

Thrive Childcare and Education Happitots Erskine Day Care of Children

Erskine
Bishopton
PA7 5PU

Telephone: 0141 812 2333

Type of inspection:
Unannounced

Completed on:
27 August 2025

Service provided by:
Enchanted Forest Nursery Limited

Service provider number:
SP2005007827

Service no:
CS2005107944

About the service

Thrive Childcare and Education Happitots Erskine, provides a day care of children service to a maximum of 70 children at any one time, of whom no more than; 22 are under the age of two years; 18 are aged from two years to under three years; 30 are aged three years to not yet attending primary school.

At the time of inspection, nineteen children were registered with the service. During the inspection visit eight children aged 0-3 and seven pre-5 children attended.

The registered provider is Enchanted Forest Nursery Limited and the service is in partnership with Renfrewshire Council, to provide funded places for eligible children aged two to five years. The service operates from a purpose built premises within the grounds of Erskine Hospital, Bishopton, in the Renfrewshire area.

Children are cared for across three playrooms, based on their age and stage of development. There is also a large secure outdoor area and the nursery is close to woodland, country walks and the river Clyde.

About the inspection

This was an unannounced follow up inspection which took place on Wednesday 27 August 2025, between 10:15 and 18:00. Feedback was provided to the service on the same day.

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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- Spoke with children using the service
- Spoke with staff and the senior leadership team
- Observed practice and daily life
- Reviewed documents.

Key messages

- Children benefited from a more stable and responsive environment, due to improvements in staffing and leadership.
- Safe recruitment practices were in place, with staff selected based on relevant skills, experience, and qualifications.
- A weekly rota and advance agenda sharing, supported effective staff deployment and ensured appropriate staffing levels.
- Staff meetings and regular management check-ins promoted communication, role clarity, and relationship-building with children and families.
- A structured induction and mentoring process was implemented using national resources, supporting staff understanding of policies and procedures.
- Personal plans reflected children's needs and were regularly reviewed, however some lacked consistency and measurable targets. This area for improvement was met, with further development needed.
- Quality assurance and self-evaluation had improved, with enhanced staff monitoring and increased involvement of children and families. These processes are still embedding and need to consistently lead to improved outcomes.
- Indoor cleanliness had improved and risk assessments were in place, but infection control needed strengthening and the outdoor area could not be assessed due to ongoing works.

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 staff team?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

3 - Adequate

As a result of the progress made, this quality indicator has been re-evaluated as adequate, where strengths just outweigh weaknesses.

In April 2025, we made a requirement for the service to ensure that staff were consistently deployed to meet children's individual needs. This included consideration of staff members' knowledge, skills, and experience. We also required that all staff receive a structured induction and have access to essential training and continuous professional development opportunities, to support progression in their roles.

During this follow up inspection, we found that the service had made satisfactory improvements to meet the requirement. Children had benefited from the recent changes within the staff and senior leadership team, which had contributed to a more stable and responsive environment. Staff had been safely recruited following an evaluation of their skills, experience, and qualifications in relation to the roles they were employed in.

Weekly staff rotas were consistently in place, to support effective deployment and ensure the service was appropriately staffed, to meet the safety and wellbeing needs of children. The recent introduction of advance agenda sharing, further enhanced planning and communication. Staff meetings facilitated team discussions and clarified responsibilities, while weekly verbal check-ins by management supported staff in settling into their roles, and building relationships with children and families.

A structured mentoring process had been introduced for new and existing staff, using recognised national induction resources. Staff had been given time to familiarise themselves with service policies, including child protection and safeguarding. All staff had completed core training, with the senior leadership team undertaking more advanced learning.

Staff had been encouraged to engage in a range of professional learning opportunities aimed at enhancing their knowledge, skills, and confidence in delivering high-quality care and learning experiences. They had been expected to reflect on their learning and apply it meaningfully in practice. This approach was contributing to staff developing a clearer understanding of their roles and responsibilities, and in responding more effectively to the needs of children.

Management had begun to monitor and evaluate staff performance, which had the potential to lead to improved outcomes for children. Early signs of progress had been evident, including increased staff confidence, clearer role expectations, and improved team communication. While these developments were positive, they remained at an early stage. Continued focus on embedding reflective practice and professional learning would be necessary, to ensure consistency and support sustained improvement.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 25 August 2025, the provider must ensure that children receive consistent care and opportunities to develop their learning. To do this, the provider must, at a minimum:

- a) Ensure that staff are consistently deployed to meet children's individual needs, taking into consideration their knowledge, skills, and experience.
- b) Ensure staff are given an induction and essential training and development opportunities to progress in their roles.

This is to comply with section 8 (1) (a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

'I 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).

This requirement was made on 11 April 2025.

Action taken on previous requirement

The service had taken steps to ensure staff were recruited and deployed in ways that supported children's safety, wellbeing, and individual needs. A structured induction process and access to professional learning opportunities had been introduced. Staff were expected to reflect on their learning and apply it in practice. Management had begun to monitor and evaluate staff performance. Early signs of progress were evident, including increased staff confidence, clearer role expectations, and improved team communication. While these developments contributed positively to the quality of care and support, they remained at an early stage. Continued focus on staff development, leadership capacity, and reflective practice would be essential to embed consistent practice and support sustained improvement.

This requirement has been met.

Met - within timescales

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 ensure children experience care and support that meets their needs, the manager and provider should review and develop personal plans. This should include, but not be limited to, ensuring that every child has a personal plan with set targets and support strategies, that plans are measurable and consistently applied in practice, and that staff are provided with relevant training in completing personal planning.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

and

'As a child, 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).

This area for improvement was made on 11 April 2025.

Action taken since then

Personal plans were in place for all children, and those sampled during the inspection reflected individual needs, including strategies to support these. Plans had been shared with parents and were reviewed at least every six months, or sooner if required. While there was evidence of improvement, the quality and consistency of planning varied. Some plans demonstrated clear, measurable targets and well-defined strategies, whereas others required further development, to ensure a consistent approach across the service. Staff had begun to receive support and guidance in completing personal plans, which was contributing to improved practice.

This area for improvement has been met.

Previous area for improvement 2

To ensure that children are cared for in a hygienic and safe environment, the manager and provider should ensure that the environment is clean and free of risks. This should include, but not be limited to, robust risk assessments and room checks to minimise the spread of infection.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their organisational codes' (HSCS 3.14).

and

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

This area for improvement was made on 11 April 2025.

Action taken since then

There had been improvements to the cleanliness of the setting since the last inspection. Risk assessments had been developed, and management had begun to evaluate staff performance and practice. These actions had contributed to a safer and more hygienic environment overall. However, further monitoring was needed to ensure that infection prevention and control procedures were consistently and effectively applied. For example, improvements were still required in handwashing practices and the appropriate storage of porous items in nappy changing and toilet areas. In addition, we were unable to assess the cleanliness and safety of the outdoor garden area due to ongoing refurbishment works. This area for improvement remains and will be reviewed at the next inspection

This area for improvement has not been met.

Previous area for improvement 3

To improve children's outcomes, the manager and provider should ensure that self-evaluation and quality assurance lead to improved experiences. This process should include, but not be limited to, collecting and responding to feedback from stakeholders and reviewing staff practices.

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 2025.

Action taken since then

There had been notable improvements to the quality assurance and self-evaluation processes within the service. Management had begun to monitor and evaluate staff performance and practice more effectively. Communication between staff, children, and families had improved, and there was evidence that feedback was being sought and valued. This had begun to support greater involvement of stakeholders in shaping the service. While these developments were positive, they remained at an early stage. The service was beginning to use self-evaluation to inform improvements, but further work was needed, to ensure this led to consistently improved outcomes for children. Continued focus on embedding robust quality assurance and reflective practice would be essential to sustain progress.

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.

Detailed evaluations

How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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Care Inspectorate
Compass House
11 Riverside Drive
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