

# In Safe Hands Day Care of Children

6 Albert Road  
Renfrew  
PA4 8ET

Telephone: 0141 886 3760

**Type of inspection:**  
Unannounced

**Completed on:**  
25 February 2026

**Service provided by:**  
Insafe Hands Childcare Limited

**Service provider number:**  
SP2013012146

**Service no:**  
CS2013319854

## About the service

In Safe Hands provides a daycare of children's service to a maximum of 66 children up to primary school at any one time. Of those 66:

- no more than eight are aged under 2 years;
- no more than 10 are aged 2 years to under 3 years;
- no more than 24 are aged 3 years to those not yet attending primary school
- and no more than 24 are attending primary school.

The service works in partnership with Renfrewshire Council to provide early learning and childcare. The service is provided from its own premises, which are comprised of four dedicated playrooms appropriate for children's age and stage of development. All playrooms have direct free flow access to secure outdoor play areas.

## About the inspection

This was an unannounced inspection which took place on Tuesday 24 and Wednesday 25 February 2026. We gave inspection feedback to the management team on Wednesday 25 February.

The inspection was carried out by one inspector 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 throughout the inspection year.

In making our evaluations of the service we:

- spoke with some of the children
- reviewed survey responses from nine parents and six staff
- spoke with the manager and staff
- observed practice and staff interactions with children
- reviewed documents.

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, no improvements were identified relating to core assurances.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning.

This included reviewing the following aspects:

- staff deployment;
- safety of the physical environment indoors and outdoors;
- the quality of personal plans and how well children's needs are being met;
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

## Key messages

- Staff knew children very well and children experienced warm and caring interactions.
- Quality assurance and self-evaluation processes had a positive impact on improving outcomes for children.
- The management team and staff were motivated and dedicated to providing a high quality service.
- Learning journals and planning could be further embedded to support children's individual progress and next steps.
- The breakfast club and afterschool space could be further developed to ensure children have a sense of belonging.
- Children had access to the outdoors and fresh air, as each playroom had direct access to a secure outdoor play area.

## 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	5 - Very Good
Children thrive and develop in quality spaces	4 - Good
Children play and learn	4 - Good
Children are supported to achieve	5 - Very Good

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

## Leadership 5 - Very Good

### Quality indicator: Leadership and management of staff and resources.

We found major strengths in this aspect of the setting's work and identified very few areas for improvement; therefore, we evaluated this quality indicator as very good.

Children, families and staff were supported by a committed leadership team who promoted high aspirations for all children. This contributed to a warm, welcoming ethos and a positive atmosphere throughout the service. The vision, values, and aims were clearly embedded in daily practice. Staff consistently created a nurturing, home-from-home environment where children felt safe, valued and confident to explore. One parent commented "It's a homely environment, my children are so comfortable and settled at In Safe Hands" and another shared "Small, nurturing nursery, staff very supportive to children's needs and as individuals".

Management and staff engaged positively throughout the inspection process. The leadership team were visible, approachable and supportive to children, families and staff, demonstrating strong relationships across the service. One staff member commented "management are supportive and listen to any concerns". The manager and provider showed openness to professional dialogue and welcomed feedback as an opportunity to strengthen practice. As a result, this demonstrated a strong capacity for change, with a clear commitment to reflection, improvement, and ongoing development of practice.

A variety of communication methods were used such as memo boards, regular staff meetings, whatsapp and individual "five minute chats" as well as formal processes such as annual appraisals which supported valuable opportunities for sharing best practice, reflection and ongoing learning and development. The manager was keen to further explore opportunities to enhance communication across the team.

Practitioners reported feeling supported by the management team. This culture of openness and respect created a positive environment where staff felt confident to discuss ideas, improvements and concerns. As a result, children benefitted from a stable, motivated staff team who worked collaboratively to provide consistent, responsive care and learning experiences.

The management team showed a clear commitment to continuous improvement through purposeful improvement planning. The improvement plan was meaningful, focused on improving outcomes for children and used as an active working document to guide progress. It reflected priorities identified at the previous inspection, ensuring the pace of change was manageable and supported sustained improvement.

Self-evaluation processes aligned with the National Quality Improvement Framework and supported the identification of strengths and areas for development. Leaders used targeted and detailed action plans to guide ongoing improvement and ensure priorities remained focused on improving outcomes for children.

Staff were actively involved in self-evaluation through professional dialogue, peer reflection and evaluative discussions which considered the impact of practice. One staff member shared "We get self evaluation all the time, during meetings and through peer assessment where we look at our practice and see what we can improve on". As a result, children benefitted from a continually improving, responsive service.

The setting also sought and valued the views of children, families and staff. Parents shared feedback through questionnaires, online surveys and daily conversations, and responses and actions were shared through the "You Said, We Did" board. Staff also engaged in reflective activities, including mind-mapping exercises, to support evaluation of practice and inform future planning. As a result, children experienced an environment that was responsive to their needs and wellbeing while also supporting ongoing improvement across the service.

Quality assurance processes were used effectively to monitor and review key aspects of the service in a focused and meaningful way. This included activities such as playroom and lunch observations, reviews of accidents and incidents, and the monitoring of care plans. To strengthen systems further, the management team should continue to develop their quality assurance processes by ensuring that monitoring across all areas of practice is consistently recorded to review impact. This would support children to continue to experience high-quality care and support throughout the setting.

Staff leadership roles were well established. Staff spoke passionately about their responsibilities, such as the literacy lead through the "talk for writing programme", the "PATHS" programme to support social and emotional development and the social media lead to improve communication with parents. These roles contributed to continuous improvement and had a positive impact on children's experiences.

## Children thrive and develop in quality spaces 4 - Good

**Quality indicator: Children experience high quality spaces.**

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.

The service had appropriate arrangements in place to support the safety and security of children. A secure entry system, close circuit television (CCTV) and playroom registers helped staff monitor attendance and keep track of children throughout the day. Clearly defined boundary fencing supported staff to remain aware of children's whereabouts indoors and outdoors. Safety was well managed, with staff providing effective supervision and using sensitive interactions to help children learn about safe choices. We discussed with the manager that some resources positioned near the outdoor fencing should be removed to further strengthen safety within the garden area. Parents said they felt their children were kept safe and secure, one parent commented "The staff in the nursery have created a safe and secure environment for all children in their care".

The environment was welcoming and comfortable, with natural light, neutral tones and soft lighting contributing to a calm and nurturing atmosphere. Children were settled and confident within the environment, moving freely and making choices about where and how they played. The premises were clean, well ventilated and well maintained. A maintenance and refurbishment calendar was in place to support the ongoing upkeep and improvement of the environment, ensuring it remained safe and to a good standard. The service had also implemented measures to reduce the spread of infection, including encouraging regular handwashing for both staff and children and regular environmental cleaning.

Risk assessments were in place, including daily checklists for playrooms and outdoor areas, supporting the safety of children. To further strengthen this, we suggested that risk assessments should be more specific to individual playrooms and the resources used. The management team acknowledged this and agreed to review and update them accordingly.

The playrooms were well organised to provide a range of stimulating experiences that reflected children's interests and stages of development. Resources were accessible and stored at child height, promoting independence and encouraging children to lead their own play. Opportunities for creativity, imagination, literacy and sensory exploration were evident, with cosy book areas, art and painting stations, and role play spaces supporting a broad range of skills. Staff were responsive in adapting the environment to meet children's needs, ensuring spaces remained engaging, purposeful and linked to their interests.

We discussed opportunities to enhance this further, including extending the imaginative play area within the 2-3 playroom by adding resources such as a table and chairs, dolls and dressing-up clothes. In addition, increasing resources for schematic play would strengthen learning experiences for children under three, and reviewing the snack area within the 3-5 playroom would help ensure there is sufficient space for children. The management team acknowledged these points and shared that plans were in place to address them.

Children had free-flow access to outdoor play areas directly from each playroom, supporting independence and choice in their play. Outdoor spaces were used effectively to extend learning, offering opportunities for physical activity, exploration and connection with nature. Children benefited from fresh air and active experiences, with resources that encouraged curiosity and investigation. The layout enabled children to move safely between indoor and outdoor environments, promoting continuity in their play. The outdoor area provided a variety of experiences, including cosy spaces such as play sheds for quiet reading, as well as sand pits, large loose parts such as tyres, wheels and planks and open areas where children could run and be active. As a result, children were able to explore, be active and develop their skills in a stimulating and engaging environment.

The breakfast club and holiday club operated from a dedicated playroom. We observed children attend breakfast club and take part in a games such as twister to support their social and turn taking skills and drawing and colouring to support their creativity. We discussed opportunities to further develop this space to strengthen children's sense of belonging, for example by including displays that reflected the children who attend. We also suggested reviewing the storage of toys and equipment to ensure play areas and toilet spaces remained uncluttered and fully accessible.

## Children play and learn 4 - Good

### Quality indicator: Children play and learn.

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 observed to be happy, confident and engaged as they interacted with their peers. They made choices about their experiences, with staff supporting their independence and responding sensitively to their individual needs. Practitioners were tuned into children's cues and provided appropriate support, helping them to feel secure and involved.

The environment was stimulating and encouraged engagement. Staff followed children's interests and joined them at their level, creating a positive and enjoyable atmosphere. Children's smiles and laughter showed they felt relaxed and fully involved in their experiences.

In the 3-5 playroom, children accessed a broad range of experiences that supported their communication, early literacy and numeracy, creativity and physical development. Children engaged in role play within the home corner using real food, worked collaboratively to build with large construction materials and participated in creative experiences such as painting and playdough. Stories and songs were used to support language development, alongside a structured focus on "Letter of the Month" and syllable awareness, which supported early phonological skills. Children showed an interest in money and staff were responsive by providing coins and supporting early numeracy skills such as counting, sorting and recognising different values through play.

Planning within the service was intentional and responsive, ensuring children's learning was informed by their interests while also supporting progression across Curriculum for Excellence. This approach was at the early stages of being embedded, with support from an early years teacher helping to strengthen staff understanding of intentional practice. Planning was supported through a backdrop planner which outlined key Experiences and Outcomes, with a particular focus on areas identified through tracking data to support targeted learning. This supported staff to consider children's current interests, prior learning and developmental stages, helping to generate ideas for meaningful experiences. Moving forward, the next steps would be for staff to continue to develop their confidence in this approach to ensure planning continues to progress.

In the 2-3 playroom, children engaged in a range of sensory and exploratory experiences, including activities such as shaving foam and sand play. They also revisited familiar stories such as The Gruffalo through sensory play using natural materials, with staff supporting language development through storytelling. Staff were attentive in supporting both group and individual play, including children who preferred to play alone. To enhance this further, we suggested the service explore ways of incorporating individual targets and next steps into planning to support each child's progression.

In the baby room, staff provided warm, responsive care alongside play opportunities. Children explored materials such as coloured rice, developing early skills in filling, emptying and exploring cause and effect. Staff supported emotional wellbeing through comfort, reassurance and close interaction, while also encouraging early sharing and turn-taking. As a result, children felt safe and supported to explore their surroundings.

Staff used online learning journals to share children's experiences with families, including photographs and some observations. We suggested developing this further to provide clearer progression and more consistent next steps for each child. The management team were keen to explore how to extend the use of learning journals to track children's progress more effectively.

**Children are supported to achieve** **5 - Very Good**

**Quality indicator: Nurturing care and support.**

We found major strengths in this aspect of the setting's work and identified very few areas for improvement; therefore, we evaluated this quality indicator as very good.

Daily routines were calm, relaxed and predictable, reflecting children's individual needs and home routines. This consistency helped children feel secure and confident throughout the day. Practitioners were attentive to children's verbal and non-verbal cues, recognising and responding sensitively to their individual communication. Interactions were warm, caring and responsive, with staff offering reassurance, comfort and affection where appropriate. As a result, children felt safe, valued and supported to build trusting relationships.

Staff knew children well and spoke confidently about their personalities, interests and individual needs. This knowledge supported them to provide responsive care and meaningful interactions. Staff were also involved in developing the vision, values and aims of the service, contributing to a shared understanding of nurturing practice. This consistent approach ensured children experienced respectful and supportive care, promoting their emotional wellbeing and sense of belonging.

Mealtimes were calm, social and unhurried; staff sat with children, engaging in conversation and eating alongside them, providing positive role modelling and supporting safety. In the baby room, children were supported to wash and dry their hands before eating and were encouraged to develop independence through self-feeding and pouring drinks. Staff demonstrated a clear understanding of children's dietary needs and preferences, while providing a variety of healthy food choices. As a result, children experienced positive mealtimes and were supported to develop independence and healthy eating habits.

Personal care was carried out sensitively, with staff promoting children's privacy and dignity. Children were encouraged to develop independence in toileting, supported by praise and reassurance. These approaches supported children to feel respected, comfortable and secure during personal care routines.

Transitions into the service were well planned and focused on building secure relationships. The settling-in process included induction sessions and ongoing communication with families, helping children and parents feel reassured and informed. This supported children to settle confidently, develop attachments with staff and experience continuity between home and nursery.

Children were supported to rest and sleep in a calm and nurturing environment. Sleep mats, sheets and blankets were provided, with children also able to access familiar comforters such as their own special blankets to promote a sense of security. The atmosphere was carefully managed, with lights dimmed, curtains closed and white noise used to create a relaxing space. Staff remained attentive, sitting with children to soothe them to sleep while maintaining appropriate supervision. Effective infection prevention and control measures were in place, with all bedding stored in individual labelled bags to ensure good hygiene.

Child protection arrangements were in place, with clear procedures in place. Staff were aware of their roles and responsibilities in keeping children safe and demonstrated an understanding of safeguarding procedures. This contributed to a culture where children's wellbeing was prioritised and protected.

Personal plans were in place for all children and reflected their individual routines, interests and personal goals. These were developed and reviewed with parents through regular consultation meetings. We suggested introducing more formal monitoring of personal plans to ensure consistency and identify any gaps. This would further strengthen how individual needs are tracked and supported.

Strong partnerships with families enhanced children's experiences and sense of connection to the nursery. Families were welcomed into the setting and described relationships with staff as warm, nurturing and supportive. Opportunities for engagement, such as parent evenings and daily communication, helped build trust and shared understanding. As a result, children benefitted from consistent care and strong links between home and the setting.

Practitioners actively listened to children's views and incorporated them into planning and daily routines. For example, children participated in voting for lunch choices, shared their feelings through mind-mapping activities and requested learning experiences. As a result, children experienced meaningful participation in decisions that affected them and developed confidence, independence and a strong sense of belonging 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

To ensure children receive nurturing care and support that is right for them and meets their needs, the provider and leadership team should review systems in place to support children's health and wellbeing. This should include but is not limited to, personal plans being implemented in line with current legislation. Parents and carers consistently sign the plans when they are reviewed, and staff consistently use strategies in practice to support children and help them meet their targets.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

**This area for improvement was made on 12 November 2024.**

#### Action taken since then

Personal plans were in place for all children and contained detailed information about individual routines, medical needs, and relevant signs and symptoms. Target sheets clearly outlined individual goals and identified strategies to support progress, with links to the SHANARRI wellbeing indicators. Review sheets captured significant events and updates, including information shared by parents. Plans were signed by both parents and staff, demonstrating shared involvement and oversight.

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

## Previous area for improvement 2

To ensure children's health and safety needs are met, the provider and leadership team should ensure medical procedures align with current best practice guidance. This should include but is not limited to having risk assessments for children with specific health conditions. Parents have given informed consent, and information to support safe administration and staff practice should be more evident in medication and care plans. Expired medication is replaced promptly, and medication management is reviewed every three months.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 12 November 2024.**

### Action taken since then

A clear and concise medication policy was in place, reflecting current best practice guidance.

Medication permission forms contained detailed information, including form, strength, dosage, reason for medication, signs and symptoms, and actions to take if refused or spat out. Forms were signed by parents, demonstrating informed consent.

Records of medication administration were comprehensive, detailing the last dose given, dose administered, time, staff member administering, and parent signature to confirm they were informed.

A structured medication review process was in place. This was completed regularly by the service and included confirmation of whether medication should continue, reasons for continuation, and whether replacement was required.

Risk assessments were in place for children with specific medical conditions.

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

## Previous area for improvement 3

To support children in reaching their full potential, the provider and leadership team should enable staff to build on their awareness of child development to ensure children are supported to achieve the best possible outcomes. This should include but is not limited to, continuous learning and development on quality observations, assessing children's progress, including families as partners, and using this knowledge to inform staff planning, which will further enhance this area.

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

'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27).

**This area for improvement was made on 12 November 2024.**

**Action taken since then**

Observations of practice showed staff interactions were age and stage appropriate.

Online learning journals contained appropriate observations linked to children's learning.

Parents' evening progress reports were also included within children's files, with links to health and wellbeing, literacy and numeracy, current interests, and identified next steps. These were shared with and signed by parents, supporting partnership working.

Planning processes were in place which reflected children's interests and stages of development.

**This area for improvement has been met.****Previous area for improvement 4**

To ensure all children consistently receive high quality play and learning experiences that support their curiosity and critical thinking, the provider and leadership team should improve the quantity and quality of play materials and resources available to children indoors and outdoors.

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 for my age and stage, which stimulate my natural curiosity, learning and creativity.'

**This area for improvement was made on 12 November 2024.**

**Action taken since then**

A range of play materials and resources were available to children both indoors and outdoors.

Resources were varied, engaging supporting children's curiosity and exploration.

Staff effectively facilitated play, encouraging children to explore, problem-solve, and make choices independently.

Observations confirmed children were actively engaged in meaningful play experiences that supported their learning and development across all areas.

The environment was organised and stimulating, enabling children to access materials freely and develop their interests.

**This area for improvement has been met.****Previous area for improvement 5**

To support continuous service improvement, the provider and leadership team should continue to develop their quality assurance processes, including monitoring and improvement planning. This should include but is not limited to monitoring children's personal plans and play spaces, planning for children's learning and staff practice, risk assessments, premise maintenance, accidents and incidents, medication, and infection control.

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 5.17) and '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 12 November 2024.**

### Action taken since then

An improvement plan was in place and used as a working document.

Clear quality assurance and self evaluation processes had been implemented and embedded across the service.

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

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

Detailed evaluations

Leadership	5 - Very Good
Leadership and management of staff and resources	5 - Very Good
Children thrive and develop in quality spaces	4 - Good
Children experience high quality spaces	4 - Good
Children play and learn	4 - Good
Playing, learning and developing	4 - Good
Children are supported to achieve	5 - Very Good
Nurturing care and support	5 - Very Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.