

Pikeman Nursery School and Family Learning Centre

Day Care of Children

21 Archerhill Road
Glasgow
G13 3NJ

Telephone: 01419 542 971

Type of inspection:
Unannounced

Completed on:
20 August 2025

Service provided by:
Glasgow City Council

Service provider number:
SP2003003390

Service no:
CS2003014919

About the service

Pikeman Nursery School and Family Learning Centre is provided by Glasgow City Council. The nursery is registered to provide a care service to a maximum of:

64 children aged 3 to those not yet attending primary school

15 children aged 2 to under 3 years

12 children under 2 years of age.

At the time of inspection 64 children were in attendance.

The service is located in the north west of Glasgow, close to local amenities such as shops and schools. The children are accommodated within three playrooms. All playrooms have direct access to a large outdoor area.

About the inspection

This was an unannounced inspection which took place on Tuesday 19 and Wednesday 20 August 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
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- received electronic feedback from 20 parents/carers

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, confident and settled in the service.
- The setting was well furnished and spacious for children.
- Staff knew the children well and were attentive to their needs.
- The management and staff should develop personal plans to ensure children's individual needs are met.
- The service should further include staff, families and children in self evaluation and improvement processes.
- Staff worked well together as a team to offer positive outcomes for 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?	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/people and clearly outweighed areas for improvement.

Quality indicator 1.1 Nurturing care and support.

Staff were warm, kind and nurturing in their approach with children. Children were confident and happy within the setting and were affectionate with staff. Staff knew the children well, which meant they were able to respond to their individual needs and preferences. Parents commented, 'Staff seem to genuinely have great relationships with the children. On a few occasions when my daughter has been off, due to holiday or sickness, she has been welcomed back so well with staff being so excited to see her and telling her how much they missed her, which I could see made her so happy and also helps so much with a child's confidence and sense of self' and 'The staff are very friendly and helpful. My son loves the staff, and they have a great relationship.'

Lunches were a relaxed, unhurried and sociable experience for children. Staff sat with children throughout lunch, supporting them and engaging them in conversation. Staff were vigilant with children when they were eating meals and snacks to ensure children were safe. Older children had some opportunities to develop independence through pouring drinks and clearing their own plates. Separate sittings gave older children the opportunity to eat when they were hungry and allow play to come to a natural end. We discussed with management that there could be more opportunities for children to develop life skills and independence through self-serving.

Personal plans were in place for all children. Not all plans contained the information staff needed to meet children's individual needs. Staff were confidently able to describe strategies used to support children with additional support needs. These were not clearly recorded in care plans. We discussed with management and staff that plans should be completed in partnership with parents and regularly updated to ensure children's needs are met and have made an area for improvement to address this.

(See area for improvement 1).

We reviewed the policies and procedures for supporting children's health, safety and wellbeing. Medication was stored and administered safely and securely. Staff and management were aware of child protection procedures to support children's safety and wellbeing. Staff had a good understanding of supporting children's safety and wellbeing through safe sleep practice. Sleep was children's choice. They regularly spoke with parents regarding children's sleep. This meant children were receiving care, which met their individual needs.

Children's rights were promoted when staff carried out children's personal care routines. Staff discreetly asked children before changing nappies. This supported children's right to privacy and dignity.

Quality indicator: 1.3 Play and learning.

We observed children having fun and being fully engaged in their play and learning. Children had opportunities to lead their own play and learning through a balance of planned and spontaneous experiences. This included making playdough, painting and with sand and waterplay. We could see that friendships had been formed between children. This had a positive impact on their development and wellbeing.

We saw children engaged in play experiences for periods of time showing engagement and joy which impacted positively on their development. Play experiences supported children's development of numeracy, language and literacy skills. For example, staff sat with a child who was copying a picture to build a tower. Staff used questions such as 'how do we start'? 'do we start big or small?'. One child commented, 'I think nursery is a lot of fun, I'm learning a lot.'

Younger children had access to a wide range of resources and experience that supported inquiry, curiosity, creativity and language development. All parents who provided feedback suggested children experienced a wide range of experiences. One parent commented, 'My daughter engages in many different activities during her days which is brilliant and supports her in learning through play.'

Children had opportunities for play experiences outdoors and took part in physical and imaginative play. For example, gathering sticks for stick family from stick man story, riding bikes. Children had free flow access to outdoors supporting their right to choose when to play outside. Young children were confidently playing outdoors where they could navigate the space confidently while participating in challenging play. Staff clearly supported a range of play experiences. Regular outdoor play supported children's health and wellbeing.

Planning for children was at the very early stages. Formal planning processes had been temporarily halted for staff to complete further training. Staff planned play and learning experiences in response to children's stages of development and interest. Management shared that they were looking to develop planning to focus on individual children. This would support staff to plan and evaluate next steps and progression in children's learning.

Areas for improvement

1.

To support children's care, play and learning the manager and staff should ensure individualised personal plans capture children's health and welfare needs, progression and strategies to support children to reach their full potential. Plans should be relevant and updated at least every six months or before if required along with children and parents' views.

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/people and clearly outweighed areas for improvement.

Quality indicator 2.2: Children experience high quality facilities

Children were cared for in an environment that was bright, welcoming, and clean. There was ample space for children to play independently or in groups. There were cosy areas for children to rest and relax. Playrooms were furnished to a good standard. This gave children the message that they mattered.

Play environments were safe and secure. Resources were well maintained and offered a selection of play and learning opportunities including messy play, sand pits, matching games and books. For younger children play spaces offered opportunities for children to explore, supporting their curiosity and imagination. There were lots of natural resources and furniture. Resources and equipment were well maintained, and resources were easily accessible for children. We concluded children experienced an environment that was homely, fostered their inquiry and supported their development.

Children benefitted from direct access to a large safe and secure outdoor areas. Outdoor areas for older children offered opportunities for risky and challenging play. For example, a climbing wall, rope swings, balancing equipment and loose parts. There were also opportunities for imaginative and messy play through waterplay, mud kitchen and planting area. Management shared they were looking to provide more sheltered areas to support mealtimes outdoors. We discussed that children would also benefit from more cosy spaces to rest and relax when they chose.

Younger children were happy engaging in play outdoors. They had opportunities for risky and physical play through to playing on the basket swing, bikes and climbing apparatus. We discussed with management that younger children would benefit from an extended garden space. Plans were in place to develop a side area into a sensory garden too which would further improve youngers children's outdoor play and learning experiences.

Infection prevention and control procedures were followed with staff and children washing hands when coming inside and before and after lunch. Risk assessments were in place, which staff completed regularly to support children's safety and wellbeing. Children also took part in risk assessing the outdoor areas before using them. One parent commented, 'The outdoors garden has everything e.g. water/sand, toys, climbing frames and even a hammock. The nursery is very safe and always clean. It feels like the staff care for my son as if he is their own child.' Another told us, 'Pikeman has an incredible outdoor learning space where he's participated in science experiments, games, and a special interest of his is plane spotting where the staff made laminated cards to help him identify different planes and count how many he had seen.'

Staff made good use of the local community to support children's play. This included trips to local parks, shops and fire station. This supported children's community links and play beyond the setting.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

Quality indicator 3.1: Quality assurance and improvement are led well

The management team were friendly, approachable, and engaged well with the inspection process. There had been a recent change of manager, which meant some systems were in the early stages of development. This did not appear to have had a significant impact on the care and experiences of the children in the setting.

The service had reviewed the vision, values and aims for the service. They consulted with staff and families. This created a culture where people felt confident to initiate well-informed change. Additionally, it supported people to work toward the same vision to provide high-quality care and learning for children and families.

An improvement plan was in place which identified areas for development within the service. The service was at the early stages of developing this. The management team were using an action plan to self-evaluate the service improvements and developments. Staff had specific areas of responsibility within the plan. We saw evidence of progress in some areas including changes in playroom environments, a dedicated lunch area created and the development of care plan auditing forms. We discussed with management self-evaluation and improvement processes could involve families and particularly children more. This would support them to have more ownership of the service.

A monitoring and auditing calendar was in place which identified areas for monitoring and auditing including accidents and medication. Auditing of room environments had taken place to identify any necessary improvements. We discussed with management that the service would benefit from more robust auditing and monitoring. For example, procedures for when incidents take place and practice within rooms. Plans were in place for restrictive practice training and development for staff team, with plans to update policies and procedures in line with best practice. This would support the service to offer positive outcomes for children.

Staff meetings gave staff and management the opportunity to discuss any issues arising, review practice and plan for developments. The manager told us she plans to re-introduce one to ones with staff. This should be continued to support staff to have the opportunity to discuss issues or training needs and be aware of further service changes and developments in advance.

How good is our staff team?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

During our inspection, we found that staff deployment within the setting meant that children's needs were being met by the right number of staff. Attendance levels were low at time of inspection. The manager shared that there are staff positions waiting to be filled. Sessions for some children were limited due to staffing levels and will be reviewed when the service is at full staff capacity.

The staff team provided a range of skills and experience to the service within and across environments. This

supported children's needs being met. Senior leadership roles and responsibilities had been established, and room leaders were responsible for mentoring new staff. This supported new staff to be aware of their own roles and the children in their care. A keyworker system was in place which supported staff relationships with children and families.

Staff communicated well with each other when leaving areas and about children's care. Staff breaks were scheduled to support children's lunches and free flow access to outdoor experiences. A buddy system was in place for staff to support communication and information sharing between staff on alternate shifts.

Staff were vigilant of children, recording attendance on register and on outdoor board to keep note of how many children were outside. Staff communicated and shared when children arrived or left the service. This supported staff to keep children safe.

Staff development was encouraged within the service. One staff told us, 'It has made me more aware of the individual needs of children and how to enhance the learning experience'. Staff had taken part in a variety of training including schemas, first aid, nurturing my potential and child protection. This meant children were cared for by staff who were developing their skills to help meet children's individual needs.

Management and staff understood the importance of having positive relationships with parents. Parents agreed that they had positive relationships with staff. Parents commented, 'They make you feel welcome, from the reception to kitchen staff to teachers and you know you're leaving your children in safe hands. They hug my child when she's sad and I feel very comfortable leaving her with them' and 'The warm caring experienced and stable staff who are professional and capable within the rooms and in the office. I think having a strong staff team has hugely helped maintain my child's progress and feeling of belonging.' Knowing the families and children well supported staff to offer care which met their individual needs and interests.

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 keep children and adults safe and healthy, improvements should be made to the service infection prevention and control procedures. Priority should be given to appropriate use of personal protective equipment (PPE). The manager should support staff in their understanding of the use and disposal of face coverings. Staff should refer to Health Protection Scotland's guidance:

Infection Prevention and Control in Childcare Settings (revised May 2018). This is to ensure care and support is consistent with Health and Social Care Standards which state:

'My environment is secure and safe' (HSCS 5.17) and 'I experience high quality care and support based on

relevant evidence, guidance and best practice' (HSCS 4.11)

This area for improvement was made on 5 January 2022.

Action taken since then

When assessing this area for improvement we found that staff were aware and confident in using appropriate personal protective equipment (PPE). Face coverings are no longer in use. Staff followed correct infection prevention and control procedures.

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.

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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