

# The Barnehage Nursery & Out of School Care Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 March 2026

**Service provided by:**  
House4kids Limited

**Service provider number:**  
SP2007008941

**Service no:**  
CS2007144936

## About the service

The Barnehage Nursery & Out of School Care Service is located in Blantyre, South Lanarkshire. The service is registered to provide a care service to a maximum of 154 children aged from birth to those attending primary school. There are currently 205 children registered with the service, who attend on a flexible basis within the conditions of registration.

The service is provided from a single storey building with direct access to an enclosed outdoor play area. There is an enclosed grassed play space a short walk away and opportunities for additional outdoor play experiences in a nearby wooded area and local parks. The service is situated within a business park with shops, offices and nearby transport links.

## About the inspection

This was an unannounced inspection which took place on 3-5 March 2026 between 08:00 and 17:00. 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
- gathered feedback from 20 families
- gathered feedback from nine staff using a survey
- spoke with the staff and management present during the inspection
- observed staff practice in the playrooms and outdoor space
- assessed core assurances, including the physical environment
- 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, improvements were identified relating to core assurances. We have reported where improvement is necessary within Children thrive and develop in quality spaces.

During this inspection we 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**

- The provider had made improvements to the playrooms by replacing the resources, with those more suitable for young children.
- Personal plans were in place for children.
- Staff were caring and kind to the children, providing comfort and support.
- The leaders and staff had improved connections with families, offering more events such as stay and plays sessions and coffee mornings.
- Consideration could be given to further supporting staff take ownership and be empowered to lead improvement projects.
- Quality assurance processes needed further enhancement to enable leaders and staff to consistently implement best practice guidance.
- The toilet and changing facilities needed a deep clean and some of the equipment needed replaced.
- The provider needed to consider the high traffic areas within the setting to try and minimise impact on children.
- Planning systems in use reflected an adult led approach. The provider should consider more child led approaches.

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

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

## Leadership 4 - Good

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.

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

The setting was in the early stages of developing a new way of working. To help shape their new approach they were reviewing the vision, values and aims. Parents had been asked to describe the setting. They had used words such as fun, welcoming, inspiring. Staff were considering where they could see these elements described by parents in practice. Leaders shared they were at early stages of consulting with the children to gather their views. Further consideration and consultations were planned before the review could be completed.

Leaders had recognised the need to enhance staff morale. Team building opportunities had helped and staff morale had improved. It had been agreed that all staff needed to be fully committed and agree the settings goals. Consideration is now needed to further support staff to take ownership and be empowered to lead improvements. This could help children receive experiences that truly reflect a welcoming, fun and inspiring, meeting parents' expectations.

Leaders had attended training, enhancing their skills in self-evaluation and planning for improvement. Improvements had been made, whilst these were at the early stages, we were satisfied progress had been made. The improvements made had started to have a positive impact on the outcomes for children. For example, this included the management of medication procedure following best practice guidance and the purchasing of new resources. Going forward, the leaders should prioritise tasks identifying quick solutions and short, medium and long term projects. Small successes could be more rewarding, providing staff with the confidence to continue to make improvements. This could contribute to sustained improvements.

Leaders within the setting had undertaken numerous quality assurance checks including monitoring of infection control practices. Consideration should be given to ensure these checks were meaningful, supporting the setting to continue to make sustainable improvements. Quality assurance processes should enable the setting to ensure best practice guidance is implemented.

Safer recruitment procedures were in place, and the leaders had introduced the 'National induction resource' to support new staff. Leaders could consider how to use this to further enhance new staff's skills and introduction to the setting. For example, giving staff more ownership and empowerment to reflect on their practice and development.

Leaders had been supporting staff with supervisor roles to take on more responsibilities. Further consideration could be given to support them provide more meaningful mentoring and support for staff, with a focus on implementing best practice.

A staff training calendar was in place for mandatory training such as first aid and child protection. Staff training opportunities could be closer linked to their professional development reviews or the settings improvement plan priorities. Helping the setting to make the changes needed to enhance outcomes for children. Further consideration for training on child led play, consultation with children and benefits of outdoor learning could support staff achieve the settings goals.

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

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

### Quality indicator: Children experience high quality spaces

The physical environment looked unloved in places. Improvements were needed to create a warm, welcoming environment that children have the right to experience. Some of the walls, woodwork, displays and furnishings needed addressed. Leaders shared and informed that new flooring and paint work was due to be refreshed. Consideration should be given to how well the facilities reflect the settings values. We acknowledged the setting had been let down by workman, however, the provider should address these areas.

The provider had purchased new materials, such as tables, chairs and sand troughs and we saw new materials being delivered. Before the new materials were placed within playrooms, spaces needed further improvement. Adding these materials to the playrooms, as they were, may not have the desired outcome. Consideration is needed to the layout to create more rich learning spaces to enhance areas such as the block play and, art and craft areas. Children needed better access to high quality materials. Involving the staff and children in developing the play spaces, could give them increased ownership and empowerment. Giving them a feeling of being valued and a stronger commitment to sustain improvements. We have reported further on this under the heading 'Children play and learn.'

The toilet and changing facilities needed a deep clean and some of the equipment needed replaced. Consideration should be given to use of additional toilet seats and steps due to adult size toilets being in use. An improved cleaning procedure was needed to ensure these areas a kept clean and ready for use (see area for improvement 1).

In most areas, the ventilation seemed satisfactory. On the days we visited, the 3-5 room was lacking fresh air and had a stale odour, predominantly after lunchtime. The provider needs to find the reason and put a solution in place. We were informed the ventilation system was due to be serviced. Children should be cared for in areas free from intrusive smells and which have fresh air. The benefits to fresh air are reduced air born transmission of infectious diseases and comfort for staff and children (see area for improvement 2)

In some areas within the setting, children and adults needed to pass through other playrooms to reach their room. This created additional movement and caused interruptions which could upset children. The provider needed to consider the high traffic areas within the setting to minimise impact on children, especially in the 1-2 room and the small cloakroom leading to the garden.

Staff were at the early stages of consulting with children to influence their play. Consideration is needed to create better spaces that reflect the children's needs, interests and preferences. This included using materials in playrooms that are safe and meet their needs. When learning focuses around sensory play, materials needed to be safe. For example, when children are at the stage of putting things in their mouth, seeking that oral sensory experience. Creating more rich learning spaces for children, responding to their needs should further enhance the outcomes for children.

We found throughout the premises information was being stored in the office, various cupboards and in the entrance hall. The provider needed to ensure all information either current or archived is stored appropriately.

## Areas for improvement

1. To ensure the health and wellbeing of children the provider needs to take action to improve the cleanliness of the children's toilets' and changing equipment and facilities, throughout the setting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that as a child 'If I require personal care, there is a suitable area for this, including a sink if needed (HSCS, 5.4) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS, 5.24).

2. To ensure children's health and wellbeing the provider needed to ensure they investigate the ventilation in the 3-5 playrooms and find a solution to remove the strong odours and improve the air quality.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that as a child 'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes (HSCS, 5.21) and 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noises and smells (HSCS, 5.20).

## Children play and learn 3 - Satisfactory / Adequate

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

### Quality indicator: Playing, learning and developing

Children enjoyed exploring toys and materials that were available to them, such as, the playdough and sand. Although, at times, children's engagement was fleeting due to the limited materials in spaces. The story telling materials were in short supply or not cared for. In the art and craft area some experiences were pre-determined and not suitable for very young children. Play needed to improve to provide rich learning opportunities, that children have the right to experience (see area for improvement 1).

Children liked being outside but due to the restriction on the outdoor space, this was limited. The small, shared garden limited children's opportunities to choose to go outdoors. The lack of space and stimulating experiences resulted in children running up and down, moving from one space to another. At times this led to limited purposeful play outside. For example, we heard one child stated 'I am going to cook' but we observed that there was very little materials for them to use, they lost interest and moved away. Staff had made attempts to make use of local community spaces for the younger children. Leaders should consider innovative ways to help find solutions to increase outdoor play/experiences. This is to ensure there is opportunities for all children to be able to access outdoors daily. Leaders were receptive to our suggestions to support this, especially for the school age children following being at school all day (see area for improvement 1).

The planning system in use reflected an adult led approach rather than a child centred one. Leaders discussed plans to introduce a more responsive way of supporting children's play and learning. We agreed adopting a more a responsive approach would support children to lead their play, supporting their interests, development and engagement. Leaders and staff would benefit from revisiting national and local guidance and frameworks to support these developments (see area for improvement 2).

## Areas for improvement

1. To support children's play, learning and development the provider should ensure children have access to suitable and meaningful play materials that promote curiosity, imagination and extend children's thinking. This includes, but is not limited to increased outdoor play, access to open ended and natural materials that stimulate thinking and curiosity to learn.

This is to ensure the quality of care is consistent with the Health and Social Care Standards (HSCS), which state that as a child 'My social and physical skills, confidence, self-esteem and creativity are developed through a balanced of organised and freely chosen extended play, including using open ended and natural materials (HSCS, 1.31) and 'As a child, I play outdoors every day and regularly explore a natural environment (HSCS, 1.32).

2. To support children's play, learning and development the provider should ensure a good balance between child led and adult directed learning through play. The planning systems should be child centred and follow the national and local best practice guidance.

This is to ensure the quality of care 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 (HSCS 2.27).

## Children are supported to achieve 4 - Good

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.

### Quality indicator: Nurturing care and support

Staff were caring and kind to the children. Staff provided comfort and support and at times we observed quality interactions. They recognised and supported children's needs and learning with warmth and enthusiasm. This gave children the feeling of being safe and secure.

Mealtimes were sociable and children were heard chatting to each other and staff. Healthy foods were offered and systems were in place to support children's dietary and cultural needs. Staff needed to be mindful of their interactions during mealtimes. We acknowledged the need to record how much food children had eaten, however, strategies to do this could be reviewed. Considering children's safety and improving staff interactions could further enhance outcomes for children. In addition, children's opportunities to be more independent could be improved. This included being able to be involved in preparing their food and having tables and seating that met their needs, providing safe and appropriate support for them whilst eating. We were informed there was an ongoing rollout of new furniture to remove the adult size tables and chairs used by children.

Personal plans were in place for children and these contained important information. This included family details, children's preferences and medical needs. Records of updates were noted and highlighted any changes that may have occurred. Next steps for children were identified and these were acknowledged by parents. Consideration could be given to evaluations of these next steps to help track children's progress and influence further next steps. In addition, school aged children could be more involved in their personal plans, helping to promote a sense of ownership.

Most children that had a sleep, did so at the same time. Some children were not sleeping in their own playrooms; some were sleeping in the school age childcare room. Children's sleep patterns should be personalised, reflecting their individual needs and home routines. We could see this being supported in the 0-1 room. When children's personal plans were being agreed, parents were asked about children's routines including sleep patterns. These should be acknowledged and where possible supported within the setting. Consideration needs to be given to the sleeping arrangements to ensure they meet children's needs. Areas used for providing safe sleeping, should be well considered creating cosy, comfortable and relaxing spaces meeting children's need to rest and restore (see area for improvement 1).

Leaders and staff had improved connections with families, offering more events such as stay and play sessions and coffee mornings. Leaders recognised the need to further improve communications with families, as a result a new app was rolled out. We shared feedback from a parent that suggested it would be beneficial to consider having an additional private space to talk, as at present there is only the small office at the entrance. Leaders agreed that some improvements had been made but they were continuing to consult with families to meet their expectations.

## Areas for improvement

1. To support children's health and wellbeing, children should be provided with the opportunity to rest or sleep, following their natural daily routine. Areas used for providing safe sleeping, should be well considered creating safe, comfortable and relaxing spaces where children can rest and restore.

This is to ensure the quality of care is consistent with the Health and Social Care Standards (HSCS), which state that as a child' my care and support meets my needs and is right for me (HSCS,1.19).

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

### Requirements

#### Requirement 1

By 25 April 2025, the provider must ensure there are robust medication procedures in place to support children's health, safety and wellbeing.

To do this, the provider must, at a minimum:

- (a) ensure parents complete, sign and date the parental consent forms for any medication to be administered to their child
- (b) ensure staff accurately record the name of all medication signed in and out of the service
- (c) ensure emergency medication, for example inhalers, are stored in line with current medication guidance to enable them to be accessed easily, in case of an emergency
- (d) ensure all medication cabinets can be locked and unlocked with ease.

This is to comply with Regulation 4(1)(a)(welfare of users) of The Social Care and Social Work Improvement

Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

**This requirement was made on 1 April 2025.**

#### Action taken on previous requirement

Medication systems in the setting were in place to support safe administration of medicine. Majority of medication was stored appropriately, we found a few didn't have a photo, the leaders agreed to address this. Medication was stored in lockable medication cabinets, which were easy locked and unlocked. Consent forms were with medicines, and these were signed by staff, management and families. We discussed the location of the cabinets, to support good infection prevention and control measures and dignity of children, as they were stored in the children's toilets. This was actioned during the inspection.

A few consent forms could be a little clearer on the reason for medication to support administering this. However, we reviewed medical care plans, which were not stored with the medicine but within children files, which did contain more information.

Rescue medications were stored in a way that meant they were easy to access. Audits and records of medications were kept and provided an overview of items in the building, and these were reviewed regularly.

**Met - within timescales**

## 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, safety and wellbeing, the provider should ensure there are more specific, effective and robust risk assessments in place. This should include, but is not limited to, risk assessments for outdoor spaces, trips and outings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My environment is secure and safe" (HSCS 5.19) and "I am helped to feel safe and secure in my local community" (HSCS 3.25).

**This area for improvement was made on 1 April 2025.**

#### Action taken since then

We reviewed the risk assessments, sampling from each playroom, including the outdoor space. We were informed these had been reviewed and they had added specific risk assessments, since the last inspection in 2025, as requested. The risk assessments reviewed provided a good basis for identifying possible hazards and putting safety measures in place. We suggested they considered adding some more detail to a few

safety measures. This was in response to some of the findings at the inspection. They agreed to address these.

**As a result, this area for improvement had been met.**

## Previous area for improvement 2

To support children's wellbeing, health and safety, the provider should ensure any required notifications are submitted within the required timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

This is to ensure procedures are consistent with the Care Inspectorate's document, 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.'

**This area for improvement was made on 1 April 2025.**

### Action taken since then

The provider had been submitted the appropriate notifications to the Care Inspectorate, within the timeframe's required.

**As a result, this area for improvement had been met.**

## Previous area for improvement 3

To support and enrich children's play, learning and development, the provider should ensure there are a wide range and sufficient number of resources and play experiences available to children, both indoors and outdoors throughout the day.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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' (HSCS 2.27).

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

### Action taken since then

The provider had purchased new resources and materials. There were plans to refurbish the flooring and redecorate the facilities. Leaders shared the improvements made since the last inspection in 2025; we could see where improvements had been made and were satisfied this area for improvement had been met.

We discussed the need for continued improvement now on children's opportunities to learn through play, we have recorded this under the heading 'Children play and learn'.

**As a result, this area for improvement had 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	4 - Good
Leadership and management of staff and resources	4 - Good
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate
Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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