

# Cumbernauld & Kilsyth Workplace Nursery & OSC - Seafar Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
18 June 2025

**Service provided by:**  
Cumbernauld & Kilsyth Nursery and  
Out of School Care Ltd

**Service provider number:**  
SP2003000972

**Service no:**  
CS2003004642

## About the service

Cumbernauld & Kilsyth Workplace Nursery & OSC – Seafar is registered to provide a care service to a maximum of 43 children at any one time as follows:

- 9 children aged from 0 to under 2 years
- 10 children aged 2 to under 3 years
- 24 children aged from 3 years to those not yet attending primary school.

The service no longer provides out of school care.

Care is provided from a purpose-built property within the Muirfield Community Centre in Cumbernauld, North Lanarkshire. Children are cared for within three playrooms which have direct access to secure gardens. The service is close to schools, parks, shops, transport links and other local amenities.

During the inspection, 28 children were attending the nursery across the three playrooms.

## About the inspection

This was an unannounced inspection which took place from 16 to 18 June 2025 between 08:30 and 17:30. 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 some children using the service and eight of their families
- reviewed responses from six families through our online questionnaire
- spoke with most staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

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

- Staff knew the children's individual needs and worked hard to try and meet these.
- Personal care was carried out with dignity and respect.
- Lunchtime was a positive social experience for most children.
- Children had limited opportunities for child-led play and learning due to insufficient experienced staff.
- Families were sometimes involved in developing and reviewing children's plans and next steps.
- Security measures in the building required review to ensure children's safety.
- Continuity of care to support positive transitions throughout the day was compromised at times.
- Some play spaces offered children challenge, and had been considered to meet children's needs and stages of development.

## 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?	2 - Weak
How good is our setting?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How good is our care, play and learning?

## 2 - Weak

We evaluated different parts of this key question as weak and adequate, with an overall grade of weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

### Quality indicator 1.1: Nurturing care and support

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Staff knew the care and support needs of children and interacted positively with them. Staff mostly responded appropriately to children's requests including when they needed a cuddle. This was more consistent for the younger age groups. Staff were sometimes busy with other tasks which meant that when children required support, they were not always able to respond to their needs. We discussed this with the manager and highlighted that the previous area for improvement in relation to opportunities for play and high quality interactions would be continued.

Personal care routines were carried out with dignity and respect, most children who required to be changed were given choices and offered explanations. For example, a child told staff that they did not want to get changed. This was supported sensitively, and the views of the child were respected, along with the obligation to ensure children's comfort. To promote a consistent approach to respecting children's rights, staff should always engage with children in respectful ways.

For the majority of children, delivery of lunch was delayed and arrived 45 minutes after staff had started preparing for lunch. This delay had a significant impact on children who found it more challenging to regulate their emotions as they became hungry. Once served, lunchtime was a positive, social experience. Children had the opportunity to self-serve, select their own portion size and where they sat at the table. Specific dietary needs were supported sensitively and respectfully. This ensured that lunch was relaxed and unhurried.

Sleep routines were at the child's pace and supported their individual routine in line with family preferences. Sleep mats, children's blankets and comforters were used. Transfers were managed effectively to cots. Most staff had completed safer sleep training and understood the importance positive sleep routines had on wellbeing. This meant that the individual needs of the children were respected and supported.

Personal plans were in place; however, some information had not been updated. All About Me and What Matters to Me records needed to be updated as part of the review to reflect children's needs and wishes and support staff to meet their individual needs. Due to the plans not being easily accessible, staff were unable to access information directly linking to the personal plans and goals identified. This limited children's access to opportunities which had a detrimental effect on their development (see area for improvement 1).

Overall, staff were knowledgeable about child protection procedures. This meant they were well placed to address any concerns should they arise. The service agreed that recording significant events in chronologies would further support monitoring and inform any information sharing required in order to help keep children safe.

The setting had positive relationships with schools to support transitions. During the visit, staff from a school were visiting the service to build connections with the children moving on to primary one next term. This proactive approach supported a more enjoyable and confident start to their next stage of education.

Families were welcomed into the setting and staff took time to talk with them, giving a handover of how the child's session had been. Staff made time at the end of each day to pass information on to the adults collecting children. This was respectful and ensured children's emotional wellbeing was supported. Families told us they had positive relationships with the staff team, and were concerned about the staff being constantly moved around. This impacted on relationships between the setting and home as parents often did not know who was caring for their children each day. We discussed this with the manager who offered assurances that the staff moves were complete, and there were no more changes planned.

### **Quality indicator 1.3: Play and learning**

We made an evaluation of weak for this quality indicator. Whilst we identified some strengths, these were compromised by significant weaknesses.

Some children thrived when leading their own play which helped them explore the world through repeated behaviours called schemas. For example, children interested in spinning (rotation schema) received good support to deepen their understanding of how things rotate. However, other children fascinated by throwing or dropping objects (trajectory schema) lacked guidance on what safe objects to throw. This negatively affected the emotional wellbeing of children and, at times, their safety.

The service told us they had removed many resources from one of the playrooms to support children's emotional wellbeing as well as protecting others from harm. This reduced opportunities and meant that some children found it challenging to find resources that interested them and supported their personal learning needs. Therefore, some children were often bored, leading to emotional responses. Increasing the resources available for the children would result in a more engaging environment to inspire children's curiosity and interest and to support them to lead on their own learning experiences (see requirement 1).

Whilst some children benefited from interactions which promoted language and numeracy through everyday experiences, such as singing and sharing books, this was not consistent across the setting. Due to the reduction in resources being offered, the majority of children did not have access to an environment that was rich in opportunities to develop these skills. This prevented them from building strong learning foundations and meant they weren't all given an equal chance to develop skills vital for literacy and numeracy development.

Current child development theory and practice was not used effectively to develop quality play and learning experiences for children. Some staff were knowledgeable and keen to develop experiences based on their understanding and knowledge of current practice. This was not always supported which resulted in staff who felt their skills and experience were not valued, which reduced morale and impacted on children's experiences.

Some children played imaginatively such as pretending "the floor was lava". There was a missed opportunity by staff to develop children's imagination through effective questions and enquiry. Recognising and responding to these opportunities would help children to further explore their interests and learning about the natural world.

During the inspection, children were supported by experienced staff members to explore the immediate local community through noting number plates and doing litter picks. We encouraged the service to continue to develop this practice, as the local community was a well- resourced area that they would benefit from accessing. This would help children develop and understand risk and safe boundaries, as well as developing a sense of belonging in their community.

## Requirements

1. By 30 September 2025, the provider must uphold children's needs, rights and wishes, and offer a wide range of play experiences. These experiences need to be challenging, engaging and inviting and should directly support children's learning and development. This approach ensures children's learning is relevant, personalised and suitably challenging for their current stage. This should include, but not be limited to:

- a) A consistent approach to planning to include children's personal targets.
- b) Play opportunities which allow children to lead and develop their own learning.
- c) Use of current theory and best practice to develop high quality play and learning experiences.
- d) An environment rich in learning opportunities including those to develop language, literacy and numeracy.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19).

## Areas for improvement

1. To ensure children's individual needs are consistently met, personal plans needed to be reviewed. This should include, but not be limited to:

- personal plans setting out children's current needs and how they will be met
- all staff being aware of and understanding the information within the personal plans and using this to effectively meet each child's needs
- personal plans regularly reviewed and updated in partnership with parents to reflect children's current and emerging needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

## How good is our setting?

## 3 - Adequate

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

**Quality indicator 2.2: Children experience high quality facilities**

Some children experienced an environment that provided warm, cosy and homely experiences where they could explore clearly defined areas and lead their own learning. Others experienced an environment which was not of the same quality and where noise levels were high, therefore conversations were challenging. The manager agreed that the area would benefit from soft furnishings and rugs to absorb some of the noise. Having clearly defined play areas would support children to spend more time exploring the environment and resources, adding more depth to their learning. Providing children with opportunities to focus on activities they are interested in, would support reducing noise levels further.

The majority of children could freely move between indoor and outdoor spaces. The enclosed outdoor space allowed children to explore and develop their problem solving skills. They had access to a range of resources such as bikes, mud kitchen and a sensory hut. Some open ended resources were available throughout the outdoor space, allowing children to develop their imaginative play and curiosity. Whilst these opportunities were present, the outdoor space needed to be developed into an inviting and stimulating play space. This would provide children with engaging, hands-on experiences with real-life resources, such as exploring a mud kitchen or caring for plants. These opportunities develop essential sensory, fine motor, cognitive, language, social-emotional and practical skills.

The service benefited from a secure door entry system which ensured only those permitted could access the building. Arrangements for security to exit the building were not well considered and there was potential for children to leave the setting unnoticed by staff, or be unaccounted for across the day, exposing them to risk of harm. We discussed how security could be improved across the service to ensure that all children were accounted for at all times (see requirement 1).

Children were encouraged to wash their hands at key times throughout the day, such as before lunch. This should be further developed to ensure that staff and children wash their hands at other key times during the day, such as when returning from outdoor play. Children's handwashing should be supervised to ensure it is carried out effectively. This will help reduce the risk of infection.

**Requirements**

1. By 31 October 2025, the provider must ensure children are safe and secure within the setting. Security measures must be reviewed to ensure that children cannot leave the setting unaccompanied by an adult.

This is to comply with Regulation 10(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe" (HSCS 5.19).

## How good is our leadership?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

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

The manager and staff welcomed us and received all feedback openly during the inspection. The service had begun to implement monitoring through playroom observations and individual staff meetings. To ensure meaningful opportunities for in depth reflection on their practice, staff needed to be supported to track children's progress and clearly identify next steps in learning.

The service had established auditing processes for accidents and incidents. Analysing the collected data would enhance these processes, reducing duplicated work and more effectively supporting necessary changes and improvements. The service needed to enhance overall quality monitoring by reviewing, and then embedding, systems to ensure children experience a consistently well-managed service.

Challenges within the service had led to inconsistent staffing which impacted the continuity of care for some children. This change in the staff team had hindered the ability to consistently challenge children in their learning and to implement necessary changes effectively. Parents' feedback confirmed these concerns, with one parent noting, "I never know who is caring for my child." However, other parents offered mixed views, with one stating, "Staff have recently changed in my child's room; however, I have met all staff and they are very receptive to questions etc." These responses, gathered from six questionnaires and eight family discussions, suggested the impact of staff changes varied depending on the specific area of the nursery the child attended.

The service should strengthen recording of concerns including child protection matters and injuries. Adhering to the processes detailed in the Care Inspectorate document: Early learning and childcare services: Guidance on records you must keep and notifications you must make (March 2025) would support practice in this area. Additionally, parents reported raising concerns directly with the service; however, the service did not consistently record or track these, which limited effective monitoring. Consistently following guidance would significantly contribute to the provider complying with legal duties to ensure children's safety and wellbeing and to driving continuous improvement in response to feedback from others (see requirement 1).

The service had successfully identified key priorities in an improvement plan and staff had actively participated in sessions provided by the Care Inspectorate's improvement team. Additionally, the manager had initiated practice monitoring within the playrooms which led to the identification of both individual and team improvements, particularly in nurturing children's emotional wellbeing. We agreed that this focus was crucial, recognising that achieving in education stems directly from children feeling safe and supported in their environment (see area for improvement 1).



## Requirements

1. By 31 December 2025, the provider must ensure all concerns including complaints received directly by the service, child protection matters and notifiable injuries are fully and accurately recorded and tracked. The service must consistently notify the Care Inspectorate of all notifiable events as required.

This is to comply with Regulation 4 and Regulation 19 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

## Areas for improvement

1. To ensure children's wellbeing, the provider should continue to develop a consistently inclusive and supportive culture that ensures all children, families, and staff feel fully valued, respected, and empowered. This includes but is not limited to:

- strengthening leadership approaches to actively promote and embed practices
- encourage open communication
- ensure all voices are heard
- empower staff to confidently promote and implement positive change within the service.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

## How good is our staff team?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

### Quality indicator 4.3: Staff deployment

Throughout the inspection, staff effectively engaged with us. Children were supported by a team who knew them and tried their best to meet their needs. However, at points across the day, there were gaps in specific skills needed to keep children safe and promote high quality experiences and outcomes. Whilst the manager was aware of the challenges, and was in the process of recruiting new staff, we found that at times, the quality of care for children was compromised.

Continuity of care varied across the day, and areas of the nursery, and at times staff became task orientated. When tidying up for lunch, staff were not always focused on the environment or children around them. We asked the service to consider how they could identify opportunities at these times to include the children more through quality engagement and interactions. For example, by involving children in assessing and maintaining a safe environment across the day. This would support children to develop a sense of belonging and ownership over their space which could reduce anxiety and allow them to focus more on play and learning.

Parents were positive regarding the staff with most agreeing that they had a good relationship with the staff caring for their child, sharing comments such as: "Staff are very supportive and as an anxious mum they always reassure me when needed." Positive relationships foster a consistent and trusting environment which is crucial for children's overall wellbeing and willingness to engage in learning and exploration.

Families and staff shared with us that they were, at times, concerned about the level of staffing. Whilst legal ratios were adhered to, they felt the needs of the children were not always being met. Key concerns included a decline in communication and daily feedback, perceived lack of experience among some staff, a chaotic and unstructured environment and insufficient management support for the team. Additionally, they raised concerns about safety issues leading to incidents of children being hurt by other children and becoming reluctant to attend nursery. All of which impacted their wellbeing and development. Recruitment, investment and effective deployment across the setting would support children to engage positively with others, leading to better outcomes (see requirement 1).

The service provides a supportive induction process for new staff using the Scottish Government's national induction resource and mentor support to pinpoint initial training needs. However, to be effective, managers and leaders needed to actively oversee staff's work and encourage ongoing engagement with the resource. This would support staff to reflect on what has gone well and where they could improve. This ongoing guidance and self-assessment should develop a positive starting point from which to develop their skills, and lead to more positive experiences and outcomes for children.

## Requirements

1. By 31 August 2025, the provider must ensure that at all times suitably qualified and competent staff are working in sufficient numbers appropriate for the health, welfare, safety and development needs of all children in their care. This must include providing appropriate and relevant training to ensure staff maintain and enhance their competence to deliver safe, high-quality, person-centred care.

This is to comply with Regulation 15 and Regulation 9 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "My needs are met by the right number of people" (HSCS 3.15).

## 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's wellbeing, learning and development, the provider should review the pace of the day to ensure they meet children's needs. This should include, but is not limited to daily routines, opportunities for play, children's choices and high quality interactions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23) and "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 2 October 2024.**

#### Action taken since then

The pace of the day had been reviewed and children do not have their play interrupted to take part in tasks. However, opportunities for play require further enhancement to ensure that children's needs and choices are respected. High quality interactions were observed in the 0-2 and 2-3 room, being very nurturing and responsive. Within the 3-5 room, there were some instances of high quality interactions when staff were not fire fighting the distressed behaviours from children.

**This area for improvement has not been met.**

#### Previous area for improvement 2

To ensure children's health, wellbeing and safety is protected, the provider should review sleep arrangements for young children. This should include but is not limited to, review of sleep spaces and safe sleep training for staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 2 October 2024.**

#### Action taken since then

All qualified staff had attended safer sleep training. Observations in 0-2 and 2-3 room identified that staff were knowledgeable and understood the safe sleeping guidance.

**This area for improvement has been met.**

## Previous area for improvement 3

To ensure children receive high quality care and support, the provider should develop robust quality assurance processes. This should include, but not be limited to, audits of accidents and incidents, reviewing daily routines and developing approaches to self-evaluation.

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), and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

**This area for improvement was made on 2 October 2024.**

### Action taken since then

Auditing processes were in place for accidents and incidents. The service would benefit from analysis of the data collected to reduce duplication of work and to make processes more effective in supporting changes required in response.

Self-evaluation processes were being embedded and the service had many different approaches to this including an improvement plan. They were working with the Care Inspectorate Improvement team to develop lunch experiences for children. We recognise more time is needed to respond to identified actions. This had not yet had a positive impact on children's experiences and outcomes.

**This area for improvement has not been met.**

## Previous area for improvement 4

To support children's care and wellbeing, the provider should improve staff deployment to meet the needs of children. This should include, but is not limited to, busier times of the day such as mealtimes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15) and "My care and support is consistent and stable because people work together well" (HSCS 3.19).

**This area for improvement was made on 2 October 2024.**

### Action taken since then

Staff deployment presented a challenge throughout day one and continued into day two. Often inexperienced staff were put in situations where they tried managing complex situations and supporting distressed behaviours. They did not always have the skills to do this. Discussion with the service recognised that more skilled and knowledgeable staff were required to support positive outcomes.

Staff's wellbeing is impacted due to staff deployment and lack of experienced staff. There was one occasion on day one where there were no staff in the room with the children.

Modern apprentices were not allowed in the garden without a qualified member of staff. The access to outdoors can be restricted due to there only being one qualified member of staff until 09:30.

**This area for improvement has not 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](http://www.careinspectorate.com)

## Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	2 - Weak
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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