

Firtrees Nursery & Out of School Care Day Care of Children

Motherwell College
1 Enterprise Way
Motherwell
ML1 2TX

Telephone: 01698 232 285

Type of inspection:
Unannounced

Completed on:
12 March 2026

Service provided by:
Amcol Scotland Ltd

Service provider number:
SP2003000911

Service no:
CS2003004432

About the service

Firtrees Nursery & Out of School Care is provided by Amcol Scotland Ltd. The service is registered to provide care to a maximum of 288 children up to the age of 16 years. This includes, 21 children aged from 0 to under one year; 33 children aged one to under two years; 50 children aged two to under three years; 144 children aged from three years to those not yet attending primary school and 40 children attending school. There are 383 children currently registered at the service.

Care is provided over one level from 14 spacious playrooms. The service is located next to New College Lanarkshire - Motherwell Campus. The building was specially designed to meet the needs of the number and age of children attending. It has fully enclosed garden areas. Public transport, local parks and community facilities are nearby.

About the inspection

This was an unannounced inspection which took place between 9 and 12 March 2026 from 09:30 to 17:00. The inspection was carried out by three 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
- received feedback from 75 family members.
- spoke with staff and senior leaders
- observed practice and daily life
- reviewed document
- assessed core assurances, including the physical environment.

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 leadership.

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

- There was a high level of long-and short-term absences within the service. As a result, children did not always receive consistent care from familiar staff. Improvements were needed for staff deployment to ensure children's wellbeing was consistently supported.
- Leaders must improve child protection systems, by ensuring effective record-keeping, to help keep children safe and protected from harm.
- More robust approaches to monitoring and quality assurance were required, including regular audits of accidents, incidents and personal plans.
- Children's play was supported through a wide range of play spaces, including outdoor areas, which promoted their wellbeing.
- Staff had worked hard to review play spaces and improve resources to support children's engagement and curiosity. All children regularly accessed outdoor play, which supported their choices, wellbeing and physical development.
- Children were happy and settled in the setting. They mostly experienced kind and caring interactions from staff, helping them feel safe and secure.
- Mealtime routines and menus should be reviewed to help ensure children had nutritious meal options to support their health.
- To ensure that children experience care that meets their individual needs, staff and management should continue to review and develop children's personal plans.

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	2 - Weak
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 2 - Weak

Quality indicator: Leadership and management of staff and resources.

We made an evaluation of weak for this quality indicator, as there were some strengths, but these were compromised by important weaknesses.

There was a high level of long and short term absences within the service and management experienced challenges managing staff deployment. As a result, children did not always receive consistent care from familiar staff. Although staff supported one another, they were frequently moved between rooms and agency staff were used to fill absences. Whilst this met minimum ratios, there were not enough familiar staff to consistently meet children's needs throughout the day (see requirement 1). For example, staff were unfamiliar of their individual needs which compromised their wellbeing. Most staff told us that this affected the time they had to spend with children and their ability to complete other tasks. Parent told us "staffing is an issue within this service" and "when staffing is consistent and present who knows my child it's better. When it is agency staff and other staff from the nursery they don't know my child to be able to meet their personal needs."

Staff who were present worked hard to meet children's needs and senior staff were deployed to ensure breaks were provided. However, this reduced the time senior leaders had to complete essential tasks, including paperwork, monitoring and self-evaluation. This led to gaps in quality assurance, such as, inconsistent information in personal plans and limited oversight of daily routines, including mealtimes. Reduced leadership capacity also limited opportunities for staff development, including time for personal development, review meetings and mentoring. At times, mentors were not allocated to new staff, which impacted on their wellbeing and opportunities to develop skills.

Gaps in quality assurance processes meant that inconsistencies in practice had not been identified. Important information was missing from some personal plans, including parents' signatures, review dates and details about children's needs and preferences. Accident and incident audits lacked key information, such as where accidents occurred, the time of day and in some cases when parents were informed. These should be further developed to help staff identify and respond to patterns of risk. Leaders should develop more robust approaches to monitoring and quality assurance, including audits of accidents, incidents and personal plans (see area for improvement 1).

Staff were recruited safely and those staff working with children were registered with Scottish Social Services Council (SSSC), who are the regulatory body for the workforce. However, we found that a few staff had let their registration lapse during periods of absence. We discussed with the manager that they should monitor this during absences to ensure staff maintained their registration. An induction process was in place to help new staff understand health and safety, along with policies and procedures. However, mentors had insufficient time to undertake mentoring roles effectively, meaning staff did not have time to reflect and discuss their progress to ensure they could provide high-quality care to children.

All staff received child protection training and understood their responsibility to report concerns. Policies were in place to support reporting to relevant agencies. Some staff were confident about who to report to in the manager's absence, while others were not. We asked the service to ensure roles were clearly defined and reflected in policies. This would help to protect children from harm by reducing any potential delays in reporting concerns.

We had concerns about the recording systems in place to monitor the safeguarding of children. Records were not organised in a way that allowed concerns to be easily tracked or understood and some lacked follow-up information. This meant information was not easily accessible to relevant staff, which could place children's safety at risk. The manager must develop clear chronologies that supports them to meet children's wellbeing and safety needs. We have therefore made a requirement in relation to this (see requirement 2).

The manager had developed an improvement plan to help support planning, the use of digital technology and improving play spaces. Whilst some priorities were at an early stage, we could see improvements beginning to support children's play. Leaders had started to become familiar with 'A quality improvement framework for the early learning and childcare sector's. Leaders should continue to build staff knowledge and provide meaningful opportunities for evaluation, using best practice guidance.

Requirements

1.
By 29 May 2026, the provider must ensure that staff are well deployed to meet children's needs.

To do this, the provider must at a minimum:

- a) ensure that at all times suitably qualified, competent and knowledgeable staff are working in the care service in such numbers as are appropriate to meet the health, welfare and safety needs of all children;
- b) ensure that staff provide children with consistent care and support throughout their day that meets their varied and specific needs.

This is to comply with Regulation 7 (1) of the Health and Care (Staffing) (Scotland) Act 2019

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15)

2.
By 4 May 2026, the provider must ensure that safeguarding records are implemented to make sure that children are protected from harm.

To do this, the provider must at a minimum:

- a) complete a wellbeing audit for all children attending the service;
- b) ensure the manager and staff are competent in using chronologies and child protection records to assess the level of risk to children, and that any concerns identified are reported to the relevant authorities timeously; and
- c) ensure effective systems are in place to review and audit chronologies and child protection records, and appropriate actions have been taken.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understating of their responsibilities" (HSCS 3.20).

Areas for improvement

1. To promote children's wellbeing and care routines, the provider should ensure that effective management and leadership arrangements are in place at all levels to improve the service. This should include, but not be limited to, reviewing roles and responsibilities to support regular monitoring, supervision and quality assurance across the setting.

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

Children play and learn 4 - Good

Quality indicator: Playing, learning and developing.

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

Children's play was supported through a wide range of play spaces, including outdoor areas, which promoted their wellbeing. Younger children had fun outdoors splashing in puddles and exploring sand, which supported their choices and wishes. Play spaces were well resourced, enabling children to lead their own play ideas. One parent told us "my child has the opportunity to take part in a wide range of fun and engaging experiences that support [their] individual needs and development. I particularly value the outdoor activities, which are both stimulating and enjoyable." One child told us they liked the "Lego, Mobilo, bricks and puppets."

Staff had worked hard to review the play spaces and improve resources to support children's engagement and curiosity. All children regularly accessed outdoor play, which supported their choices, wellbeing and physical development. Plans were in place to continue auditing play spaces to develop other areas, including creating more sensory spaces. Parents told us there was a "wide range of activities given to suit all likes/ dislikes and abilities. For example, arts and crafts, role play, messy play, playdoh, ball games, dancing, reading, building, construction, cars, water play and outdoor activities such as on bikes." Children told us they liked "seeing my friends and playing in the garden", and "I love the mud kitchen."

Children in the 3-5 playroom benefited from increased opportunities for play, as they could now move between two rooms rather than being limited to one play area. This promoted opportunities for making friendships and developing social skills. They enjoyed playing with friends, in small groups, or independently if they wished. Children made use of larger spaces for building and construction, and some enjoyed taking care of baby dolls and engaged in hospital role play. At times, staff responded to children's interest helping extend their play ideas. Young children spent time exploring musical instruments and listening to stories.

School aged children benefitted from a relaxed and creative environment. They had time and space to make their own choices and decisions. They moved freely between indoors and outdoors, and spent time playing football, drawing and engaged in role play. Children attending the out of school care told us "it's great here, we can do so many things... I like everything here" and "we like drawing, there's loads to choose from."

I like it when we can do the junk modelling." Children enjoyed the 'chill-out' room, which they had helped design, providing a quieter space that supported their wellbeing. Staff were responsive to children's cues and requests, helping them to feel valued and heard. One child told us "sometimes I'm tired and I just want to chill. I can do that in here." One parent told us there was a "wide variety of activities they can play and are always updating the activities as well. They play a variety of activities - roller skates, basketball etc."

Child-led planning systems were in place, which helped record children's play and learning experiences, and supported staff to follow their interest. Floor books contained photographs and observations which captured children's voices and ideas. Some parents told us they would like more information about their child's experiences, as well as additional opportunities such as visits to forest areas and access to balance bikes. The manager agreed that planning systems were still being refined to help ensure they fully reflected children's ideas and interests.

Whilst children enjoyed the variety of play opportunities, their levels of engagement varied throughout the day. Staff were often busy managing daily routines and covering other areas, meaning they were not always available to join in and observe play to extend and support children's learning and progress. Leaders should review staff deployment as discussed under quality indicator: Leadership and management of staff and resources.

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

Quality indicator: Nurturing care and support.

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

Children were settled and happy in the setting. They mostly experienced kind and caring interactions from staff, which helped them feel safe and secure. Senior staff and keyworkers knew children well and oversaw their personal care needs. However, there were frequent changes of staff throughout the day with staff covering from other playrooms or temporary staff who did not know children's needs as well. This impacted on children's wellbeing and continuity of their care. Most parents told us that staff were friendly, caring and approachable. However, they were aware of the staff absence and told us "a lot of different staff are coming and going from the room and it's extremely unsettling for my child" and "there is always enough staff members, however, my child is often moved to other rooms with more children/older children and I believe this is due to staff numbers."

Staff gathered some important information to meet children needs. This included likes, dislikes and care routines. We discussed where more information was needed overall to capture children's interests to support planning. Whilst consistent staff knew children's medical and health needs, we found inconsistency in recording of information. Some plans required more detail about medical needs and there were gaps in recording wellbeing information. Parents told us "I feel like this could be reviewed more than it is with parents. The staff are busy, I don't always feel like it's appropriate to chat with them when I'm picking my child up. A quick catch up when I'm collecting my child doesn't always seem like enough and parents evening is maybe twice per year." We discussed this further under quality indicator: Leadership and management of staff and resources.

Following a recent complaint to the Care Inspectorate, a requirement had been issued to improve support strategies in place to meet children's individual needs. Leaders and staff had begun to develop personal plans and had reviewed opportunities for staff training.

We acknowledged the progress made so far and recognised that additional time was needed for staff to deepen their understanding and embed new approaches. To promote continued development of how staff identify and implement strategies that meet children's needs, we have de-escalated this requirement to an area for improvement (see area for improvement 1).

Staff had begun to review the environment, to help create more nurturing spaces that supported children's wellbeing. They were in the early stages of reflecting on practice to better support children's emotional development. Recent training supported staff to develop strategies and adapt plans to meet children's needs. Staff should continue to develop their skills and knowledge of child development to further support children's emotional wellbeing.

Breakfast was a relaxed time where children could sit with their peers and enjoy toast and cereal. In contrast, lunchtime was busy and staff became focused in organising seating arrangements and supporting children to serve meals. Older children were encouraged to self-serve, promoting independence. This could be considered further for younger children and opportunities for babies to self-feed should be increased. Some children experienced flexibility in choosing when to eat snacks, while in other rooms children sat down to eat at the same time without choice. Mealtimes should be reviewed to ensure consistency across the setting. A more flexible approach to snack routines would support children's play and wellbeing.

The service had recently reviewed meals and snacks to meet nutritional guidance for early years settings. However, we found snack options were limited and did not fully meet children needs. Some children did not like the main meal and no alternative options were available. As a result, many children brought food and drinks from home which were not always nutritious. Some children accessed their own snacks throughout the day. At times this went unnoticed by staff, meaning they were unable to respond quickly to potential choking risks. The service should review its approaches to mealtimes and menus. In addition, they should ensure drinking water is easily accessible at all times to help promote nutrition and development of healthy teeth (see area for improvement 2). Parents told us "I think the snack could be far better. Breakfast and lunch is generally varied" and "other than certain nursery lunches that my child eats, all food/snacks are provided by myself. Snacks are very basic and inadequate."

Areas for improvement

1.

To ensure that children experience care that meets their individual needs, staff and management should further develop children's personal plans. This should include, but is not limited to, ensuring plans reflect children's changing needs, contain information about their progress and outline identified strategies that are understood and used consistently by all staff.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state: 'My care and support meets my needs and is right for me' (HSCS 1.19)

2. To ensure children have a healthy, safe and sociable eating experience, the provider should improve mealtimes. This should include, but is not limited to, reviewing menus and improving access to healthy drinks.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables and participate in menu planning' (HSCS 1.33) and 'I can drink fresh water at all times' (HSCS 1.39).

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

Requirements

Requirement 1

By the 27 February 2026, the provider must make proper provision for the health, welfare and safety of children. To do this, the provider must, at a minimum: ensure that:

- a) records accurately reflect children's support strategies, contain sufficient detail to inform staff decision making, and are accessible to all staff responsible for their care
- b) ongoing support, actions taken, and next steps are clearly recorded and regularly reviewed, so that information remains meaningful, current, and responsive to each child's needs
- c) identified training needs must clearly inform daily practice, guide staffing decisions, and support the effective planning and delivery of children's support.

To be completed by: 27 February 2026

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210) 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 requirement was made on 20 January 2026.

Action taken on previous requirement

A robust action plan was in place to help support improvements. Staff had received trauma training, which supported their understanding of children's wellbeing.

'Getting it right for me'(GIRFME) plans had been improved to ensure clear recording of children's needs and strategies to support their wellbeing. Most staff were aware of strategies and used these in practice.

Leaders should continue to monitor this and support staff with further training to meet children learning and wellbeing needs. Staff need support to ensure they are confident managing this effectively. **Therefore, this requirement has been de-escalated to an area for improvement.**

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 ensure children's positive wellbeing the provider should ensure that children experience consistently warm and nurturing interactions and approaches.

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

"I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me." (HSCS 3.9).

This area for improvement was made on 14 June 2024.

Action taken since then

Children received caring interactions from staff in playrooms. Most staff noticed if children needed support and checked in to see if they needed help. Children who had minor accidents were comforted in a sensitive way. Whilst some staff covering were not familiar with children's needs, they offered kind interactions. Staff had received trauma training which was supporting staff to further consider children wellbeing needs.

Therefore, this area for improvement has been met.

Previous area for improvement 2

To ensure that children's health, wellbeing and privacy is protected the provider should improve the nappy changing facilities.

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

'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4);and 'If I require intimate personal care, there is a suitable area for this, including a sink if needed' (HSCS 5.4).

This area for improvement was made on 14 June 2024.

Action taken since then

Nappy changing facilities have been improved by removing toilets and creating more space for changing units to support the needs of younger children and babies. A new changing was created for older children to support their privacy and dignity. **Therefore, this area for improvement has been met.**

Previous area for improvement 3

The manager and provider should ensure that staff are deployed in a way that ensures children's needs are met.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

This area for improvement was made on 14 June 2024.

Action taken since then

There were many staff absences, which resulted in staff covering from other rooms and agency staff being used to help meet the needs of children. Whilst they adhered to the minimum ratio, it meant that children were being cared for by unfamiliar staff and at times they were moved between rooms to support staff ratios. This included during mealtimes and sleep routines. This impacted on children's attachments, relationships and their wellbeing. **This area for improvement is no longer in place and has been incorporated into a new requirement under key question: Leadership and management of staff and resources.**

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

Leadership	2 - Weak
Leadership and management of staff and resources	2 - Weak
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

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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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 iartras.

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.