

# Sandy Road Day Nursery Day Care of Children

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Glasgow  
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**Type of inspection:**  
Unannounced

**Completed on:**  
3 October 2023

**Service provided by:**  
Glasgow City Council

**Service provider number:**  
SP2003003390

**Service no:**  
CS2003014841

## About the service

Sandy Road Day Nursery is situated in Partick in the west end of Glasgow. The service shares a building with a health centre and NHS Scotland. The service is on a main bus and train route and is situated very close to shops, schools and other community amenities.

The service is provided by Glasgow City Council and is registered to provide a care service to 48 children aged from birth to those not yet attending primary school.

## About the inspection

This was an unannounced inspection which took place on 2 and 3 October 2023. 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 children using the service
- spoke with staff and management
- spoke with two area managers from Glasgow City Council
- received electronic feedback from nine parents/ carers whose children attended the service
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

## Key messages

- Children and families were warmly welcomed, respected and valued within the setting.
- Staff knew children well and generally responded to their individual needs well.
- The management and staff team worked closely with families and were keen to involve them in the life of the service. Families were regularly consulted and asked for suggestions.
- Toilet and nappy changing facilities for staff and children required to be improved to keep children safe from the spread of infection.
- More robust monitoring systems will ensure consistency in the quality of written records and contribute to sustained improvement across the setting.

## 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?	4 - Good

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

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

## 3 - Adequate

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

### Quality indicator 1.1: Nurturing care and support

Children were warmly welcomed into the setting by the management and staff team. On the whole children were happy. We observed some children who were going through transitions they were either new to the setting or to a new room. Staff were comforting and reassuring, they offered lots of support and cuddles. We highlighted to the manager other occasions when staff were not as responsive to children's needs and did not recognise their developmental stages and learning styles. This resulted in children becoming upset or disengaged in activity.

Staff had fostered good relationships with families. We observed staff sharing and receiving information with parents at drop off and collection times. Staff were sensitive and reassuring towards parents. One parent who provided feedback told us "This nursery is caring, empathetic and a great support network for myself. The nursery has supported myself and children with everything they could do to help us as family they have even put me onto some really good and helpful resources as well which I've found amazing!"

Although staff knew children and families well, we found that their knowledge was not consistently recorded in children's personal plans. Staff were confident in their knowledge about what they did and provided support to individual children, however strategies were not always detailed within personal plans. The manager should continue to support staff to develop personal plans to ensure that children's current needs are identified and that their progress is recorded.

Children benefitted from a relax and nurturing mealtime experience. Tables were set with napkins and cutlery for children. Children were encouraged and supported to self select and be independent at mealtimes. Staff sat beside children as they ate, offering support when required.

There were effective arrangements to make sure all staff knew about children's dietary needs and allergies. Procedures for the safe storage and administration of children's medication were in place to support children's health and safety. We highlighted the need to review how they stored children's medication to make it easier for staff to quickly access if needed to support a child's health and wellbeing. Storage of medication had been addressed appropriately before we concluded our inspection.

Sensitive arrangements were in place for children to rest and sleep comfortably. We observed a baby being put down to sleep when sleep was needed, staff were responsive to the individual babies sleep routine. Staff were vigilant in supervising and monitoring sleeping babies, this contributed to babies health and well being.

Children were safe and protected from harm due to the clear child protection systems that the setting had in place. Staff confirmed they had participated in training about safeguarding and demonstrated a very good understanding of their roles and responsibilities.

### Quality indicator 1.3: Play and learning

Overall children were having fun at nursery playing with their friends. We could see that close relationships had been built between some children and that they played well together.

On the first day of our inspection we noted that children had limited access to all areas of the playrooms, for example the quiet room which connected the 2-3 room and the 3-5 room was not open and not all children had access to outdoors until the afternoon.

Play experiences were not always personalised or sufficiently challenging. While children were free to choose activities, their options were, at times, limited by the availability of resources. Play spaces both indoors and outdoors lacked interest, provocations and resources. Resources indoors were often stored on high shelves, which prevented children's access. Outdoors we noted that there was very little for children to do. We observed water troughs which had no water, a mud kitchen which had no mud and resources which looked tired and worn. Staff needed to plan and set up play spaces more effectively to ensure that they could offer children opportunities for breadth and challenge in their play and learning and provide provocations to support discussion about learning or to engage children's interests. While staff showed an interest in children's play, there were missed opportunities to extend their learning. (See Area for improvement 1)

Opportunities to extend older children's play and learning beyond the setting were taking place at the woodland adventures and community garden. Children enjoyed experiences including, harvesting their own vegetables and leaf rubbing in the forest. This enhanced children's connections to their own community and supported their play and learning.

Children's learning and experiences were recorded in individual learning journals which were stored in the hallway and easily accessible for children and parents to have a look at. We sampled some of these and found the approach to recording children learning to be inconsistent. Some children had multiple observations from the start of term, while others had none. In addition to this we found observations to be descriptive in nature and lacking in analysis of learning. This meant it was difficult to establish children's progress.

### Areas for improvement

1. Children should be provided with a good range of age-appropriate activities, play opportunities and experiences, to encourage their interests and support their overall development through play.

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

"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)

## 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

Overall, the setting was comfortable, furnished to a good standard and welcoming with plenty of natural light. A secure door entry system limited access to and from the building which helped keep children safe. There was a warm, bright welcoming reception area where useful information about the service and community events was displayed for parents and carers. The service had created homely touches such as plants and soft lighting throughout the setting to create a calm and nurturing environment. Parents who provided feedback told us they agreed that the setting was well furnished, comfortable and homely.

Children had good space for their needs indoors and outdoors but needed more freedom to choose how they used the space. The design and layout of the baby and 2-3 room needed to be reviewed to ensure children's needs were met more effectively. Large climbing frames within these rooms limited the space children had to move about freely and explore their environment safely.

There was a very large, enclosed garden offering children opportunities for outdoor learning. However this was not being used to its full advantage. We asked the manager to review how the service could offer children free-flow access to outdoors. The outdoor area had huge potential for children to explore and lead their own learning: offering different surfaces, physical challenge, sensory play and planting and growing for example.

Appropriate arrangements were in place to record details of any accidents and incidents occurring and to pass this information on to families. Some staff were trained in first aid to ensure they had the skills and confidence to react to any accidents or health issues arising. Accident and incident reports were audited monthly to ensure patterns and hazards could be identified and addressed promptly.

We identified some areas for improvement around infection prevention and control practices within the setting. We noted that there was a lack of mechanical ventilation within the toilet and changing areas within the setting and that procedures for the safe disposal of nappy waste were unsafe. We met with an early years manager for Glasgow City Council who provided reassurance that these issues would be addressed and the Care Inspectorate updated on the progress. (See Area for improvement 1)

### Areas for improvement

1. The provider should address the infection prevention and control issues identified within this inspection report. They should ensure that sufficient mechanical ventilation is available and in good working order and that effective procedures are put in place for the safe disposal on nappy waste.

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

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22)

**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 management team promoted a clear vision for the service, they had recently consulted with staff, children, and families to review and update their vision, values, and aims. Involving staff and families in this consultation ensured that everyone knew what was important to the setting. This approach to involvement provided opportunities for management and staff to reflect and work effectively in partnership with children and families.

The setting had developed an improvement plan which was underpinned by relevant local and national guidance as well as legislative frameworks. The plan outlined clear points for action, responsibilities and timescales. We saw examples of how staff and parents had been consulted about the progress of last year's improvement plan. This highlighted the service's commitment to inclusion and how they valued the opinions of staff and families who used the service. Parents and carers who provided feedback told us that they felt they and their children were involved in a meaningful way to help develop the setting and that their ideas and suggestions were used to influence change.

Although a quality assurance calendar was in place we identified some gaps in quality assurance processes. We discussed with the manager and area manager how a more systematic approach to monitoring and auditing would improve outcomes for children and families. The manager should ensure that staff have more opportunities to meet, discuss and reflect on their practice and that staff and playroom practice is monitored more formally. Staff would benefit from effective role modelling from the management team and training to enhance their knowledge of child development, theory and practice. This will support staff to deliver high quality care and learning that meets the needs of children and families. (See Area for improvement 1)

**Areas for improvement**

1. To support the service to identify their strengths and areas for further improvements, the provider should further develop their quality assurance processes. This should include but is not limited to:

- (a) Developing robust processes for auditing the quality and suitability of the environment.
- (b) Developing robust processes for auditing and auditing children's personal plans and learning journals.
- (c) Undertake monitoring of service procedures and staff practice.

This is to ensure management and leadership is consistent with the Health and Social Care Standards which state: "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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

### Quality indicator 4.3: Staff deployment

There had been some changes to the staff team over the past year. Staff told us that this had been challenging as they worked together to build a new team; however they felt that they were getting to know each other well, recognised each others skills and were supportive of each other.

The service was appropriately staffed with the manager taking account of staff knowledge skills and experience. Staff deployment across the service ensured adult child ratios were maintained meaning children's needs were met by the right number of people. Parents and carers who provided feedback agreed or strongly agreed that there was enough staff to care for their children.

We spoke to staff including some new and temporary staff who told us that they felt very supported by the manager, their mentor and the staff team. They confirmed that they had all received a robust induction process.

Staff deployment promoted continuity of care for children, we were given examples of when staff had altered their working patterns to support the needs of the service and children using the service. We were also given examples of staff moving rooms with children to support their transitions.

Arrangements for absence were managed well. The manager informed children and families of changes to staff and their work patterns through newsletters. Generally when absences occurred they were managed amongst the management team. This helped to provide continuity of care and security for all children within the setting.

## 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 and manager should work with the catering provider to ensure that children are always offered a nutritional meal. The catering provider should review best practice guidance "Setting The Table" to ensure that children's nutritional needs are being met.

This area for improvement was made on 3 November 2017.



## Action taken since then

Improvements and changes had been made to the catering provider. We observed children being offered a nutritious meal.

## 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?	3 - Adequate
1.1 Nurturing care and support	4 - Good
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?	4 - Good
4.3 Staff deployment	4 - Good

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