

Thrive Childcare and Education Corner House Nursery Falkirk Day Care of Children

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Type of inspection:
Unannounced

Completed on:
15 August 2025

Service provided by:
Bertram Nurseries Limited

Service provider number:
SP2003002955

Service no:
CS2003046009

About the service

Thrive Childcare and Education Corner House Nursery Falkirk is registered to provide care to a maximum of 74 children from birth to those not yet attending primary school, with a maximum of 27 children under two years of age in the baby and Tweenie areas, a maximum of 15 children in toddler room and a maximum of 32 children in pre-school rooms.

Care is provided from a two storey detached property close to the town centre of Falkirk. The service is close to shops, transport links and other amenities. Children have shared access to two enclosed gardens within the premises.

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.

About the inspection

This was an unannounced inspection which took place between 12 and 14 August 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
- received feedback from 20 family members
- spoke with 10 staff and management
- observed practice and daily life reviewed documents
- spoke with visiting professionals.

Key messages

- As a priority, the provider should ensure staff are deployed effectively to meet the aims and objectives of the service.
- Children were happy, settled and comfortable in the care of staff.
- Staffing issues at all levels had impacted on the service and consistency provided for children.
- Children enjoyed relaxed and social meal and snack times where they were developing self-help skills.
- To enable staff to develop their skills and knowledge, appropriate learning and use of systems such as induction and supervision should be more effectively.
- Quality assurance systems should be used better to evaluate the work of the service and identify appropriate areas for 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?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate, where there are some strengths, these just outweigh weaknesses.

Quality Indicator 1.1: Nurturing care and support

We evaluated this quality indicator as good, where several strengths impacted on positive outcomes for children.

We acknowledged that the prolonged period of change affecting the staff team at all levels had impacted on the service. Staff interactions were kind, nurturing and warm towards children which created a caring ethos. Parents shared "The staff know the children well and show real interest and care to their individual needs." Children's dignity and privacy was respected as sensitive approaches to personal care was promoted. For example, nappy changing. Children were listened to as staff asked for permission before carrying out personal care. They respected children's responses and offered again sensitively if initially refused. At times, however, a few children had to wait for staff cover before their personal needs were met. The provider should ensure that staff are effectively deployed to meet all children's individual needs.

Staff were mindful of children's well-being as they responded to their emotional, needs and non-verbal communication. If needed, children had their comforters which offered them reassurance. We observed that children were settled to sleep in a relaxed way which met their individual needs.

Personal planning processes were in place, but not consistently implemented or reviewed, leading to differing experiences for families. While some parents felt well-informed and involved, others reported limited opportunities to meet with staff and update plans. Their views included "The personal plan seems to be an after thought. We had one parents evening which we were unable to attend and I don't think it was ever brought up since." "Personal plans are not updated particularly regularly due to staff shortages and staff not having protected time to complete these." And "We have had lots of input into our children's personal plans, including regular review with their key workers. We are updated everyday on how our children are doing and discuss if there is anything they need." To enable children's changing needs, progress and development to be discussed, a consistent approach to personal planning should be established. **(See area for improvement 1).**

Meal and snack times were mostly positive experiences for children in all rooms. The social aspect was promoted through conversation and positive interactions. Staff were aware of children's dietary needs and ensured they were met. Where needed, children were supported with eating and encouraged to develop self help skills. More opportunities could be available to extend children's involvement. For example, they could be involved in setting the table, serving themselves and pouring their own drinks. In the toddler and 3 - 5 room, children had some opportunities to serve themselves pasta at lunchtime. This could be extended to breakfast time. Staff should be supported to have a consistent approach to meal and snack times so children become familiar with the routines.

We found that the storage and administration of medication mostly followed best practice. Staff should review written records to ensure information is the same as the prescription label and items are in the original packaging. This will help ensure medication is safely stored and given to the right child at the right time.

Quality Indicator 1.3: Play and learning

We evaluated this quality indicator as adequate, where there are some strengths, these just outweigh weaknesses.

The range of play resources in all rooms had been improved. They had been used to create well organised environments which enabled children to make choices in their play. Children said they "Liked doing dinosaur painting". "And "I like the home corner and babies". Staff interacted with children in positive ways which supported language and literacy. For example, younger children had fun with language as they repeated words and sounds staff used.

Planning formats were in the early stages of being changed. Staff would benefit from professional learning in child development and responsive planning. Opportunities for child-led exploration, creativity, and challenge should be enhanced to support deeper engagement in high quality experiences.

Staff should reflect on their practice and think about the pace of the day. While small group time can positively support children's learning, in the Rainbow room, staff should consider the purpose of group time. They also need to develop their skills in using observation and evaluation processes. This will help them assess children's progress and enable meaningful 'next steps' to be identified. Children's learning and achievements will be recognised and enhanced. **(See area for improvement 2).**

Improvements to the garden for older children were in progress. An outdoor classroom had been installed and the ground resurfaced. Large equipment had also been added. We discussed where more resources are needed to support children's play and learning outdoors. Staff should be supported to create outdoor spaces where children benefit from play in the natural environment.

Areas for improvement

1. For children's health, welfare and safety needs to be fully met, the provider should continue to develop the use of children's personal plans. They should include information about;

- children's changing needs and any strategies or techniques used to support them
- ensure meaningful partnership working with parents is used to share information
- ensure reviews with parents and carers are used to discuss children's progress and plan next steps. They should take place at least once in every 6 months or sooner if needed.

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 1.15).

2. For all children to develop and learn at an appropriate pace staff should be supported to further develop planning formats. They should consider the range of activities provided so children are supported to learn and develop through a balance of spontaneous and planned experiences indoors and outdoors. Staff should develop;

- child centred planning that is responsive to children's interests
- their evaluation skills so they can assess the impact and outcome of activities children participate in
- plan experiences, with more focus on supporting children's specific next steps to further enhance progression in learning.

They should refer to current national practice guidance to deliver high quality play and learning experiences. Staff should then apply their training in practice to improve outcomes for children.

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 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 there are some strengths, these just outweigh weaknesses.

Quality indicator 2.2: Children experience high quality facilities

Investment in new resources for indoors had enabled staff to create a homely and welcoming environment for children. Cosy areas with cushions and rugs offered children quiet spaces to rest and relax if needed.

A safe environment was promoted by risk assessments and staff undertaking daily safety checks. The rooms were maintained throughout the day with spillage swept up. Measures were in place to minimise the spread of infection. For example, hand washing at appropriate times and cleaning of touch points.

Procedures for maintenance were in place which meant any repairs were reported. Staff need to ensure they follow this up to ensure the repairs were carried out in a reasonable time. Ongoing issues with the plumbing meant there were problems flushing toilets in the toddler area. The provider acknowledged the issue and we saw how they had tried to address this. So the facilities support children's toileting needs, the issue still needs to be resolved. **(See requirement 1).**

Staff were receptive to change and we could see how they had changed layouts to improve play spaces for children. For example in the Rainbow room they had created a sensory area for children. A consistent approach is needed so evaluate the impact of change, so the benefits for children are noted.

Plans to improve the garden for older children were being implemented. Large equipment and an outdoor classroom were being developed to extend play opportunities for children. The garden for the under two's needs to be developed. Consideration needs to be given to resources that would create a stimulating outdoor play opportunities for children. In addition, we discussed how children would benefit from shaded areas to protect them from the sun. The manager agreed they would consider ways to do this.

Requirements

1. By 31 December 2025, the provider must ensure facilities used by children are maintained and in working order.

To do this, the provider must, at a minimum:

Identify the plumbing and drainage issues affecting the toilets and and arrange for repairs to be carried out to ensure toilets are flushing correctly to promote hygiene and support children needs.

This is to comply with regulations 4 (1) (a) (welfare of users) and 10(2) (b) (Fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can easily access a toilet from the rooms I use and can use this when I need to' (HSCS 5.2) and 'If I require intimate personal care, there is a suitable area for this, including a sink if needed' (HSCS 5.4). To promote a safe environment for children, staff need to develop a consistent approach to maintaining the environment by reporting, and following up on requested repairs.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where there are some strengths, these just outweigh weaknesses.

Quality Indicator: 3.1 Quality assurance and improvement are well led

Significant changes to staffing at all levels, over a period of time had impacted on the ability to make and sustain improvements. Parents had shared "There is never a consistent staff team. The turnover of staff is high and this is worrying as a parent." And "Whilst I'm sure, the staff/child ratio is maintained, it does not always feel like that. And the fact that the staff get moved between rooms would support my impression." The provider is actively trying to recruit staff with the right skills, experience and qualities to join the staff team.

Some audit and monitoring had been carried out, but not used effectively to support improvement. This had resulted in staff being unsure about some areas of their practice. For example, personal planning has been discussed and information shared with staff about how to complete them. However, the lack of follow up and guidance had left them unclear how to use them effectively to support children's care. In turn, not all parents felt they were not fully involved in the process. Their views included "Personal plan reviews can be rushed and not always give both parents the opportunity to review and contribute." And "Personal plans are not updated particularly regularly due to staff shortages and staff not having protected time to complete these." Staff need to be given clear, consistent messages about areas for improvement. Sign posting them to learning and best practice guidance should help them develop their skills and knowledge. Follow up and feedback about their practice should be given to help them develop confidence in their role. **(See area for improvement 1).**

The management team recognised that improved communication was needed to involve families more in the setting. Some parents commented "I attended one parent / staff meeting to try and be more involved but there have not been any more meetings organised." And "The management team will often ask for parents views on issues. However, very rarely are these actioned." Newsletters and social media had been used to start this process. The service should continue to develop meaningful ways to re-establish and increase communication and information sharing. This should enable parental involvement and offer opportunities to contribute to improvements.

Staff had made attempts to influence change, but were not always confident that their views were valued. To support the improvement journey, the management team should ensure staff contribute to self-evaluation. This will help a shared vision for improvement to be achieved.

Areas for improvement

1. The provider should ensure that approaches to quality assurance and self evaluation are effectively used, but not limited to;

- identifying priorities for development
- seeking parents and carers views
- involving staff to share their views
- compiling a realistic improvement plan that will support continuous improvement
- using best practice guidance and learning to support change.

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

3 - Adequate

We evaluated this key question as adequate, where there are some strengths, these just outweigh weaknesses.

Quality indicator 4.3: Staff deployment

Staff were committed to make the nursery a pleasant experience for children. They had developed relationships with children and families which was valued. Some parents recognised the challenges they had faced and shared "I know most staff by name and they know who I am. Both my children have developed strong attachments to some staff in particular and that is important to me." And "The staff are great, many put their all into looking after my child. They are faced with ever rotating managers and a lack of consistency in approach. Despite this, they show up daily with a smile, ready do to their absolute best for the children."

As a priority, the provider, needs to invest time to develop the staff team. Supporting them to understand their role and responsibilities should help develop their confidence and boost morale. This should help promote staff skills and leadership opportunities across the team. As further changes are expected, it should also enable staff to support new colleagues who join the service.

We found that not all absence was planned for. Staff from other services were used to cover, but they were not always familiar with children's needs. Staff deployment should be reviewed so that continuity of care is promoted. As part of this, the management team should consider staff shifts and patterns of attendance so that children can be cared for by staff that are familiar to them. **(See area for improvement 1).**

Most staff worked well together to support children's routines. They could be further supported to identify gaps in staffing and helped to find solutions. We discussed the importance of having enough staff to meet the needs of children. For example, the toddler room could benefit from an extra staff member to support personal care routines. Where possible, the same staff could be allocated to the same room to minimise disruption for children.

Staff had mixed views about how they were supported in their role. For example, a consistent approach to induction was not in place. This meant some staff were not fully supported to learn about the service and reflect on their practice. To support the development of the staff team, induction and supervision need to

be used more effectively. They need to be specific to each staff member so areas for their continued professional development are identified.

Areas for improvement

1. To promote consistency of care for children, the provider should ensure enough staff need to be employed in numbers to meet the their individual needs. There should be a mix of skills, experience and knowledge across the team to promote high quality experiences for children.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states: 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 code (HSCS 3.14).

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

Requirements

Requirement 1

By 31 December 2024, the provider must ensure children have access to facilities when they need them to ensure their comfort and personal care needs are met.

To do this, the provider must, at a minimum:

- a) ensure there are enough nappy changing facilities to meet the needs of children
- b) ensure repairs are carried out for plumbing and drainage issues, ensuring toilets are flushing correctly to promote hygiene and support children needs.

This is to comply with regulations 4 (1) (a) (welfare of users) and 10(2) (b) (Fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can easily access a toilet from the rooms I use and can use this when I need to' (HSCS 5.2) and 'If I require intimate personal care, there is a suitable area for this, including a sink if needed' (HSCS 5.4).

This requirement was made on 19 August 2024.

Action taken on previous requirement

An additional changing room had been added to help meet the needs of younger children. It would benefit from the addition of a cupboard to store resources.

Issues with the plumbing in the toddler room toilets has resulted in them being blocked regularly and not

fully flushing properly. While the service had addressed external drainage issues, it had not fully resolved the problem. During the inspection action was taken to resolve the issue.

Due to this being a recurrent issue, the requirement has been met in part, so we will make an new requirement to further explore and carry out the required work to solve the issue.

Met - outwith timescales

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 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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate

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

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