfort.

Staff practice reflected safe sleeping guidance, helping to ensure children were safe. For example, regularly checking on children when they were asleep. Sleep mats were available for older children to help ensure their comfort and restful naps. Whilst we did not observe many older children who needed a nap, quieter spaces were available in the sensory room, which offered a calm space for resting. A few parents commented about potential noise levels for younger children, as they were now cared for in mixed age groups. We asked the service to continue to monitor sleep arrangements to ensure there is minimal disruption to children who wish to rest. The service had plans to develop opportunities for outdoor sleeping. We discussed using best practice guidance to support with planning for this. More information is available on our website.

Quality indicator: 1.3 Play and learning.

Children benefited from a wide variety of play spaces to explore which met their needs and interests. Older children had fun as they explored with playdough in the home area, spending extended periods of time in the mud kitchen, which offered opportunities for children to investigate and be creative. They enjoyed mixing, stirring and experimenting with water and mud. One parent told us "the staff always have great activities and react to the children's discussions and do experiences related to their current interests" and "my child always seems to be getting involved in lots of different activities that I hear of on our journey home."

Children particularly enjoyed the walk in sand pit. Great fun was had digging with spades, filling buckets and exploring with mini diggers. One child told us "playing with friends in the sand pit is the best." Staff told us about plans to develop more opportunities for investigation and exploration. We agreed that widening toys and materials would further enhance play opportunities.

Children independently chose where they played and moved confidently between the indoor and outdoor play spaces. One parent told us "the encouragement to play outdoors is definitely evident and I feel my child now prefers to be outdoors more generally which is refreshing to see." The pace of day helped ensure children had plenty of time to play. However, we discussed where further consideration could be given to keeping the play spaces open throughout the day to support children's choices. For example, we noted that some parts of the garden were closed at mealtimes. One child told us "I like the other side. It shuts down at lunch time."

Children were supported to develop communication and language skills through chatting with staff, singing songs and reading books together. Staff could consider how to further enhance opportunities for early literacy skills. For example, widening the opportunities for mark making and engaging children with stories. This would help language development and spark their imagination. Children were encouraged to explore mathematical concepts through play. For example, counting and measuring during everyday experiences and routines.

Babies explored with soft toys, wooden puzzles, cars and playdough. They enjoyed using spaces to crawl and walk, which supported their physical development. Staff told us they were looking forward to developing spaces by adding more interesting resources. We agreed babies would benefit from an increase of materials to support their play, imagination and curiosity.

Approaches to planning has recently been reviewed. Staff were in the very early stages of using floor books

to help plan and record children's play and learning. Leaders should continue to monitor this approach for consistency across the setting.

Information sharing with parents on their child's learning and progress was not always effective and there were gaps in children's learning profiles. Some parents told us that they would like more information about their child's learning and progression. Staff should be supported to develop their skills in identifying and recording observations to ensure these can be shared with families. Parents told us "you're handed forms every 3 months to fill out and messaged an oversight in your child's development every 3-6months. It's ok at this young age but feel this could be better and parents could be given one to one sit down chat and go through the child's development instead of what feels like a box being ticked off" and "we are always included in updating our child's plans and involved in planning their focus weeks. It would be nice to get more written feedback/learning observations with pictures included as these are rare to receive, but verbal feedback is given daily."

Some staff interacted well with children and were skilled at using language to further engage children and extend their communication. Moving forward, leaders should continue to monitor the quality of play and support staff to develop their skills and knowledge to help promote children's creativity and curiosity.

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 that personal plans are regularly reviewed with children and parents to ensure that information is up to date, to reflect children's current needs, wishes and choices.

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.

Children experienced a setting which was clean and welcoming. Play spaces had been recently developed and provided an inviting space for children. The use of cosy materials, soft lighting and neutral décor helped reduce noise levels and soften the environment. This helped children feel safe and secure. One parent told us "the new set up of the nursery offers great opportunities for independent learning and it's amazing to see my [child] fetching [their] own cereal bowl, putting [their]own coat away or chilling on the sofa with [their] friends. [They] love taking [themselves] to the construction area, sand pit or skiddling with water."

The large outdoor area provided good opportunities for older children to enjoy active play, whilst also developing their curiosity and imagination. One parent told us their child had opportunities for "risky play, problem solving, arts and crafts, construction, use of natural resources, building sandcastles, eating meals outdoors, developing gross motor skills through bikes, scooters and climbing frames to name a few." The use of open-ended materials helped provided opportunities for children to use their imagination and take

part in risky play. For example, tyres and cable reels. Staff could enhance this further by adding additional materials to support children to explore and problem solve.

Plans were in place to further develop outdoor play spaces for babies. We discussed reviewing the amount and type toys and materials available to ensure they met children's interests and age of stage of development to support their engagement.

Children aged 2-5 entered the service and playroom through the garden area. This was to help reduce congestion at the main entrance, during busy periods. An outdoor space was used for storage of children's bags and jackets. Whilst families were welcomed into the service, staff should continue to review this approach, to help ensure this reflects the needs of children and families. We acknowledged the service had further plans to improve the outdoor storage space for children to store their belongings.

Children were kept safe through a variety of measures. For example, shaded areas outdoors, which helped protect children from sunlight, a secure entrance and discussing risks with children to help them learn about safety. Further consideration could be given to strengthening audits of accidents and incidents to help ensure any patterns are identified and action taken if needed. One parent told us "the interior of the nursery has recently been upgraded and we have been very impressed with this. There is nothing that has stood out to us that would appear unsafe."

Children were well supported to wash their hands which minimised the potential spread of infection. However, we discussed where attention was needed to nappy changing and toilet areas. For example, reviewing the storage of clothing and nappies. In addition, there were a few missed opportunities for staff to wash their hands immediately after supporting children to clean their nose. Staff should be mindful to ensure hand washing reflects good hygiene practices. The service had plans to install sinks in all playrooms, which will help with effective handwashing.

Systems were in place to ensure the premises was maintained and repairs carried out quickly when necessary. However, external factors meant there were challenges and delays in actioning wider maintenance issues. For example, improvements to nappy changing facilities and installation of sinks. The provider had taken steps to try and resolve outstanding maintenance issues.

Areas for improvement

1.
To support children's health and wellbeing, the provider should improve infection control procedures. This should include, but is not limited to, removing unnecessary storage within toilet and nappy changing areas, installing a full sized door in the nappy changing room and installing hand washing sinks within all playrooms.

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.

There had recently been significant changes within the leadership team. The service was currently in the process of recruiting a new manager and in the interim period, senior leaders were supporting the overall delivery of the service. Together, they demonstrated a strong commitment and shared responsibility to supporting improvement within the service. This supported staff to feel confident and well-informed about changes to reflect the aims of the service to help children feel loved, valued and safe.

Some monitoring and auditing systems were in place, supporting leaders to identify where action was needed to improve outcomes for children and families. This included focusing on improving the pace of the day, reviewing the use of spaces for different age groups, developing approaches to planning and improving the quality of children's learning and observations. Leaders plan to continue to monitor the impact of changes to support further improvements. We discussed where further consideration should be given to monitoring accidents and incidents, improving personal plans and infection control measures.

Staff participated in evaluating aspects of practice, which helped identify what was working well and what needed to improve. This highlighted where attention was needed to improve planning processes and incorporating learning into planning. Staff visited other services to help share ideas and best practice. As a result, they were eager to develop play spaces.

Staff valued opportunities to meet with leaders to share their views and ideas and discuss their development. This helped them feel valued and supported them in their role. Leaders listened to staff views and where possible actioned this.

Leaders communicated with families through a variety of ways. This included daily conversation, emails and online family app. In addition, information was shared about changes to the staff team and provision within the service. This helped most feel included. However, a few families told us that communication could be improved further. Moving forward they should now create further opportunities to involve families in evaluating what is working well and what's needs to improve to help develop the service.

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 caring staff team, which helped create a positive environment for children to play and learn. Staff worked well together, providing support to each other when needed. They communicated in a variety of ways to support this. This included daily conversations, use of walkie talkies across the different rooms and daily communication boards. One parent told us the service provided a "very welcoming environment, the staff embrace my child when they attend, they seems happy and content within the nursery."

There was a mix of skills and abilities across the setting and leaders had considered where staff were best placed to meet the needs of children, whilst being supported in their role. For example, keyworkers systems were in place for specific age groups of children and less skilled staff were supported by more experienced staff. Staff received induction when starting at the service, helping them to settle into their role.

Leaders ensured opportunities were available for the whole staff team to participate in training, which promoted their confidence. For example, child protection, child development and planning. In addition, staff were kept informed and consulted about changes to the environment. This helped develop their knowledge and skills, to meet the needs of children.

Staff breaks were managed well to help ensure children's needs could be met. For example, mealtimes were well supervised and personal care routines could be undertaken. However, due to staffing constraints, some areas for older children were not always available. For example, the garden space was reduced at lunch times limiting children's access to outdoor play and learning. Most parent told us they were satisfied that there were enough staff to meet their child's needs. However, a few families felt this could be improved at busier times. Staff agreed that whilst staffing levels met with minimum requirements, they felt stretched at times to meet the needs of all children. This was due to layout of play spaces and staff absences. Leaders should continue to monitor rotas to help ensure staff can respond to the flow and movement of children to meet their needs.

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?	4 - Good
4.3 Staff deployment	4 - Good

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