

# Hamilton College Nursery Class

## Day Care of Children

Hamilton College  
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**Type of inspection:**  
Unannounced

**Completed on:**  
29 July 2025

**Service provided by:**  
Christian Schools (Scotland) Limited

**Service provider number:**  
SP2003003585

**Service no:**  
CS2003016196

## About the service

The provider of Hamilton College Nursery Class is Christian Schools (Scotland) Limited. The service is registered to provide a care service to a maximum of 70 children aged two to those not yet attending primary school, of which no more than 15 are aged 2 years to under 3 years and no more than 55 are aged 3 years to those not yet attending primary school full time.

The care service will operate between the times of 08:00 hours to 18:00 hours, Monday to Friday. The service is based within Hamilton College in Hamilton, South Lanarkshire. The service has two units which have outdoor play areas, that children can access directly from the playrooms. The service is close to main roads, public transport links, parks, and shops.

The service is in partnership with South Lanarkshire Council to offer funded placements. When the inspection took place there was 68 children registered to use the service.

## About the inspection

This was an unannounced inspection which took place on 28 and 29 July 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:

- observed the children's experiences during our two day inspection
- gathered feedback from 12 families using a survey
- gathered feedback from nine staff using a survey
- spoke with the staff and management present during the inspection
- observed staff practice in all of the playrooms and gardens
- reviewed documents.

## Key messages

- Children were happy and engaged in their play.
- Staff had kind interactions, gave comfort to children when needed, encouraged friendship and for children to recognise their emotions and express themselves.
- The playrooms and outdoor play areas need further development to ensure they provide a rich play and learning environment.
- Quality assurance systems were in place, with minor improvements these could become more effective in driving continuous improvement and enhancing outcomes for children.
- Staff would benefit from training, focused on planning and delivering high quality play and learning experiences, to further stimulate children's curiosity to play and learn.

## 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?	4 - Good
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 the key question as adequate. While the strengths had a positive impact, key areas need to improve.

### Quality Indicator 1.1: Nurturing care and support.

We found children to be happy and actively engaged in their play. Staff provided comfort to children when needed, encouraged friendship and supported children in recognising and expressing their emotions. Children shared that they enjoyed playing with friends, colouring, and spending time outdoors.

The majority of parents reported being happy with the care and support their children received. However, a few indicated some improvement was needed. To further enhance continuity of care and strengthen relationships with families, the service should focus on improving consistency within the staff team and developing strong leadership. These improvements would support the development of secure bonds and ensure more consistent quality in the care children received.

A few children were experiencing significant changes in their lives, such as starting nursery or moving between playrooms. We observed staff demonstrated skill and experience in supporting children through these changes. However, we observed two occasions when the outcome for children could have been better. Additional training for staff in supporting children during transitions, would be beneficial. When children are supported by skilled and caring staff, they develop a strong sense of security and belonging and become happy and confident in their new environments.

Each morning, children and their parents were welcomed into the nursery, contributing to a positive start to the day. The majority of parents told us they were welcomed into the service and they told us they were also invited in for stay and play sessions, parents' meetings and that staff were friendly and approachable. One parent shared that 'Parents evening provide updates however the frequency could be increased to provide further detail.' We discussed the potential for the service to strengthen family connections by inviting parents into the playrooms more regularly. This could enhance the sense of belonging for both children and their families and reinforce the nursery's inclusive and nurturing ethos.

We observed staff interactions to be respectful and kind for example, they asked children if it was okay to wash their face or if they would like to have their nappy changed. When children required personal care, staff approached this with sensitivity.

Staff consulted with children to include their ideas and suggestions when planning the type of service they received. Children were also involved in writing risk assessments and the nursery rules. One of the service strengths was that the children's voice had influenced its values and vision. Children had expressed a desire for the nursery to be fun, full of toys, have lots of climbing equipment, and be a place to spend time with friends. The service should now ensure that these wishes were meaningfully embedded throughout all aspects of the service.

The service gathered relevant information about each child to plan their care and support. The majority of parents agreed they had been fully involved in developing and reviewing their child's personal plan. These plans enabled staff to identify individual needs and implement strategies to support them. One parent commented: 'The nursery have gone to great lengths to involve us in our son's personal plan.' and another

parent shared what they felt could be improved 'Plans are created but not adhered too.' Further development is needed in the process of identifying children's needs and strategies to support them. Additional training in child development, and collaborative planning could ensure strategies are consistently effective across the service.

Mealtimes could be further developed. Consideration should be given to the location and resources used during mealtimes to better meet children's needs. While children were encouraged to be independent and develop life skills, more opportunities could be provided. In addition, safety measures such as serving food at safe temperatures and ensuring children only eat food from their plate, supporting their dietary needs and choices. The service agreed to review mealtime practices, and on the second day of inspection, we observed some improvements.

Medication procedures were in place, and records were maintained to support safe administration to children. However, improvements are needed in the electronic recording system to ensure all required information is accurately documented, including details of when medication is needed. Although medication was stored safely out of children's reach, there was no accompanying information to guide staff on when or how it should be administered. An area for improvement has been identified regarding medication management (see area for improvement one).

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

We observed children engaged in play across both units, with the majority choosing to play outdoors. A mixed range of play and learning experiences were available, and children were visibly engaged and enjoying themselves.

Outdoors, children climbed on apparatus, explored sand and water, and experimented in the outdoor kitchen areas. Almost all parents agreed their children played outdoors regularly. One parent told us 'Yes, often outside in all weather! It is great.' We noted various elements of play and learning on offer, including problem-solving, creative language whilst singing on the stage, imaginative play with peers, and mark-making on chalkboards. To further enhance the outdoor play and learning experiences, the children need better access to materials that stimulate learning and creativity to extend their current thinking.

Indoors, children showed enthusiasm for painting, making playdough, and listening to stories. Staff occasionally used language to extend children's play and learning; however, some staff would benefit from further development. For example, more consistent use of open-ended questions could better support children's thinking and curiosity.

Early numeracy and literacy were promoted throughout the setting. We discussed opportunities to enhance the breadth and balance of learning experiences by offering richer and more varied play. A deeper understanding of child development is needed to reduce missed opportunities for extending learning for instance, by consolidating prior knowledge before introducing new concepts. The service had identified this need in its improvement plan and was currently planning how to address it.

Staff shared that they planned play and learning experiences based on children's interests. We observed staff responding to children's curiosity and excitement; however, they often directed play rather than allowing children to lead their play. For example, one child was excited to paint but staff explained what they were going to paint, resulting in child not being able to lead their own play. And on another occasion children were discouraged from transporting chalk away from board, disrupting play intentions and using imagination. We discussed how staff interactions can disrupt children's learning and suggested further professional development for staff on knowing when to intervene. A better balance between adult-led and child-led play would foster a more effective learning environment.

To further support children's play and learning, the quality of materials available would benefit from significant improvement. This was consistent with parent and staff views. For example, one staff commented "Resources are limited and there is not enough variety of resources available" whilst another staff shared "I know this is getting improved on at the moment with management ordering new resources." One parent told us "The kids don't have any pens or paper or pencils or crayons. They don't have any water or sand play." whilst another parent shared "The range of activities ensure my child's needs and support are met." An environmental audit had begun, and some new materials had been introduced. However, further audits would be beneficial to ensure children consistently have access to rich learning environments. We have identified this as an area for improvement (see area for improvement two).

## Areas for improvement

1.  
To ensure the health, safety, and welfare of children, providers should implement and follow robust procedures for the safe management of medication. This includes:

- Ensuring medication consent forms are completed accurately for each child.
- Storing consent forms alongside the corresponding medication to ensure easy access for staff administering medication.
- Verifying that staff administering medication are fully informed and able to do so safely and in accordance with the child's needs and parental instructions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2.  
To support children's wellbeing, learning and development the provider should ensure the children have access to a high-quality environment that is well designed. This should include, but not be limited to, children having regular access to high quality materials that reflect children's individual needs and interests.

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 for my age and stage, which stimulate my natural curiosity, learning and creativity.' (HSCS 2.27).

## How good is our setting?

### 3 - Adequate

We evaluated the key question as adequate. While the strengths had a positive impact, key areas need to improve.

#### Quality Indicator 2.2 Children experience high quality facilities.

The service entrance was secure, and all visitors were required to sign in at the main school reception. Upon arrival, visitors were welcomed warmly and provided with safeguarding information to ensure the safety and wellbeing of children during their visit. Almost all parents told us their child was cared for in a safe, secure and well-maintained environment. One parents commented they liked 'The newly refurbished

room electronic exterior door controlling access.' And another parent commented 'well maintained, opulent of safe, cctv and security secure premises.'

A separate, secure buzzer entry system was in place for children and families to enter the setting, monitored by nursery staff. Once inside the welcome hall, staff greeted children and guided them to their playrooms. To support transitions, we suggested creating a welcome area within the playrooms. This would offer reassurance to children for example, during initial visits by allowing them to remain close to their parents. The service agreed to explore how this could be implemented. On day two of the inspection we found they had taken action and created a new seating area for parents.

Outdoor play areas were enclosed with appropriate fencing and gates. We advised the service to remain vigilant about objects near fences that children might climb on. Although no incidents were observed, some movable items posed potential risks. Staff had increased awareness of hazards by using the Care Inspectorate's "Keeping Children Safe" practice note. Staff should continue to assess the environment from the child's perspective to ensure effective safety measures are maintained.

The spacious entrance and cloakroom provided designated storage for children's belongings. However, we requested the removal of drawstring and plastic bags without ventilation holes from pegs, as these posed a safety risk to children. The service informed us this was address immediately. The welcome area effectively displayed nursery information, including staff photographs to help parents identify who was caring for their children.

Some playroom displays lacked clarity regarding the learning outcomes. Additionally, several displays consisted of identical, adult-led art activities, reflecting experiences that limited children's creativity. We discussed the use of displays with leaders for example, to be child-friendly, interactive, and relevant to current interests and learning. They should consider having some displays positioned at children's eye level to encourage engagement and discussion.

The over-three playroom had undergone an audit, and new resources had been introduced. However, further development was needed. For example, providing a wider variety of accessible art materials would promote creativity, and adding good quality storytelling resources would enhance literacy engagement.

The under-three unit would benefit from further development, as we found play areas had limited materials on offer for children to freely choose from to stimulate their natural curiosity and creativity. While designated areas such as a construction and messy room existed, management shared that the space had been challenging to design. We discussed ideas to improve flow and access, such as allowing children more freedom to move between indoor and outdoor areas. Staff found these suggestions helpful and agreed to continue to evaluate the layout to create a high-quality learning environment.

Outdoor spaces included engaging resources like a large sandpit, wooden stage, and outdoor kitchens. Children were observed enjoying play and learning. For riskier activities such as biking and climbing, we discussed the use of appropriate safety equipment such as helmets to promote good road safety. Regular safety checks should be conducted, especially for natural materials like logs and unfinished wood. Damaged or unsuitable items should be promptly removed.

Overall, improvements were needed in the design, layout, and purpose of play spaces. A more thorough audit of materials and spatial use is essential to create rich learning environments. An area for improvement has been identified under Key Question 1: How good is our care, play and learning?

Additionally, during our tour of the premises, we noted areas where cleanliness could be improved. 'For example, we found two armchairs had crumbs under the cushions and an outdoor car that was heavily marked. In some areas, children lacked easy access to handwashing facilities with warm water. We have made an area for improvement regarding the maintenance and cleanliness of the facilities to ensure effective infection prevention and control measures are in place (see area for improvement one).

## Areas for improvement

1.

To support children's wellbeing, learning, and development, the provider should ensure that facilities and resources are well maintained and that appropriate infection prevention and control measures are consistently implemented. This should include, but not be limited to, the following actions:

- Ensuring children and staff have access to warm running water for effective handwashing.
- Cleaning soft furnishings at least once a week or immediately when visibly soiled.
- Regularly cleaning outdoor equipment, or as needed when visibly dirty.
- Storing each child's personalised bed linen individually to prevent cross-contamination.

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) and 'the premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.18).

## How good is our leadership?

4 - Good

We found several strengths impacted positively on the outcomes for children, and they clearly outweighed areas for improvement, therefore, we evaluated this key question as good.

### Quality Indicator 3.1 Quality assurance and improvement are led well.

Recent changes within the leadership team included the appointment of a new manager and lead practitioner. Additionally, since the last inspection in January 2019 two new senior practitioner roles were introduced, of which one had been in position for a few years, and recruitment was ongoing for the second. These developments had placed the service in a stronger position to implement necessary changes. With effective leadership and the continued implementation of the service improvement plan, better outcomes for children and families were now more achievable.

To strengthen the service's improvement efforts, it is essential that realistic and measurable targets are set. During our discussions, we explored further ways to enhance both the improvement plan and the systems used to monitor its impact. Leaders found this dialogue helpful and committed to reflecting on the identified priorities to ensure they are specific, measurable, and achievable.

Staff meetings had been held to share feedback and discuss the service's progress. Almost all staff reported being actively involved in the self-evaluation process. However, perceptions of how their input influenced service development varied. One staff member shared, "The nursery lead has actively asked for my thoughts, ideas, and opinions on the setting, which makes me feel fully involved in the self-evaluation process." In contrast, another noted, "Staff are occasionally asked to complete self-evaluations." When staff feel valued and heard, collaboration improves, leading to better outcomes for children.



Parents' and children's views had been sought and used to shape the service's vision, values, and aims. Most parents felt meaningfully involved, as they had participated in focus groups and committee meetings. One parent told us there were 'Regular feedback sessions and committees.' while another said 'staff do their best and seem genuinely caring but need more support from SMT to do their jobs more efficiently.'

Consultations with children had taken place but could be enhanced through more meaningful and effective methods. Linking these activities to the service improvement plan would help leaders measure success and ensure that children's voices influence the care they receive, further strengthening the child-centred approach.

Throughout the inspection, leaders demonstrated openness and transparency, actively sharing information and engaging in dialogue. We discussed the importance of allocating designated time for leaders to focus on their roles and responsibilities, particularly in relation to quality assurance, to further enhance the outcomes for children.

### How good is our staff team?

### 3 - Adequate

We evaluated the key question as adequate. While the strengths had a positive impact, key areas need to improve.

#### Quality indicator Quality indicator 4.3 Staff deployment.

Staffing levels within the setting met adult-to-child ratios. When asked, most staff told us that there were sufficient numbers to meet children's needs. However, a few noted that staffing had occasionally been challenging due to changes within the staff and leadership. Encouragingly, recent feedback indicated that staffing levels had improved.

Staff brought varied experience and skills to their roles. We observed instances where staff deployment could have been more effective, particularly when children needed a more nurturing approach during transition periods. When skilled staff supported children during these times, transitions were smoother. Greater consideration should be given to ensuring that staff with appropriate skills are deployed during key moments to provide reassurance and respond sensitively to children's needs, fostering strong relationships and a nurturing environment.

Each staff member had designated roles within the playrooms and demonstrated effective teamwork. Communication was respectful, and tasks were shared appropriately. However, staff should remain mindful not to become overly task-focused, especially during mealtimes, to ensure children's emotional and social needs are prioritised.

The majority of staff held qualifications in early learning and childcare or were working towards these. However, some staff were newly qualified, had recently started their careers in childcare or were new to the service. Staff told us that they found the mentoring programme helpful and valued their meetings with mentors.

We found that staff had received limited training recently, though plans were in place to increase opportunities for professional development aligned with service improvement priorities. Certain tasks required well-trained staff, such as supervising mealtimes and sleep routines. Additionally, children's personalised bed linen was stored together rather than separately, and beds were left exposed and were not cleaned before use. The provider must ensure staff are trained and informed about good practice guidance

to safeguard children. These concerns were discussed with staff and leaders, and improvements were observed by day two of the inspection, providing reassurance that the issues would be addressed.

Overall, staff were kind and comforted children, encouraging them to make friends and have fun playing. However, further development is needed in areas such as child development, good practice guidance, and creating rich play and learning environments. We have identified this as an area for improvement (see area for improvement one).

## Areas for improvement

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

- providing rich learning environments
- following infection prevention and control measures
- providing good balance of child led and adult led experiences
- creating positive meal times for children
- offering a nurturing and child centred approach.

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

## What the service has done to meet any areas for improvement we made at or since the last inspection

## Areas for improvement

### Previous area for improvement 1

The provider should ensure that where a specific need is identified; resources are available to meet the individual needs of children. How these resources are to be used in supporting the learning and development of children, should be detailed in children's care plans and regularly reviewed to measure their success.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

**This area for improvement was made on 12 December 2022.**

### Action taken since then

Children had personal plans in place that recorded meaningful information about their individual needs. Staff worked collaboratively with parents to agree on targets and strategies that support each child's development and interests. The majority of parents reported feeling fully involved in the creation and review of their child's personal plan, which were reviewed regularly.

However, during discussions with leaders, it was identified that it would be beneficial for further development to support staff identifying children's needs and agreeing strategies to support them.

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

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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