

Kirkintilloch Nursery Day Care of Children

Kirkintilloch Nursery
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Telephone: 07972180262

Type of inspection:
Unannounced

Completed on:
25 June 2025

Service provided by:
Kirkintilloch Nursery Limited

Service provider number:
SP2023000163

Service no:
CS2023000259

About the service

Kirkintilloch Nursery is a daycare of children service which operates from premises located in the town of Kirkintilloch in East Dunbartonshire. The service is in partnership with East Dunbartonshire Council to provide funded Early Learning and Childcare.

The service is registered:

1. To provide a care service to a maximum of 87 children not yet attending primary school at any one time
 - no more than 21 are aged under 2 years;
 - no more than 66 are aged 2 years to those not yet attending primary school full time.
2. Adult:child ratios will be a minimum of:
 - under 2 years - 1:3
 - 2 years to under 3 years - 1:5
 - 3 years and over - 1:8 if the children attend more than 4 hours per day, or
 - 1:10 if the children attend for less than 4 hours per day
 - If all children are over 8 years old and over 1:10.

About the inspection

This was an unannounced inspection which took place on Monday 22 June 2025 between 9:30 and 17:30 and on 23 June 2025 between 9:30 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 registration information, information submitted by the service and intelligence gathered since registration. In making our evaluations of the service we:

- spoke with six people using the service
- gathered feedback from 11 of their family members via an online questionnaire
- spoke with eight staff and management
- observed practice and daily life
- 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.

Our inspection raised significant concerns in relation to how children's health, welfare and safety needs were met. As a result, we issued the service with an Improvement Notice on 9 July 2025. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

Key messages

- An Improvement Notice with three required improvements was issued to the provider on 9 July 2025. Please see the service's page on our website for more information.
- The provider must implement safe and effective staffing arrangements.
- The provider must ensure there are safe sleep routines implemented for all children who require rest and/or sleep.
- The provider must ensure that children experience safe, positive, and nurturing mealtimes that promote social interaction and wellbeing.

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?	1 - Unsatisfactory
How good is our setting?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	1 - Unsatisfactory

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

How good is our care, play and learning?

1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we evaluated the service as delivering an unsatisfactory level of care for this key question.

As the service is performing at an unsatisfactory level, we are concerned about the welfare, health, and safety of children. We issued the service with an improvement notice on 9 July 2025. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

Quality indicator 1.1: Nurturing care and support

Some staff spoke to children kindly and showed warmth in their interactions. However, this did not happen consistently across the service. Some children did not receive comfort when they were upset or crying, and staff did not always respond in a way that supported children's wellbeing or helped them feel nurtured. Some staff missed opportunities to recognise children's behaviour as a form of communication. This suggested gaps in understanding of child development. (See requirement 1).

Children were offered healthy snack and lunch options. In the baby room, staff showed poor awareness of allergy and choking risks. We saw a baby crawl over and eat food from the table without checks being made. Staff did not always sit with the children and were not aware of potential choking hazards. For example, apple was offered to babies that was not cut in accordance with guidance from the Food Standards agency 'Early years food choking hazards.' As a result, children's safety was at risk. Due to our serious concerns, we issued the service with an improvement notice on 9 July 2025 connected to these concerns. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

In the 2-5 room, staff used coasters at mealtimes to highlight allergies and food intolerances, this worked well. Staff had also moved lunch into the top playroom to create a 'Calm Café'. While the idea was positive, mealtimes felt rushed and stressful. The furniture did not suit younger children, and some were left sitting with their feet unable to touch the floor. Staff were often task orientated and did not sit with children or engage meaningfully. This meant that children did not always get the support they needed.

All children had personal plans, but these were disorganised and hard to follow. Key information was missing, and they had not been updated regularly or with input from families. This meant children did not always get the consistent care they needed. As a matter of priority, the provider and manager should review and improve personal plans to ensure they meet children's needs in line with legislative requirements. (See requirement 2).

Medication was stored safely, and monthly checks were carried out. However, these audits did not identify missing information. There was no up-to-date medication policy, and some paperwork needed revised to reflect Care Inspectorate's current guidance 'Management of medication in daycare of children and childminding services.' (See requirement 1 under 3.1 quality assurance and improvements are led well).

Both playrooms had designated sleep areas and children had access to individual blankets. Overall, sleep routines did not meet children's individual needs. Staff did not show a good understanding of the importance of sleep for children's health and development. Some children were not settled to sleep in a way that supported safe or restful sleep. For example, one child was sleeping in a bouncer, which does not meet safe sleep guidance. This is not acceptable practice and place's children's safety at risk and compromises their overall wellbeing. This is now subject to an improvement notice which was issued on 9 July 2025. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

The setting had links with external professionals, but these had not yet improved outcomes for children. Staff lacked awareness of the impact of Adverse Childhood Experiences (ACEs) and missed opportunities to provide early support. As a result, some children did not get the help they needed to thrive.

Staff understood the service's child protection procedures and how to pass on relevant information. However, there needs to be an improvement into the handling, and processes of child protection concerns. (See requirement 1 under 3.1 quality assurance and improvements are led well).

Quality indicator 1.3: Play and learning

Children experienced moments of fun and enjoyment, particularly when engaging with friends in the outdoor area. For example, a group of children were excited to search for bugs. Indoors, some children enjoyed listening to the story *Handa's Surprise* or taking part in a number sequencing game.

However, play experiences and learning opportunities were inconsistent across the day. Due to minimal staffing, there were missed opportunities to build on children's interests or extend their play. Babies, in particular, experienced limited adult engagement. Staff often focused on one child, leaving others to wander without meaningful interaction. This meant that babies did not always get the care that was right for them.

There were too few opportunities for children to lead their own learning. Play was not always sufficiently personalised, relevant or challenging for their level of development. This meant some children were not supported to develop creativity or make choices in their play. (See area for improvement 1).

Children's learning and wellbeing were impacted by the lack of consistent, responsive, and developmentally appropriate play and learning opportunities. Staff did provide some written observations using the family app, which included next steps. However, we could not track progression in learning from these observations. Staff did not make full use of observations, planning, or professional knowledge to meet individual needs, which limited children's ability to reach their full potential. (See area for improvement 1).

Children requiring additional support for learning did not have plans or clear targets in place. This meant that their individual needs were not being met and opportunities to build emotional resilience and confidence were missed. The provider should ensure that children requiring additional support for learning have support plans in place which should include input from other relevant professionals. (See requirement 2).

Requirements

1. By 30 September 2025, the provider must ensure children's emotional wellbeing needs are recognised and supported by skilled and knowledgeable staff. To do this the provider must, at a minimum, ensure:

- a) there are suitably skilled and knowledgeable individuals deployed effectively to recognise children's emotional needs and respond to these in supportive and consistent ways.
- b) staff are supported to develop their skills in trauma informed practice and supporting children's wellbeing needs.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

2. By 30 September 2025, the provider must ensure each child receives appropriate care and support to meet their individual needs including those that require additional support. To do this, the provider must, at a minimum:

- a) ensure personal plans set out children's health, welfare, and safety needs and how they will be met.
- b) ensure all staff are aware of and understand the information within the personal plans and use this to effectively meet each child's needs.
- c) ensure personal plans are regularly reviewed and updated in partnership with parents to reflect children's current needs.
- d) maintain clear and accurate records of support strategies, professional input, and outcomes for children.
- e) liaise with other professionals, such as health and education specialists, where appropriate.

This is to comply with Regulation 5(1)(2) – (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

This is in order 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).

Areas for improvement

1. To support children to achieve their full potential the manager and staff should review the current planning cycle to include high quality observations and next steps, with a focus on children's developmental stages. This will ensure that children are supported to lead their own play and learning that is tailored to their individual abilities and needs.

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

'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 to my age and stage, which stimulate my natural curiosity, learning and creativity,' (HSCS 2.27) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. To support children's health, wellbeing and choice, the manager should develop arrangements to ensure all children can choose when they access outdoors. This should include a focus on a safe area to play, with exciting and challenging outdoor play experiences that promote curiosity, learning and creativity.

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

'As a child, I play outdoors every day and regularly explore a natural environment,' (HSCS 1.32).

How good is our setting?

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 2.2: Children experience high quality facilities

The setting felt warm, homely and welcoming. It benefited from natural light and good ventilation. The use of soft lighting, cosy furnishings such as a snuggle chair, and natural elements like plants helped create a calming environment for children.

The 2-5 room had access to three playrooms, a sleep room and an outdoor area. However, due to staffing challenges, not all areas were consistently available to children. For example, on the first day of inspection the babies did not access outdoors at all, and the 2-5-year-olds outdoor space was closed for large parts of the day. This limited children's experiences and freedom to explore.

Indoor and outdoor environments did not always reflect children's developmental stages or current interests. The range of stimulating and rich play materials were limited, which meant that children did not consistently experience learning opportunities that sparked curiosity or supported their development.

There was no cleaner employed at the time of inspection, therefore, staff were responsible for cleaning including toilets, changing areas, kitchen and playrooms. Staff had not been adequately trained in cleaning. This posed a risk to infection prevention and control and impacted staff capacity.

There were some effective procedures in place to help prevent the spread of infection and keep children and staff safe. For example, staff wore appropriate Personal Protective Equipment (PPE) during nappy changing. However, further improvements were needed. A full-length door should be fitted to the nappy changing room, and staff could be more proactive in helping children wipe their noses. This would further ensure that children and staff were kept safe and healthy. (See requirement 1).

There were several outstanding maintenance issues across the setting. This included requirements from the premises' fire risk assessment carried out in March 2025, such as repairs needed to several fire doors. We encouraged the provider to progress these without delay. A clear system should now be put in place to track and manage outstanding repairs and maintenance. This will help ensure children benefit from a safe, well-maintained, and high-quality environment. (See requirement 1).

Risk assessments required to be updated. The manager had plans to introduce a new risk-benefit format, but had been unable to progress this due to staffing pressures. This limited the service's ability to proactively identify and mitigate risks. We witnessed some accidents during the inspection which highlighted the need for stringent risk management and consistent staff supervision outdoors. (See area for improvement 1).

The service was registered with the Information Commissioner's Office (ICO). Internet and CCTV use, and, overall, storage of personal information had been considered appropriately.

Requirements

1. By 30 September 2025, children must be cared for in a safe and well-maintained environment. Maintenance of the building and repairs must be carried out to ensure that children experience a high-quality environment, and staff have the training, knowledge, and understanding needed to support this. The provider must, at a minimum, ensure:

- a) Maintenance is carried out throughout the nursery, including repairing or replacing fire doors, and installing fully enclosed doors on all changing rooms.
- b) Staff are knowledgeable and competent in infection prevention and control guidance and procedures.
- c) A trained and competent individual carries out regular cleaning of the premises.
- d) Quality assurance processes are in place to monitor the effectiveness of infection prevention and control practices.

This is to comply with Regulation 10 (2)(a)(d) (fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8 of the Health and Care (Staffing) (Scotland) Act.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

Areas for improvement

1. To ensure children are safe and protected from hazards, the provider should develop comprehensive risks assessments which:

- a) take account of best practice guidance

b) clearly identify risks and control measures

c) are reviewed regularly.

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 improvements are led well

The service had a set vision, values and aims in place. However, these did not yet clearly shape the practice within the setting or drive improvement. While aspirations for children and families were evident in some conversations with staff, these were not consistently reflected in practice.

Staff spoke very positively about the manager. They valued their support and noted their presence and visibility within the playrooms. Some staff expressed concern that the manager was facing significant challenges and felt unable to support them more due to ongoing staffing pressures.

There was insufficient capacity and skill within the team to lead and sustain a programme of continuous improvement. Key elements of quality assurance were either missing or not used effectively, for example, observations of staff practice and the quality of experiences on offer. As a result, inconsistencies in staff practice were not identified or addressed. The manager, with support from the provider, should have protected time to review, assess, audit, and monitor processes and procedures within the nursery. This will support the development of robust quality assurance systems and ensure children benefit from a service that continually improves. (See requirement 1).

The manager, with support from the provider, should look at the time allocated to complete and review managerial responsibilities. The manager should have focused time where they can review, assess, audit and monitor processes and procedures within the nursery. This will enhance positive outcomes for children, families and staff. (See requirement 1).

The manager had accessed some external support, for example, from East Dunbartonshire's Quality Improvement Officer and Early Stages Teacher. However, the daily operational challenges, particularly around staffing, limited any real impact or progress. The provider had minimal involvement in the settings quality assurance processes. This limited their oversight and understanding of the operational challenges and quality of care. As a result, children were not getting the care and support that was right for them.

Overall, the setting did not have clear systems to monitor and improve the quality of provision, including the need to ensure regulatory requirements such as notifications were consistently followed.

Requirements

1. By 30 September 2025, in order to improve outcomes for children, the provider must develop and improve management oversight across all areas of the service. This must include implementing effective quality assurance systems and processes, such as record keeping, audits and observations, in key areas.

To do this the provider must at a minimum ensure:

- a) the manager and staff have the capacity, time and skills to support a programme of continuous improvement
- b) child protection records are accurate, clear and follow national guidance
- c) medication records are accurate and follows good practice guidance
- d) regular observations and audits of staff practice, engagement, and children's experiences are carried out
- e) The service's improvement plan is regularly reviewed and reflects the current needs of the service.

This is to comply with 8 of the Health and Care (Staffing) (Scotland) Act and Regulation 3 Principles 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:

'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?

1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we evaluated the service as delivering an unsatisfactory level of care for this key question.

As the service is performing at an unsatisfactory level, we are concerned about the welfare, health, and safety of children. We issued the service with an improvement notice on 9 July 2025. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

Quality indicator 4.3: Staff deployment

Staffing arrangements had a negative impact on the quality of children's experiences. Staff absences led to an over-reliance on inconsistent and ad-hoc cover from childcare agencies. This disrupted continuity and stability for children, families, and the staff team. Families told us they were concerned about the frequent changes in staff.

On the days of inspection, staff were not deployed effectively to meet children's needs. Staffing challenges resulted in routines that were task focused rather than child-led, limiting opportunities for meaningful interactions and high-quality engagement. For example, personal care, lunch, and sleep routines were often determined by staffing constraints rather than individual children's needs. This impacted children's ability to form secure attachments and receive personalised care throughout the day.

Free flow between indoor and outdoor areas was poorly managed. There were risks to children's safety, such as children being unsupervised in playrooms or potentially leaving the playroom unnoticed. Although adult-to-child ratios were met, these were not sufficient to meet the needs of all children, especially those requiring additional support. As a result, children were at risk of harm and did not consistently experience safe, well-supervised, and responsive care throughout the day.

Some staff had an induction when they started in the service, which reflected the national induction resource. However, mentoring and supervision systems were not effective. Experienced staff did not have enough time or capacity to support new or less confident colleagues. As a result, some staff lacked the guidance they needed to develop their skills and meet expectations. This impacted the overall quality of practice across the setting. (See area for improvement 1).

Areas for improvement

1. To support children's wellbeing, learning and development needs, the provider should ensure staff access training appropriate to their role and apply their training in practice. This should include, but is not limited to, training in child development, understanding children's behaviour and safety intervention.

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

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?	1 - Unsatisfactory
1.1 Nurturing care and support	1 - Unsatisfactory
1.3 Play and learning	2 - Weak
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	1 - Unsatisfactory
4.3 Staff deployment	1 - Unsatisfactory

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