

Cabbage Patch Nursery Day Care of Children

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Type of inspection:
Unannounced

Completed on:
11 June 2025

Service provided by:
Collin Care Limited

Service provider number:
SP2008009795

Service no:
CS2008180097

About the service

Cabbage Patch Nursery is registered to provide care for 38 children from birth to those not yet attending primary school. Nine children from birth to two years, 11 children aged two to under three years and 18 children aged from three to those not yet attending primary school.

Care is provided from a stand alone building, located within an industrial estate in Wishaw, North Lanarkshire. The service is located near shops and transport routes. Children experience care from two playrooms and two enclosed gardens.

About the inspection

This was an unannounced inspection which took place on 10 and 11 June 2025 between 09:15 and 17:00. 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 16 children using the service
- reviewed electronic feedback received from 26 parents
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children experienced warm, caring and nurturing care from a staff team that knew them well.
- Children's health and wellbeing was enhanced through daily access to outdoor play.
- Medication should be developed to reflect best practice.
- The environment offered a range of play experiences, that supported child led play.
- Quality assurance processes were supporting the continuous improvement of the service.
- Staff were flexible and supportive of each other. They worked well as a team to support and care for children as individuals.
- Nappy changing area needed to be developed to support children dignity and privacy.
- The manager and staff team were committed and happy in their roles helping create a positive environment 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?	5 - Very 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 attending the service were happy, settled and secure in the setting. They were playing throughout the service with friends and staff and were engaged in their play and having fun.

Children experienced kind and nurturing approaches from a staff team who had formed positive and supportive relationships with them. Parents described staff as "dedicated staff who love and nurture our most precious people" and "caring, nurturing staff. Always welcoming and making me feel at ease leaving my child." Families spoke about staff knowing their child well, feeling welcomed and staff taking time to talk with them. As a result, there were good connections between families and the staff team that promoted positive partnership working.

Staff knew the care and support needs of individual children well, this was supported with warm, caring and nurturing approaches to both their personal care needs and their learning needs. We observed that children's permission was sought before personal care was carried out. This meant children's choice was respected and their play was not disrupted, whilst ensuring their care needs were met.

Personal plans were in place for all children. These contained relevant information such as children likes, dislikes and interest. These were regularly updated to ensure children's interest and preference were current. We discussed where some plans could be further developed to reflect children's care needs, for example, sleep routines. Parents told us "we always have meetings, I'm kept up to date with my [child's] development plans and have regular reviews of these" and "they listen, they help me with milestones and make me feel welcome and heard."

We discussed where personal plans could be further developed to ensure a consistent approach, as not all plans had the same level of detail. This included ensuring clear strategies and next steps were identified to support children's learning and development. The manager shared their plans to further develop personal plans to reflect children's holistic needs and development, with clear links to the wellbeing indicators. We agreed these would support the individual needs of children, ensuring support is meaningful and relevant to their overall development and wellbeing.

Children were encouraged to make independent choices throughout their session including snack time. We observed snack time to be a time for children and staff to talk together and connect. This experience promoted children to develop skills in literacy and numeracy through conversation and problem solving, as well as promoting their independence. This promoted a positive snack experiences.

Children experienced a warm, unhurried lunchtime experience. Opportunities for some children to self-serve were provided, which supported their independence and skills for life. We discussed where these opportunities could be further enhanced, for example, children setting the table and ensuring a consistent approach in children self serving. Staff sat alongside children and positioned themselves well to offer support when required.

They interacted with children throughout the lunchtime experience, supporting their language and communication skills. One child told us "lunches are nice, if we don't like it we can get something else."

We discussed where the storage of medication could be improved. This included some medication not being stored appropriately according to the dispensing label. Whilst medication records were complete, these were not stored alongside medication and one form could not be easily found on our request. We found forms were missing important information such as signs and symptoms, which would support staff in administering medication safely.

The manager reviewed this and took action immediately. However, we discussed where medication procedures could be further developed to ensure regular reviews were taking place with parents. This would help to ensure all information recorded was current. The provider should review their approaches to medication. We signposted them to management of medication in day care of children setting guidance. (See Area for Improvement 1).

Appropriate arrangements were in place to support children who slept while at nursery. Staff closely supervised children and ensured each child had individual bedding, which contributed to providing a safe, comfortable sleep time for children.

Quality indicator: 1.3 Play and learning

Children had fun while at nursery. Staff positioned themselves at children's level and engaged with them throughout play experiences. Children told us "we can play outdoors and read stories", "I like building castles" and "I love my nursery, it's always great fun here."

Across the service, children were settled and engaged in play. The service supported children's movement between indoor and outdoor spaces. This ensured children could lead their play and benefitted from extended periods outdoors. We discussed how the use of visuals would further support younger children in making choices about their play.

Overall, there were a good range of varied play experiences to support children's play and learning. Most resources were displayed in a way that promoted choice and independence. Children were confident in making independent choices and were engaged in their learning. For example, children, had fun playing with blocks and enjoyed water play. Children were engaged for prolonged periods of time with this. We discussed where this could be further developed within the baby room, to create an enabling environment where children could lead their learning.

Play experiences provided opportunities for children to develop their skills in language, literacy and numeracy. For example, staff read stories to children, who joined in to repeat words and they sang with children. Children's numeracy skills were supported through staff interactions. Staff used mathematical language to support children when counting, measuring, sorting and matching. Staff should continue to develop their approaches and reflect numeracy and literacy in all areas.

Staff should continue to develop their skills and confidence in extending children's learning through meaningful conversations. To further support staff's understanding of how children learn and develop the management team should continue with planned training and development opportunities.

Planning had recently been reviewed and this was beginning to support play opportunities for children. We discussed where plans could be further developed to ensure staff were giving consideration to spaces, opportunities and their interactions, whilst also responding to children's current needs and interests. The service had plans to develop their planning process and provided an overview of their approach going forward. We agreed this would support staff in delivering planning approaches that were responsive to the developmental needs and interest of children.

Areas for improvement

1. To ensure children's health needs are met, the provider should improve medication processes to ensure relevant information is gathered to administer medicine safely. This includes, but is not limited to, ensuring reason for medication is recorded and medication is regularly reviewed with parents.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

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

Playrooms were bright, well-ventilated and providing a warm and nurturing environment for children. Children had individual spaces to store their bags and jackets helping provide a sense of belonging. One parent told us "I feel the nursery is so welcoming it's like dropping my daughter off at a friends house. [They] love it and is always so excited to go."

Careful consideration had been given to the layout of most rooms to offer a range of spaces for children to make choices, support their interest and develop their ideas. The freely chosen play opportunities allowed older children to lead and direct their own learning, both indoors and outdoors. Most spaces were interesting and well resourced, promoting curiosity, imagination and a sense of wonder. This included using a range of real life and open-ended resources, within the role play area, to create a homely feel and enable children to participate in role play opportunities. Children benefitted from a large block play area which supported children's creativity and problem solving. One parent told us "there is lots for children to play with to develop all senses and motor skill as well as other experiences."

We discussed where further consideration could be given to support children's play and development within younger playrooms. This included reviewing the room layout to create cosier spaces and giving consideration to the use of low down furniture to support physical development for some children. The provider should also provide further toys and materials to support sensory and schematic play.

Children's health and wellbeing was promoted through daily outdoor play experiences, which could be accessed in all weather. Older children were confident moving freely and independently between the indoor and outdoor spaces. The garden for older children had recently been reviewed and an environment audit had supported staff to make changes.

This included ensuring experiences offered indoors were reflected in the outdoor space, including a wide range of play opportunities which supported children's physical development and exploration. The outdoor area, for older children, offered a range of natural, loose parts and open-ended material that supported curiosity and imagination. Resources were easily accessible for children to independently access and direct their learning outdoors. Children spent prolonged periods of time exploring natural materials, such as water, sand and mud at the mud kitchen. We also discussed where some areas could be further enhanced. We discussed where further consideration should be given to outdoor play spaces for younger children, to help ensure they are offered a range of challenging and stimulating play experiences to support their play and learning. The service shared they have plans to develop the baby room garden, which included replacing some parts of the decking.

Children benefitted from a safe and secure setting with a range of safety measures in place to ensure children did not come to harm. This included, secure entry systems, clear boundary fencing, secure gates as well as regular headcounts and communication between staff. We asked the service to add finger guards to some doors to further consider children's safety.

Infection control practices helped to minimise the potential spread of infection, supporting a safe environment for children. Handwashing took place regularly and nappy changing areas were clean with Personal Protective Equipment (PPE) being stored appropriately. We identified some areas that would benefit from further action. For example, removing items that should not be stored in toilet areas. The manager agreed and had taken action to remove some materials before the inspection was completed.

Improvements were needed to the toilet and nappy changing facilities to ensure children experienced privacy and dignity when having their nappy changed. Whilst the service had identified where some improvements were required, we signposted them to best practice guidance, such as 'Space to grow and thrive' available on the Care Inspectorate Hub, to further support them. The provider should take steps to ensure children's privacy and dignity during care routines. (See Area for Improvement 1).

Accidents and incidents were managed well to support children's health and wellbeing. Accident forms were completed and appropriate first aid administered when needed. Regular audits of accidents were taking place, however audits should be further developed to detail any patterns occurring and actions taken which are needed to minimise repetition and contribute to keeping children safe.

Areas for improvement

1. To support children's health and wellbeing, the provider should make improvements to the toilet and changing facilities for children to protect their privacy and dignity.

This is to ensure that care and support is consistent with the Health and Social care Standards (HSCS) which state: "If I require intimate care, this is carried out in a dignified way, with my privacy and preferences respected." (HSCS 1.4).

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

Management and staff all worked together to ensure a positive ethos within the setting. Quality assurance across the service had identified strengths and areas for improvement. Leaders were committed to developing staff confidence and skills, empowering them to reflect on practice leading to improved outcomes for children and families.

Quality assurance approaches were in place to support the continuous improvement of the service. A detailed improvement plan was in place to support the development of outdoor spaces. Staff were involved within self-evaluation approaches and were contributing toward changes within the setting. The setting had identified that parental engagement would be a focus for their upcoming improvement plan and we agreed this would be beneficial in further supporting positive connections with families.

Whilst self evaluation was supporting continuous development of the service there were some areas of practice that needed to be further developed. Regular auditing and monitoring took place across a range of areas, which was beginning to support and develop staff practice. We discussed where some audits could be further enhanced to ensure they were meaningful to the service, for example accident and incident audits. At the time of inspection, the service had processes in place to audit medication. However, we found both the service and provider level audits did not identify the concerns we identified in quality indicator 1.1, nurturing care and support. The service should continue to develop their audit approaches to ensure they support and inform current best practice.

The service had a wealth of policies to inform their practice. We discussed with the manager how the child protection policy should be reviewed to ensure it reflects current practice and guidance.

Monitoring approaches were beginning to support staff to reflect on and improve their practice, which was contributing towards consistent and quality experiences for children. We discussed where some approaches, for example staff appraisals, could be further developed to support staff to reflect on their practice and identify further training and support which would contribute towards positive outcomes for children.

Opportunities to include families in the service and welcome their feedback was provided through questionnaires and informal chats and online platforms. Information was shared with families through a range of communication methods, such as online newsletters and daily conversations, which helped families feel included. Parents told us, "they are happy to adjust things based on feedback, no matter how small and are always keen to get our feedback" and "we are asked for our opinions to help them evaluate the service." The service should continue to develop partnership working with parents in all aspects of nursery life. Whilst also developing approaches to involve children in the design of service delivery.

How good is our staff team?**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator: 4.3 Staff deployment

Staff recognised the importance of offering kind, sensitive and respectful interactions. There were sufficient staff to meet the needs of individual children, which meant staff had time to listen, care and respond to children, helping them feel valued and loved. Parents told us "management always takes into account the amount of children and ensures there is enough staff in to meet the needs of all children" and "staff are brilliant and accommodating."

Staff were happy, motivated and focused on children's needs. They worked well together, creating a positive and caring environment for children, which helped children feel safe and nurtured. There was a good mix of skills, knowledge and strengths among the staff team across the whole day. As a result, children explored play and learning at a pace that was right for them, while being supported and encouraged.

Parents told us they really valued the level of communication staff had established. This helped to ensure positive transitions for children and effective information sharing with their families. Staff understood that continuity of care was important for children making transitions within playrooms. All parents commented positively on the support their children received. Parents told us "they are always positive, and keen to help and will always go above and beyond if they can", "excellent communication on how [my child] is getting on" and "I'm always kept updated on [my child's] day, [they] thrive going to nursery and are always happy and has come on loads and learns loads at nursery."

Staff worked well to ensure children were supervised throughout the day and there was minimal disruption to their play. The wellbeing of staff was well planned to ensure they had time to rest and refresh. During these times children continued to have full access to the provision indoors and outdoors. As a result, there was no disruption to care, play and learning.

Staff had been safely recruited and were suitable registered with the Scottish Social Services Council, the professional body overseeing registration of childcare staff. An induction programme supported new staff at a pace that was right for them. This included being mentored by a designated member of staff and the wider team who shared their skills and knowledge.

Staff told us they felt supported by the leadership team. Management was providing additional support to help staff fully understand their roles and responsibilities with all staff describing a supportive atmosphere helping them to work well as a team.

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

The provider should ensure all personal plans for children, either in paper form or online, adhere with legislation.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: '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 11 September 2018.

Action taken since then

Personal plans were in place for all children and were accessible to all staff. Parents were involved in creating and reviewing personal plans every six months, or sooner if relevant.

Whilst personal plans were adhering to legislation, we discussed where some changes could be made to ensure all personal plans were signed by parents. We also discussed where some targets could be streamlined to ensure targets are specific and focused. This has been reported within quality indicator 1.1.

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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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