

Primrose Day Nursery Day Care of Children

10-24 Gairbraid Avenue
Maryhill
Glasgow
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Telephone: 01419 466 966

Type of inspection:
Unannounced

Completed on:
28 May 2025

Service provided by:
Maryhill Childcare Ltd

Service provider number:
SP2011011756

Service no:
CS2011305851

About the service

Primrose Day Nursery is a day care of children service in a suburban area in the north-west of Glasgow. The service is located in Maryhill Burgh Halls. The early learning and childcare service is in partnership with Glasgow City Council to provide commissioned places for children aged between three and five years and eligible two-year-olds.

The service can accommodate 48 children. The age range of the children is nine aged zero to under two years, 15 children aged two years to under three years or 13 children 18 months to under three years of age; of whom no more than six are under two years of age and 24 children aged three years to those not yet attending primary school. At the time of our inspection there were a total of 38 children present on the first day and 37 children present on the second day.

The accommodation consists of three playrooms and a large open plan area used for mealtimes and children's play and learning. Children have access to an outdoor play area for physical play and outdoor learning. There is a reception area, changing and toilet facilities for children and office, catering and staff facilities. The service is close to schools, transport routes, shops and community services.

About the inspection

This was an unannounced inspection which took place on 27 and 28 May 2025. The inspection was carried out by two inspectors from the Care Inspectorate. This inspection took place as a response to a serious incident which we were notified about. As part of our inspection, we assessed the issues that led to the incident and the actions taken by the service since.

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
- reviewed feedback from 17 parents and carers whose children attend the service
- reviewed feedback from eight staff members employed in the service
- spoke with the manager and staff
- observed practice and staff interactions with children
- reviewed documents.

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

- Following a serious incident, the provider had taken action to prevent risk to others, however there was an area of practice that needed to be improved. We provided guidance in how management and staff could enhance children's health, safety and well-being in response to the incident.
- Children were settled, happy and having fun.
- The service was supporting children and their families health and well-being with initiatives within the service.
- Management and staff should monitor and review information recorded for children's care, play and learning.
- Play environments were homely and furnished to a high standard.
- The provider should make improvements to the laundering of items to support children's health and wellbeing.
- Quality assurance processes could be further developed to support continuous improvement of the service.
- Management and staff showed an interest and commitment to developing their skills and knowledge through attendance at training courses and the completion of additional qualifications.

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 as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality Indicator 1.1: Nurturing care and support

Staff were welcoming, nurturing and caring towards children and responded warmly. Interactions were responsive and engaging. This supported children to feel safe, secure and contributed to the positive relationships they had with staff. Parents told us, "The staff could not be more welcoming to myself and my child as soon as we enter the nursery and the smile on my child's face when he sees the staff shows how amazing they all are" and "Staff at Primrose are always kind and supportive. They have our children's best interests at heart and know our children very well."

The service was supporting children and their family's health and well-being with initiatives of a food pantry, breakfast, refreshment station and library. These were displayed in the reception area of the service. All parents and carers had the freedom and choice to access items and these were re-stocked on a regular basis.

A rolling lunch experience for older children supported children to eat when they were ready. This meant that children were experiencing a natural end to their play. Lunch was a relaxed and unhurried experience. There were opportunities for older children to be responsible, independent and to make choices with the self-serving of lunch. Opportunities to enhance responsibility and independence could be provided for two to three years aged children with the self-serving of food. Lunch could be a more sociable experience for all children with staff being less task focussed during the experience and has the potential to provide more opportunities for staff to sit with children.

Sleep routines were responsive to children's individual needs. Staff understood the importance of sleep for children's overall development. Children's safety and emotional security and wellbeing were supported through sensitive arrangements for sleep.

Staff knew the children well and confidently described children's individual needs and how they were supported. The service had introduced additional support needs plans. Targets and strategies were in place for children. We suggested the format could be improved with recording progress and suggested where chronology records could support children and their families.

Personal plans were in place for children. Plans were created in partnership with parents and carers. All parents told us they were fully involved in their child's care, including developing and reviewing their personal plan. Plans contained the information staff needed to support children and meet their needs for most children. Next steps and agreed actions were not always clear or evaluated. This meant that it was difficult to understand the current needs of some children and contributed to inconsistent approaches being applied to children's care.

Medication was administered and stored safely. Children's health care plans and risk assessments were in place for long term medication. These were reviewed monthly contributing to being reflective of the child's current health and medical needs. We made suggestions to include within health care plans information of

steps to take should the children not respond to emergency life saving medication. This contributes to supporting children's health and well-being.

Quality Indicator 1.3: Play and learning

Children were happy, confident and engaged in a variety of experiences. They had good opportunities to lead their own play and learning. This contributed to supporting children's development and well-being. Children told us they like, "Playing with friends" and "Going on the bikes outside."

Children were using a range of resources that supported their creativity and imagination which impacted positively on their development. Three to five years aged children were using sand and feathers to support their imaginative play of hiding and looking for treasure. Children were using objects to make prints with paint and discussing the patterns and shapes supporting their numeracy and language skills. We observed children transporting items to other areas of the play environment and staff supported this, showing their understanding of child development and schematic play. Schematic play is repeated actions or behaviours that children display as they explore the world around them. Younger children were exploring sensory experiences including scented playdough and sand play contributing to supporting their sensory development, curiosity and fine motor skills. Two to three years aged children had opportunities to support their physical development indoors when playing on the climbing apparatus.

All children had opportunities for outdoor play and older children had free flow access to suit their choices to play outdoors. Contributing to supporting children's health and well-being. We saw instances of older children's interests for play in their choice of experiences were restricted at times. Younger children also had opportunities for outdoor play for shorter periods of time and were brought in together as a group. We discussed with management who agreed to review their procedures and practice for outdoor play to be more responsive to children's choices and interests for play. Almost all parents told us their child had the opportunity to play outdoors. One parent commented, "My son is always outside playing he loves it!" and in contrast one parent said, "I would prefer babies taken out more frequently."

Staff had designated areas of responsibility within play environments and planned experiences for children. Planning was linked to national curriculums and weekly plans were shared with families using a digital application. This supported learning to continue at home. We suggested the floor books being used could be enhanced to reflect children's choices and interests and be more responsive to their thoughts and ideas to support their play and learning. This has potential to enhance children's engagement and outcomes for their play and learning.

Online learning journals shared information with families about children's individual play experiences and learning. Some journals evidenced children's progress well, supporting families to work with staff to enhance children's overall development. Next steps for learning were identified. However, the approach to this was inconsistent. Some next steps were vague and did not offer specific strategies for developing children's learning and development. A tracking system was in place for individual children, but there were inconsistencies in the completion of these. These contributed to difficulties with identifying development and progression for some children.

How good is our setting?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality Indicator 2.2: Children experience high quality facilities

Children were cared for in an environment that was welcoming, bright and clean. Indoor and outdoor play spaces were safe and secure for children. The service was well-maintained supporting children's health and well-being. All parents agreed their child is cared for in a safe, secure and well-maintained environment. One parent commented, "I know my child is in a clean and safe environment and is very well looked after and have no doubts about his wellbeing whilst in their care."

The layout and organisation of the environment supported free flow spaces from the main play area to the middle room and outdoors for older children. Children confidently moved between and within these spaces to support their choices and interests for play. Management and staff should monitor the temperature of the main space and close doors when needed to the outdoor space to support a comfortable temperature for children.

Play environments were homely and furnished to a high standard. The environments were set out attractively with a range of stimulating and open-ended resources to support and extend children skills and curiosity. There were cosy spaces for children to rest and relax contributing to supporting children's health and well-being.

The service had made improvements to outdoor spaces with areas for planting and opportunities for children to grow their own vegetables. This provided children with a deeper understanding of where food items come from and helped to develop a positive attitude towards healthy eating. An outdoor cosy space provided shelter for children from most weathers ensuring they were comfortable and experiencing fresh air.

Children had opportunities to be part of and become familiar with the local community on visits to the local Botanics Park, walks along the canal and using public transport to visit museums and parks. Indoor and outdoors risk assessments were in place and included information of hazards and control measures to reduce the level of injury and harm to children. We made suggestions to support with improving risk assessments to include staff and children using public transport. The manager agreed to review these with staff. This would support all staff working towards the same shared control measures, to support safe and secure environments for children.

Children and staff were washing their hands before and after mealtimes, after activities of outdoor play and personal care tasks. This contributed to minimising the potential spread of infection.

The service's nappy changing area was in an area also used for laundry. This did not follow best practice in relation to infection prevention and control. As this has the potential to compromise children's health and well-being, we have continued to make an area for improvement (see area for improvement 1). Discussions have been taking place amongst the leadership team to improve infection control for changing children, the laundering of items and the nappy changing area is being looked at to support this improvement.

Areas for improvement

1. To ensure the health, safety and wellbeing of children, the provider should improve nappy changing facilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'I experience an environment that is well looked after with clean, tidy and well-maintained premises,

furnishings and equipment' (HSCS 5.24).

This is to ensure changing facilities are consistent with the Care Inspectorate Document: 'Nappy changing for early learning and Childcare settings (excluding childminders)'.

How good is our leadership?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality Indicator 3.1: Quality assurance and improvement are led well

The manager was passionate, visible, friendly, and approachable to children, families, and staff. Staff knew the manager well and almost all staff told us they felt supported by them.

A quality assurance calendar was in place and management had been using this to monitor and audit aspects of the service to include medication and accidents and incidents. This contributed to identifying strengths and areas for development. We identified some quality assurance tasks had not been completed recently. The completion of regular and consistent quality assurance tasks has the potential to improve outcomes for children and their families.

Informal monitoring of practice was taking place by the manager of the service. This was a positive start in supporting continual staff development that promotes positive outcomes for children. We suggested formalising this process to enable management to easily identify any training needs.

The service had an improvement plan in place. Although the plan was in the early stages, the service had begun to make continued developments to their outdoor play environment and extended home link opportunities for children and their families. We could see and staff, management and parents told us the positive outcome and impact this was having for children's play and learning.

There was distributed leadership with staff having the responsibility of champion roles. This supported staff to be accountable based on their skills and interests to make improvements within the service.

Regular team meetings took place and was an opportunity for the manager and staff to discuss and reflect on the service delivery, policy updates and learning and development. Staff told us they can share their ideas with the manager. This supported opportunities for good communication across the team.

Families had opportunities to be involved in self-evaluation of the service. Almost all parents told us they and their children were involved in a meaningful way to help develop the service. Management and staff used an online application to share information with parents and gather views for improvements. Questionnaires provided families the opportunity to comment on changes within the service and offer their own suggestions. The service should consider ways to share with families how their suggestions were being taken forward to make developments to improve outcomes for children and their families. Contributing to valuing families suggestions. Self evaluation could be enhanced by consulting with children for changes to be made within the service. This has the potential to support children with increased ownership and responsibility.

How good is our staff team?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality Indicator 4.3: Staff Deployment

There was a small core staff team who were present to care for the children. The staff team had undergone changes. Some of these changes involved staff who had previously cared for children in the service returning. Key working arrangements ensured there was consistency in individual children's care across the day.

The service was recruiting three new members of staff. Management and staff were receiving support from staff members from their sister nursery and the manager was supporting with lunch cover across playrooms to enable staff to rest, be refreshed and to meet children's needs. The additional staff members have the potential to improve outcomes for children's care, play and learning and to support the manager to fulfil their responsibilities as part of their role. Parents commented, "Often rooms can be amalgamated at the start or end of the day, appearing to look like there are staffing challenges," and "Sometimes it's hard to keep up with who is who, as they are not always introduced in person."

We observed examples of communication and team working taking place to meet children needs and carry out tasks. Staff told us they worked well as a team. Staff supported each other and communicated when leaving a space or attending to a child's needs. Staff used radio communication between environments to communicate with each other and management and to provide support when needed.

We sampled staff rota's and identified there were instances where the service was looking as though minimum adult to child ratios were not being met. On further investigation we were able to see in almost all instances there was appropriate cover. We suggested the provider and manager have a system to support with recording when and where staff are moving rooms to provide cover or staff from sister services are supporting. This would contribute to a true reflection of the service meeting as a minimum adult to child ratios.

Improvements had been made to the recruitment of staff to the service. Staff were recruited safely in line with best practice guidance 'Safer Recruitment through Better Recruitment.' Staff were registered with a regulatory body and renewing their annual declarations. This contributed to children being protected from harm.

Staff were supported to develop their skills and knowledge through attending professional development. Staff showed their commitment to continue to learn and develop their skills, knowledge, and practice by undertaking additional qualifications. This supported children to receive good care, support and learning. A staff member told us, "We have two members of staff taking on university courses and three currently undertaking their Level four proving our commitment to continuous professional development."

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 the health, safety and wellbeing of children, the provider should improve nappy changing facilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

This is to ensure changing facilities are consistent with the Care Inspectorate Document: 'Nappy changing for early learning and Childcare settings (excluding childminders)'.

This area for improvement was made on 13 November 2024.

Action taken since then

The provider and manager were continuing to plan for changes to the nappy changing facilities.

The area for improvement had not been met. Please refer to 'How good is our setting?' for further information.

Previous area for improvement 2

To safeguard and protect children the provider should ensure that safe recruitment procedures are in place and followed. This should include but not be limited to receipt of a minimum of two references, before providing care to children and staff renew their annual declarations with their professional body within appropriate timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 area for improvement was made on 13 November 2024.

Action taken since then

Staff were recruited safely with the receipt of a minimum of two references before employment. Staff were registered with a regulatory body and renewing their annual declarations.

We were satisfied the area for improvement had 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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