

# The Learning Zone Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
4 December 2025

**Service provided by:**  
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**Service provider number:**  
SP2012983330

**Service no:**  
CS2012306848

## About the service

The Learning Zone is a day care of children service which is situated in the Whiteinch area in the west end of Glasgow. The early learning and childcare service is in partnership with Glasgow City Council to provide commissioned places for children aged between three and five years and eligible two year olds.

The service can accommodate a maximum of 36 children not yet attending primary school of whom no more than 12 are under two years and no more than 10 are between two years and three years.

The service has sole use of the upper level of a church hall. The premises comprises of two playrooms providing separate accommodation for children under two years and those two to five years. There is a secure outdoor area. There are changing and toilet facilities for children and office, catering and staff facilities. The service is close to schools, transport routes, shops and community services.

## About the inspection

This was an unannounced inspection which took place on 3 and 4 December 2025. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service
- reviewed feedback from 11 parents and carers whose children attend the service
- reviewed feedback from five staff members employed in the service
- spoke with management and staff
- observed practice and staff interactions with children
- 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.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary within the Leadership, 'Children thrive and develop in quality spaces' and 'Children are supported to achieve" sections of this report.

## Key messages

- Quality assurance and self-evaluation processes should be developed to support continuous improvement of the service.
- The provider must ensure staff are registered with Scottish Social Services Council (SSSC).
- Children were happy, settled and confident in their environments.
- Staff knew their children and families well and had created a warm and welcoming environment.
- We identified improvements that would minimise infection risks and support children's health and wellbeing.
- We identified improvements that would support children's safety and well-being during sleep and mealtimes.

## 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

Leadership	3 - Satisfactory / Adequate
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Children are supported to achieve	3 - Satisfactory / Adequate

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

## Leadership 3 – Satisfactory / Adequate

### Leadership and management of staff and resources

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

The services family handbook communicated their vision, values and aims. Observations confirmed the values of a happy, secure, relaxed and homely atmosphere were reflected in daily practice, contributing to a positive environment for children. Parents agreed and one told us, "The most positive aspect of the nursery is the family feel to it. It is a calm, loving environment that is definitely an extension of the family home."

At our previous inspection we made an area for improvement to support with ensuring a strong ethos of continuous improvement is established. There was no quality assurance calendar and no regular quality assurance tasks were taking place. Management and staff had begun auditing environments and identified some areas for improvement. These were still to be taken forward to support with progression.

Management were carrying out informal monitoring and reflecting on staff practice. In response to this the service had made changes leading to improvements to older children's mealtime experiences and improved collaboration with parents and carers on personal plan reviews. This contributed to a more positive mealtime experience for older children and personal plans being reflective of children's interests. The formal recording of monitoring and sharing feedback with staff would strengthen these processes. This has the potential to contribute to celebrating improvements and identifying gaps in staff's skills and knowledge to support with continued improvements for the outcomes of children.

The culture of self-evaluation was at an early stage of development and had not yet resulted in sustained improvement. Self-evaluation should be developed to drive ongoing service improvements, enhance staff accountability, and foster distributed leadership. Incorporating the views of children and families will strengthen the process and empower children and their families to influence meaningful changes within the service.

We discussed with management the importance of implementing regular quality assurance processes to identify strengths and areas for improvement. The absence of robust quality assurance has the potential to compromise outcomes for children's care, play, and learning. We have continued to make an area for improvement. For further information refer to 'Outstanding areas for improvements.'

Management provided coaching to enhance staff interactions and engagement with children. A Leader of Early Learning from Glasgow City Council was supporting staff in the development of their observation skills. Ongoing support in these areas has the potential to improve outcomes for children.

Child protection procedures were in place. Staff were aware of their responsibility to safeguard children in their care and had the ability to recognise when children and families needed support. We reviewed child protection files. We discussed with management how the recording of information could be improved to include communication with stakeholders and reflect planned support and outcomes for children. To support these improvements, management was signposted to the Care Inspectorate 'Practice Guide to Chronologies' as a reference for best practice.

At our previous inspection we made a requirement for a robust system to be in place for all staff to renew their Scottish Social Services Council (SSSC) registration annually. Most staff were registered with SSSC however we found some staff members had not renewed their annual declaration and monitoring of staff SSSC registration was not taking place. As this has the potential to compromise children's safeguarding and protection we have continued to make a requirement. For further information refer to 'Outstanding areas for requirements.'

## Requirements

1. By 4th March 2026, the provider must ensure that children are safe and protected from harm. To do this, the provider must at a minimum ensure there is a robust system in place to check that all staff renew their Scottish Social Services Council (SSSC) annually.

This is in order to comply with section 7(1)(a) and section 8(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

This is to ensure care and support is consistent with the 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).

## Children thrive and develop in quality spaces 3 - Satisfactory / Adequate

**Children experience high quality spaces**

**We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.**

Children were cared for in an environment that was bright and welcoming. Both indoor and outdoor areas were secure, supporting children's safety and wellbeing.

Older children were observed washing their hands before and after mealtimes and upon returning from outdoor play. Younger children's hands were wiped before and after mealtimes. To minimise the spread of infection, children's hands should be cleaned with soap and water.

We identified some areas of the service that required attention to décor and noted visible uncleanliness on furniture, equipment, and soft furnishings. Further concerns were identified in relation to infection prevention control practice to include storage of items in nappy changing and toilet areas and nappy changing mats needing replaced. These did not follow best practice in relation to infection prevention and control. As this has the potential to compromise children's health and wellbeing, we have made an area for improvement (see area for improvement 1). These concerns were discussed with management, and on our return visit the following day, we observed improvements had been made in some areas. This supports children's health and wellbeing and helps to minimise the risk and spread of infection. Sustained improvements should be made to strengthen infection control practices and support children's health and wellbeing.

Toys and resources including natural materials were organised to support children's interest, choice and curiosity and were accessible to children within their play spaces. Children were able to participate in experiences that reflected their preferences. However, some resources were stored in an area of the kitchen

facilities. We discussed with management reorganising this space to enable staff to access resources safely and efficiently, supporting children's choices and interests in play.

Older children were observed spending time outdoors, where they were happy and engaged in activities such as number games and physical play. The environment supported opportunities for children to participate in risk and challenging play experiences. However, during the inspection, younger children did not access outdoor play. Management and staff could review outdoor play opportunities to ensure all children have regular access to outdoor environments throughout the day. This will support children's choices and interests in play and promote their health and wellbeing through access to fresh air. Parents told us, "During winter months there seems to be less attempts to go outdoors" and "I don't think the children are out daily, but they do access the garden regularly and both my children enjoy the range of experiences in the garden."

The service had identified some areas requiring maintenance and whilst awaiting repair action had been taken to support children's health and wellbeing. During the inspection, we identified additional hazards that could compromise children's safety, to include a carpet causing a trip hazard, a loose cable hanging, and equipment stored on high ledges with the potential of falling off. While control measures had been recorded in risk assessments, these were not being implemented in practice. Furthermore, daily risk assessments of the outdoor play area had not been completed prior to children's play and we identified hazards presenting potential health and safety risks to children. As this has the potential to compromise children's health, safety and wellbeing we have made an area for improvement (see area for improvement 2).

## Areas for improvement

1. To ensure children are protected from the potential spread of infection, the provider should ensure infection control practices promote a safe environment for children.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

2. To support children's health, safety and wellbeing, children should be cared for in a safe environment both indoors and outdoors. Robust and dynamic risk assessments should take place and action taken to mitigate risks to children.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state, 'My environment is secure and safe' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

## Children play and learn 4 – Good

### Play, learning and developing

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children were happy and engaged in a variety of experiences. Some children demonstrated confidence and independence by leading their own play, which supported their overall development. Older children

participated in imaginative and creative activities, including constructing models of houses for dinosaurs using magnetic shapes. These experiences promoted language development, numeracy skills, and cognitive thinking.

Children also engaged in board games that encouraged the development of numeracy and social skills, such as turn-taking and cooperation. Younger children were provided with opportunities to explore creativity and curiosity through a winter-themed sensory experience and interactive music sessions, enhanced by the use of props and materials to extend learning.

The resources available supported open-ended play, fostering curiosity and enabling children to make choices that reflected their interests. These experiences contributed positively to children's learning and development. Parents told us, "There is lots of free play, but staff also plan a lot of good fun activities for the kids who want to join in" and "They have multiple activities each day that they update us on learning journals. My [child] regularly takes home arts done at nursery that day."

Staff were engaged in play with children, many interactions demonstrated responsiveness and connection. These positive engagements contributed to a supportive environment for children's learning and development. However, some staff would benefit from further developing their ability to recognise when to intervene in play to provide support and challenge, and when to step back to allow children autonomy. Strengthening this skill would enhance children's opportunities for independent exploration and deeper engagement. Targeted professional development opportunities focusing on interaction strategies have the potential to improve the quality of these engagements. This would enrich children's learning experiences.

After lunchtime some younger children were observed playing without engagement or interaction from staff, as staff were attending to the needs of other children requiring sleep. This resulted in missed opportunities to support play and learning. We discussed with management the playroom may benefit from additional staffing during this period to ensure all children's individual needs are met and their play and learning experiences are supported effectively.

Planning approaches included the use of mind maps for older children to record children's thoughts and ideas, which were linked to curriculum guidelines. While activities were planned, consultation with children could be strengthened to ensure planning is responsive to their interests.

Online learning journals were being used to support communication and share information of children's learning and development. Photographs were shared with parents and detailed a wide variety of activities children participated in, both indoors and outdoors. The service had identified the need to strengthen staff observation skills and was actively working towards this improvement. Further development has the potential for observations to accurately capture children's individual skills and learning, and meaningful next steps are recorded to support progression. Targeted continuous professional development would enhance staff skills in observation techniques. This would contribute to enabling more effective monitoring of children's progress over time and informing responsive planning.

## Children are supported to achieve 3 - Satisfactory / Adequate

Nurturing, care and support

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

Children were happy, settled and confident in their environments and had developed friendships which supported children's growth and development. Staff knew their children and families well and had created a warm and welcoming environment. This supported children to feel safe, secure, and contributed to the positive relationships they had with staff. Parents agreed and told us, "My children both adore the learning zone and settled incredibly quickly. I feel comfortable leaving them and know they are loved and cared for. Lovely community atmosphere!" and "The friendly homely feel, my [child] has great relationships with the staff."

Sleep routines were responsive to children's individual needs. Children's emotional security was supported, and children were provided with comforters. Most were observed sleeping on mats or cots, with regular checks carried out to support their safety and wellbeing. However, some children were placed to sleep in buggies. We discussed with management the importance of adhering to safe sleep guidance. This recommends that children sleep on a safe surface that is comfortable, allows freedom of movement, and is easy to clean, with blankets securely tucked under babies' arms. As this has the potential to compromise children's safety and wellbeing, we have made an area for improvement (see area for improvement 1).

At the previous inspection, we made an area for improvement to support with ensuring children experience a sociable and positive mealtime. We observed and staff told us improvements had been made to the lunchtime experience for older children. Lunch was observed to be relaxed, sociable, and unhurried, with staff supervising children to promote a safe and enjoyable experience. We made further suggestions to enhance the mealtime experience and reduce waiting times for children.

For younger children, staff were observed sitting and supervising with children for most of the mealtime. However, children who took longer to finish were left unsupervised for a short period of time while staff attended to other tasks. To ensure children's safety and wellbeing, staff should remain with children until they have finished their meals. As this has the potential to compromise safety and wellbeing, we have continued to make an area for improvement (see area for improvement 1). For further information refer to 'Outstanding areas for improvement,' area for improvement 1.

At the time of inspection, no medication was present on the premises. We provided suggestions to support the service in aligning administration of medication records with Care Inspectorate guidance. 'Management of medication in daycare of children and childminding services.' This includes ensuring that records clearly state the dose of medication administered, obtaining parental acknowledgment with a signature, and confirming that the first dose of non-emergency lifesaving medication has been given prior to administration within the service.

Personal plans were in place for children and developed in partnership with families. Plans were reviewed regularly, which contributed to enabling staff to support and meet children's individual needs. Plans could be further strengthened with clear goals and targets and include information of how staff will support children's development and progression. This has the potential to improve outcomes for children.

## Areas for improvement

1. To support children's safety and wellbeing, the manager and staff should ensure all children's sleep and mealtime experiences are safe and reflect best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'My care and support meets my needs and is right for me' (HSCS1.19) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS4.11).

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

### Requirements

#### Requirement 1

By 21 April 2025, the provider must ensure that there is a robust system in place to check that all staff renew their SSSC Registration annually.

Sections (7) and (8) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

Section 7 - Duty on care service providers to ensure appropriate staffing.

(1) Any person who provides a care service must ensure that at all times suitably qualified and competent individuals are working in the care service in such numbers as are appropriate for-

- (a)the health, wellbeing and safety of service users,
- (b)the provision of safe and high-quality care, and
- (c)in so far as it affects either of those matters, the wellbeing of staff.

This requirement was made on 9 January 2025.

#### Action taken on previous requirement

No audits had taken place of staff SSSC registration.

We identified some staff members had not renewed their annual declaration in time.

Please refer to 'Leadership' section for further information.

#### Not met

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

### Areas for improvement

#### Previous area for improvement 1

To support children's health and wellbeing, the manager and staff should ensure that all children experience a sociable and positive mealtime. This should include but is not limited to, involving children in the planning, preparation and serving of food and ensuring staff sit with children throughout their meal.

This is to ensure that children's care and support is consistent with the Health and Social Care Standards

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(HSCS) which states, 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

**This area for improvement was made on 9 January 2025.**

### Action taken since then

For older children lunch was a relaxed, sociable, unhurried experience with staff supervising children. Children were calm and chatting amongst themselves. There were opportunities for children to make choices, be independent and responsible with the self-serving of food and clearing away used lunch items.

We observed staff sitting with and supervising younger children for most of the lunchtime experience. Children who were taken a little longer were left unsupervised for a short period of time whilst staff carried out other tasks.

The area for improvement had not been fully met and will be reworded to support children's safety and wellbeing. Please refer to 'Children are supported to achieve' section for further information.

### Previous area for improvement 2

To improve outcomes for children and families, the management team should ensure that a strong ethos of continuous improvement is established.

This should include but not be limited to:

- a) developing robust quality assurance systems;
- b) implementing effective audits; and
- c) developing monitoring processes to support a cycle of improvement.
- d) ensure that children and families are meaningfully involved in the development of the service.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 9 January 2025.**

### Action taken since then

There was no quality assurance calendar and no regular quality assurance tasks were taking place.

There were limited audits. Environment resource audits had been carried out recently. These were at the early stages of development and the identified areas for improvement had not been taken forward.

Informal monitoring was taking place and had supported with developments made to lunchtime experiences and updating of personal plans within six months.

There was limited involvement of children, parents and staff being included in development of the service.

The area for improvement had not been met. Please refer to 'Leadership' section for further information.

## 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

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Playing, learning and developing	4 - Good
Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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