

Thrive Childcare and Education Happitots Garrowhill Day Care of Children

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Type of inspection:
Unannounced

Completed on:
11 June 2025

Service provided by:
Bertram Nurseries Limited

Service provider number:
SP2003002955

Service no:
CS2003005988

About the service

Thrive Childcare and Education Happitots Garrowhill provides a care service in the Garrowhill area of Glasgow. They are registered to care for a maximum of 61 children. This includes 15 children aged six weeks to under two years; 14 children aged two to under three years; 32 children aged three years to those not yet attending school for full days. A maximum of ten children of school age, in their first year of primary school only, can attend from mid-August until mid-September. Children are cared for across the two storey building within four playrooms. Children have access to a small enclosed outdoor play area. The service is close to schools, shops, parks and other amenities.

About the inspection

This was an unannounced inspection which took place on 10 and 11 June 2025 between 09:00 and 17:00. Feedback was provided to the manager on 11 June 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. 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.

In making our evaluations of the service we:

- spoke with children using the service and received feedback from seven of their family members.
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children experienced warm and caring interactions from staff, which helped them feel safe and secure.
- Personal plans should be reviewed to ensure information is updated with families to reflect current needs of children.
- Younger children experienced relaxed and sociable mealtimes. Mealtime routines for older children should be reviewed to help provide a consistent approach and minimise disruptions to children play.
- Children could sleep and rest in response to their needs, supporting their overall wellbeing.
- Play spaces should be further developed to provide stimulating play opportunities to support children's curiosity, problem solving and discovery.
- Quality assurance processes should be further developed to improve positive outcomes for children.
- Improvements were needed to toilets, nappy changing facilities and kitchen areas.
- Children benefitted from daily opportunities to access outdoors. Staff should consider how to maximise the use of other outdoor spaces, to promote high quality play and learning and support children's overall wellbeing.
- Staff deployment needed to be reviewed to help ensure staff are supported in their role to provided a consistent approach to children's care, with a focus on building positive connection with children and families.

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 strengths only just outweighed weaknesses.

Quality Indicator: 1.1 Nurturing care and support.

Children mostly experienced kind and caring interactions that supported them to feel safe and secure. For example, staff offered cuddles, praise and reassurance. Some parents told us that staff were friendly and helpful. Staff took time to welcome children and ask them how they were, helping them to feel valued and included.

However, at times interactions became less nurturing when staff were busy with other tasks. This meant that staff did not always pick up on children's cues to enable them to quickly respond to their needs. For example, older children waited for a long time to get out to the garden, whilst staff tidied the room or were supporting other children. Staff should continue to develop their confidence and skills to providing responsive care and support for children when they need it.

Most staff knew children well and could tell us about their likes, dislikes and care routines. Personal plan systems had been updated, which helped gather relevant information to support meeting children's needs. However, we found gaps in some children's plans and identified where more information was needed to support their needs and wishes. For example, some plans needed to be reviewed with families, and others needed more information about strategies to support children's needs and records of their progress and next steps.

Most parents agreed they were involved in creating personal plans and some identified they would like more communication on their child's development. We discussed where more information could be shared with families about children's progress. One parent told us " [we] need more involved on a parent's side with the development / reviewing plan, one to one conversations would be ideal on knowing how they are doing." The manager agreed to review personal plans and make necessary improvements (**see area for improvement 1**).

Children's personal care needs were met in response to their needs. Children were sensitively supported with toileting and nappy changing routines. We discussed where further consideration could be given to improving nappy changing rotas, to help ensure the most familiar person is available to respect children's preferences and promote positive attachments.

Children were offered a variety of food choices throughout the day, helping ensure they were not hungry. This included breakfast, lunch and two snacks. Staff were aware of children's dietary needs and preferences. One parent commented that there is a "wide range of healthy foods and snack are given to my child and I am updated about what my child has ate each day." Children ate alongside other children helping to promote their social skills. Staff provided appropriate supervision helping ensure they could respond quickly to any choking episodes. However, we discussed where, at times, staff were busy recording what children have eaten, which took away opportunities for natural conversation with children. Staff should be mindful of the valuable opportunities to help promote language development during mealtimes (**see area for improvement 2**).

Children's independence was promoted as they were encouraged to self-serve meals and tidy away their plates. This supported their preferences and contributed to positive eating experiences. However, we found that approaches to mealtimes were inconsistent for older children, as routines changed in response to numbers of children attending. For example, sometimes children ate together and other times they ate at separate sittings. We discussed that staff should consider widening the 'rolling' approach that worked well at breakfast time. This could support children to choose when they ate. This would help to reduce disruptions to children's play, supporting their choices and wellbeing.

Children could sleep and rest in response to their needs which promoted their overall wellbeing. Cots and sleep mats were available, supporting children's comfort. Staff supervised children well during sleep, helping ensure they were kept safe.

We reviewed systems in place for the safe administration of medication. Medicines were stored safely in line with guidance and were easily accessible when required. Signs and symptoms were clearly recorded on consent paperwork. This helped ensure staff had the right information required to administer medicines when needed.

Quality Indicator: 1.3 Play and learning.

Children chose from some play opportunities that met their interest. For example, water play, sand, playdough, and arts and crafts. Children enjoyed pretending using playdough to make 'blueberry soup' and 'ice-cream' and pretending to wash the babies' clothes for going on holiday. This supported their imagination and social skills.

However, we discussed where more play materials were needed across the setting to support high quality play opportunities. Children would benefit from more natural and interesting toys and materials to simulate their play ideas. Widening play materials that can be freely chosen would support children's curiosity, problem solving and discovery. This is discussed further under 2.2 high quality facilities.

Children's sensory skills were supported as they explored with sand, porridge oats and making noises crunching cereal. Staff supported babies to develop their physical skills by encouraging balancing and walking using appropriate strategies. One parent commented "my [child] can participate in different sensory and development activities." However, we discussed where there were missed opportunities to extend children's learning and build on their interests. Staff should be supported to develop their understanding of child development to support high quality play and learning experiences.

Some play opportunities promoted children's early literacy skills. For example, staff sat with children reading stories, mark making with a variety of materials and singing songs. Staff sang along with children and at times accessed music on digital technology, in response to children's requests.

Whilst children made their own choices about where to play indoors, they could not freely choose when to play outdoors, due to the limited shared space between the age groups. Whilst staff had systems in place to help support this, for example, walkie talkies to communicate with each other and photos for children to communicate their wishes, children waited too long for staff to organise these experiences due to staff deployment. This meant children became disengaged and at times found this difficult to manage. A few children asked staff repeatedly when they were going out. Staff should review the pace of the day to help ensure children can access outdoor play in a timelier manner and do not have unnecessary periods of waiting for this to be organised. One child excitedly told us "I am going to the park when [staff member] comes back".

Children experienced a mix of adult led and responsive planning. Paperwork had been reviewed and some staff found this supported them to plan for individual experiences for younger children. However, this was not consistent across the setting and this need to be further developed for older children. Staff were in the early stages of using floor books to help record photos of play experiences. Further consideration could be given to adding children's voice and recording learning. Staff should be supported to develop their skills of using observations, to identify learning and meaningful next steps for children. This would help inform planning within the room. A related area for improvement was made at the last inspection and this will be repeated. Information can be found at the back of this report.

Areas for improvement

1. To support children's wellbeing and development, the provider should review personal plans to ensure they set out how their individual needs will be met, as well as their wishes and choices. This should include, but not be limited to, ensuring that personal plans are regularly reviewed with children and parents to ensure that information is up to date, to reflect children's current needs, wishes and choices.

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).

2. To promote children's wellbeing and ensure they have a relaxing and sociable eating experience, the provider should improve mealtime experiences. This should include but not be limited to, reviewing mealtime routines and improve staff interactions to promote a calm and social experience.

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

'I can enjoy unhurried mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

2.2 Children experience high quality facilities.

Children mostly experienced comfortable, bright and tidy play spaces. Playrooms had recently been reorganised, helping provide defined areas for play. New furniture was in place which supported the accessibility of play materials, and new tables and chairs for mealtimes and play experiences contributed to a welcoming environment.

The service had recently re-opened additional playrooms in response to increased numbers of children. Wall displays had been refreshed and soft furnishings added, helping create cosy and homely spaces for children. For example, cosy reading dens, fairy lights and wicker baskets. This provided comfortable spaces for children. which helped support their wellbeing.

Whilst we acknowledge where improvements had been made to some play spaces, we discussed the importance of now increasing the amount of toys and materials to support children to lead their own play.

Many areas did not contain a wide range of rich stimulating play resources to support children's learning. For example, the home area needed more materials to support imagination and the mud kitchen needed more utensils to support children to explore, mix and discover. In addition, younger babies would benefit from more real and interesting materials to support their curiosity and help spark connections in their brains. Staff agreed that children would benefit from more resources and they would like better outdoor space. One staff member told us "I feel like we have good resources, however we could always use more. I feel like some resources are a bit outdated or overused."

External factors for securing additional land had impacted on plans to expand outdoor space for children. Leaders acknowledged the current facilities did not offer enough space to support the many benefits of outdoor play. As a result, staff spent time communicating with each other to organise the use of the available space for different groups of children. This impacted on children's choice as they could not freely choose between indoor and outdoor play. They also experienced prolonged periods of waiting, whilst this was organised. One parent told us "expanding the outdoor area would be great so the children would have more room and give the staff more space to carry out activities". A requirement was made at a previous inspection in relation to improvements needed to the environment. This has been continued and can be found at the back of the report.

Children benefited from some opportunities to visit play parks in the local area. However, at times this was busy with other visitors, which meant children did not have enough space to explore freely to foster their independence and physical skills. Staff should consider how to increase opportunities for accessing more green spaces throughout the day. This would help provide children with a sense of freedom and promote opportunities to learn about nature. Staff were motivated to promote outdoor play to further enhance children's experiences. They should now be supported to develop their knowledge and skills to help provide quality play opportunities in a natural environment. One parent told us "the children spend time outside each day either in the garden, the park or going a walk."

Some measures were in place to help keep children safe. For example, a secure entrance and protecting children from exposure to strong sunlight. Staff took first aid kits and mobile phone on trips to help ensure they were equipped to deal with any accidents. Staff should be involved in reviewing risk assessments to include potential risks within outdoor spaces. They should work well together to promote a safe environment for children. For example, we discussed reviewing the use of bikes and the parachute in insufficient play spaces, which created a potential risk to children. We were satisfied that leaders responded to our concerns before the end of the inspection.

Infection control practices minimised the potential spread of infection. For example, children were confident in their hand washing routines at snack and lunchtimes and there was regular cleaning of touch points and food areas. We noted that most toilet facilities and kitchen areas were poorly maintained and needed attention. The service confirmed plans to refurbish these areas over the next few months. These included adaptations needed to changing facilities due to the increase in numbers of children.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator: 3.1 Quality assurance and improvement are led well.

The service had experienced significant changes within the last year. This included changes within the staff team and play spaces being adapted to accommodate the increased numbers of children. This had

impacted on the pace of change for improvements. Managers had been working on creating welcoming play spaces for children. They recognised that more needs to be done to help deliver the aims of the service. They were working towards creating a nurturing environment to support children's growth and development. Parents were positive about the changes and told us "overall I think it is a good nursery. My [child] started just as new management took over and I can see improvement from then until now" and "I have noticed huge improvements in staff numbers, attitude, outdoor play, room structure and activities since the change in management."

Staff were in the early stages of developing the use of self-evaluation and improvement planning. For example, staff contributed to sharing ideas what they need to do to make positive changes. This included, improving planning, observations and staff training. We recognised that the service had plans to improve the environment. Staff agreed where they needed more resources, to help create stimulating play spaces for children. Staff would benefit from further opportunities to reflect on practice, based on best practice guidance. This would help bring about positive change for children and families.

To support improvement, approaches to quality assurance should be more robust. This should include monitoring and auditing of personal, plans, accident and incidents and update to risk assessments and experiences for children. The manager was visible within the setting and provided regular support and guidance to staff to help meet the needs of children. Recruitment was underway for additional leadership staff. This will help support the improvements within the service (**see area for improvement 1**).

The manager welcomed feedback from families and used questionnaire to help gather their views. A communication board was situated in the corridor area to help keep families updated about information about the service. We suggested that they should now consider more ways to help ensure families are meaningfully involved in developing the service.

Areas for improvement

1.
To support children's wellbeing and development, the provider should ensure that quality assurance processes are improved and impact positively on outcomes for children and families.

This should include, but is not limited to, identifying and prioritising improvements needed and how they will be achieved, and ensuring they monitor the quality of provision across the service.

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).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator: 4.3 staff deployment.

Staff were kind and caring, which contributed to a warm environment for children. Staff welcomed children and families when they arrived, which helped children settle and promoted positive relationships. Staff

photos were displayed outside rooms, helping families know who was caring for their children. Parents told us they have a positive relationship with staff. Comments included: "The staff are all welcoming and always address my [child] by their name even if [they are] not in their room", "staff are always friendly and helpful, and happy to have a chat if I have any concerns" and "always available and friendly."

There had been recent changes to deployment of staff across the service and staff had moved rooms. As a result, some staff were taking time to get know children and families. However, for some children this impacted on their wellbeing, as it disrupted positive attachments that had been formed with keyworkers. As a result, staff were not always able to respond to children's needs and we saw some children were looking for key staff. We discussed where more careful consideration should be given to planning and redeploying staff. This would help to help minimise disruptions to children's care and attachments. One child told us their keyworker had moved up the stairs and they felt "sad as they were their favourite" and one parent told us "I feel like the rooms being swapped about far too often. I feel my [child] and possibly other children build a close relationship with a teacher, who are then moved and this causes some distress."

There was a mix of skills across the day and more experienced members of the team were supporting new staff settle into their role. They had begun to build on their knowledge and skills, which promoted their professional development. Supply staff were employed with the service and a familiar face for children and families. This helped provide consistency for children. In addition, rotas were in place to help ensure there were enough staff to provide care for children and allow staff to have breaks and refresh. However, this was challenging for staff at busier times of the day. They worked hard to help ensure they met the needs of children as well as supporting newer staff.

Staff communicated well with each other about plans for the day and if a task took them away from their role. The use of walkie talkies helped to ensure staff communicated quickly across other rooms and with the manager when needed. Staff were flexible in their approach to support other playrooms when needed. This contributed to good team work. However, staff should be mindful of the impact of movement on children's wellbeing.

Staff had participated in some training to support them in their role. For example, child protection. They were eager to develop their skills and knowledge further and would benefit from opportunities to participate in training relevant to their role. This would help them develop knowledge of best practice guidance, helping to build their confidence. This will support staff to develop high quality care, play and learning experiences for children across the day.

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

Requirements

Requirement 1

By 31 March 2024, in order to support children to achieve their full potential through play they should experience stimulating and challenging indoor and outdoor play spaces every day. In order to achieve this the provider must:

- (a) Improve the quality and variety of resources and equipment available to children in the secure outdoor play spaces. Available resources must be age appropriate, effectively organised and presented in order to support a wide range of types of play and stimulate children's natural curiosity, learning and creativity.
- (b) Review room arrangements to ensure that all children aged three to five years have access to a wide range of play types and resources on a scale suitable to their age and stage of development.
- (c) Ensure all outdoor play spaces are secure, well maintained and freely accessible by children.
- (d) Ensure staff undertake training that will; develop their confidence and skills in developing the spaces and resources used for outdoor learning and play; support them to follow planning approaches for outdoor play that focus on providing children with a sense of challenge and purposeful engagement.
- (e) Ensure the management team establish monitoring systems that support all children to participate in a range of recreational, social, creative, physical and learning activities every day outdoors as well as provide regular access to play beyond the nursery setting.

This is to ensure that the care and support is consistent with the Health and Social Care Standards My support, my life Standards: 1.25 "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors."

1.32 "As a child, I play outdoors every day and regularly explore a natural environment."

This is in order to comply with: Principle 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)
This requirement was made on 25 September 2023.

This requirement was made on 23 September 2023.

Action taken on previous requirement

Whilst some action had been undertaken to help improve the indoor and outdoor environment, we found that more toys and materials were needed to support high quality play. In addition, due to limited outdoor space and increased numbers of children, more opportunities were needed for children to access outdoor play. Staff would benefit from training opportunities to build their knowledge and ideas to support outdoor play. Plans were in place to increase the provision of outdoor space, but this had not yet been actioned.

This requirement had not been met and we have agreed an extension until 26 September 2025.

Not met

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 support children aged three to five years in terms of their learning, wellbeing and development, the provider should improve planning approaches for collaborative play. This should include, but not be limited to:

- Ensuring staff undertake training that will support them to follow observation and planning approaches that focus on capturing and responding to the play interest of a group of children in the present moment.
- Children's shared ideas, wishes, and interests should inform planned play experiences and should be evident within the observation, assessment, and planning cycle.
- Staff planning approaches for collaborative play and learning should be consistently monitored.

This is to ensure that the care and support is consistent with the Health and Social Care Standards My support, my life.

"As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity." (HSCS 2.27)

This area for improvement was made on 19 October 2023.

Action taken since then

New paperwork had been introduced to support staff with planning. However, this was not yet fully embedded. Floor books had been introduced and these were in the early staged of being developed. They did not yet contain observations of learning, or children's comments to support the planning cycle.

Therefore, this area for improvement has not been met and will be continued.

Previous area for improvement 2

To support children and parents when concerns are raised about the service, the provider should review their practice for investigating complaints or concerns.

In doing so, at a minimum, consideration should be given to: Ensuring communication with parents is meaningful, accurate and clear. Ensuring concerns are addressed with action points to mitigate the accident from happening again. Risk assessments are updated in response to the outcomes of any accidents and incidents. Policies and procedures provide staff with clear guidelines to follow in the event of an accident or incident.

This is in order to comply with:

Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

This area for improvement was made on 17 February 2025.

Action taken since then

The manager has attended training and developed approaches to managing and responding to incidents. This included, updating risk assessments, clearer record keeping and consideration to staff deployment. **Therefore, this area for improvement has been met.**

Previous area for improvement 3

To support children and minimise the risk of harm, the provider should review their risk assessment policy and procedure.

In doing so, at a minimum consideration should be given to:

- Ensuring the environment is properly risk assessed.
- Ensuring concerns raised by parents are taken seriously and acted upon.
- Ensuring the environment is safe for children.

This is in order to comply with:

Health and Social Care Standard 5.17: My environment is secure and safe.

This area for improvement was made on 25 February 2025.

Action taken since then

We identified where more work was needed to help identify risks and include them within risk assessments. For example, use of bikes and visits to parks. Risk assessments should be updated, involving all staff, to help ensure they can recognise and respond to risks to help keep children safe.

Therefore, this area for improvement has not been met and will be continued.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
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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