

Seton House Nursery Day Care of Children

3 Seton Terrace
Dennistoun
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Type of inspection:
Unannounced

Completed on:
13 March 2026

Service provided by:
Ms Christina Ritchie

Service provider number:
SP2003001173

Service no:
CS2003005654

About the service

Seton House Nursery is registered to provide a care service for 54 children at any one time. Of the 54 children registered, no more than 28 children should be aged under two years. There were 23 children using the service at the time of inspection.

Seton House Nursery is based in a three-storey townhouse in the Denniston area of Glasgow. Children are accommodated across three play areas, with some areas made up of multiple rooms. Children also have access to two small outdoor areas. The service is near to Glasgow city centre, local amenities, and public transport.

About the inspection

This was an unannounced inspection which took place on 10 and 11 March 2026. 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
- spoke with staff and management
- reviewed 12 completed questionnaires from staff and families
- observed practice and daily life
- 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.

Key messages

- Children were engaged in good experiences and having fun.
- Children play and learning approaches had improved to support children's interests and development.
- Children benefitted from a staff team who worked well together to ensure children had a positive experience.
- Families provided positive feedback about the service.
- The approach to quality assurance, self-evaluation and improvement planning was developing, and beginning to have a positive impact on the outcomes for children and families.
- Strengthening staff skills in trauma-informed practice, additional support needs, and children's rights would better support children's wellbeing and development.
- Staff deployment should be further improved to support a consistency and continuity.

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

We evaluated different parts of this heading as satisfactory/adequate and good, with an overall evaluation as satisfactory/adequate where strengths just outweighed the weaknesses.

Quality indicator: Leadership and management of staff and resources.

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's vision, values and aims had recently been reviewed in consultation with families and staff. This collaborative approach ensured that they reflected the views of everyone involved and supported a shared ethos where all members of the service worked towards common goals.

Self-evaluation at the service was developing and remained at an early stage. Children's and staff views had been gathered to support improvements; however, the agreed actions had not yet been shared with stakeholders. Management should continue to gather the views of staff, children, and families, and clearly record and feedback how these contributions have influenced change in a meaningful way. This will support staff and management to measure progress and plan further improvements that reflect everyone's opinions, helping people feel valued and included.

The action plan from the previous inspection was used as the service's improvement plan. The team had made some progress, including improving play and learning approaches, and strengthening leadership by appointing an additional manager. A quality assurance calendar was in place and had a positive impact in some areas, such as monitoring professional registration, overseeing accidents and incidents, and observing staff practice. However, we found some gaps in quality assurance. These included auditing of personal plans and providing support for staff practice linked to trauma-informed care and supporting children with additional needs. We concluded that quality assurance and improvement planning were still at an early stage and needed further development to support positive outcomes for children. As a result, an area for improvement was made under another quality indicator of this report to support progress in this area (see section: 'Nurturing care and support' area for improvement 1).

Staff were recruited safely, with all appropriate pre-employment checks completed before they began their roles. Staff caring for children were registered with the Scottish Social Services Council (SSSC), which promotes high standards of conduct and practice and supports ongoing professional development. This contributed to keeping children safe and promoted positive outcomes for staff, children, and families.

Quality indicator: Staff skills, knowledge, values and deployment.

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

Staff had access to a basic range of professional learning opportunities and reflection time, including some team meetings and core training, such as child protection. Some of this had a positive impact; for example, staff were knowledgeable about child protection procedures and whistleblowing, meaning they knew what to do if they needed to raise concerns about a child. This helped keep children safe. We identified some gaps in staff knowledge such as trauma awareness, and infection, prevention and control. We discussed this

with management, and they agreed that support through further learning sessions, quality assurance activities, playroom practice monitoring and staff professional reviews, would help staff build their knowledge and confidence. These measures would also strengthen staff practice and further support positive outcomes for children.

The staff team were kind, caring, and worked well together. They were respectful in their interactions with children and each other. We observed positive relationships between management, staff and children. Almost all parents who provided feedback spoke positively about staff. One person said, 'I have a great relationship with all the staff, they are very friendly and welcoming. The staff go out their way to ensure both my son and myself feel comfortable in the morning and keep me updated using the family app on how he settles in the morning'. This teamworking approach supported positive relationships and ensured children had a positive experience at the service.

New staff were supported through a structured induction and were respectfully guided by senior colleagues. This helped them become familiar with the service's vision and supported a consistent approach in line with the service's policies, procedures, and ethos. To further strengthen outcomes for children, we suggested that the service make use of the Scottish Government 'Early Learning and Childcare: National Induction Resource'.

There was a mix of experience, knowledge, and skills across the team. The manager had deployed staff most of the time across playrooms to ensure a balanced approach that supported children's needs. We acknowledged the service had faced some staffing recruitment and retention issues. We observed where this had an impact on the outcomes for children. For example, children's time outside was restricted due to staffing, and staff became task focused during mealtimes, missing opportunities to chat and interact with children. At the previous inspection, we identified an area for improvement to support a more outcome-focused approach to staff deployment. While some progress has been made, this area for improvement remains in place (see section: 'What the service has done to meet any areas for improvement we made at or since the last inspection' for more information).

Children thrive and develop in quality spaces

3 - Satisfactory / Adequate

Quality indicator: Children experience high quality spaces.

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

Spaces were freshly decorated and homely, featuring soft lighting and natural tones. Children had spaces to rest and relax, and staff had developed the environment to ensure they had cosy spaces, and spaces with soft cushions and enclosures. Some areas had been upgraded with new flooring and furniture helping children feel valued.

The entrance area contained important information for families. Family photos displayed within playrooms helped children feel seen and included. This supported a welcoming and inclusive environment for children and families.

The maintenance/facilities person was at the service during inspection. A review of maintenance logs confirmed that reported repairs were addressed swiftly, supporting a safe environment for children. We noted some areas that could do with redecorating, including woodwork areas as paint was flaking. We

shared this with the manager who agreed and added to the maintenance plan. This helped children be cared for in a safe and well-maintained environment, supporting their health and wellbeing.

At the last inspection, we made an area for improvement to ensure children's changing spaces were clean, hygienic, and protected privacy and dignity. The service had made some progress, including adding suitable screening and frosting windows. This improved children's privacy and supported their dignity. We found one changing area that still lacked ventilation. When we raised this, the manager acted quickly and contacted maintenance to find a solution. This was a positive step and had potential to support improved outcomes for children's health. Because this work was still ongoing, the area for improvement needed more time and was reworded to reflect the outstanding improvements (see area for improvement 1).

Most of the time, satisfactory infection prevention and control measures were in place. For example, the building was clean, laundry was managed well, and children's and staff practiced effective handwashing prior to eating and after visiting the outdoors and toilet facilities. In contrast, staff did not always practice effective handwashing during children's mealtimes, and after supporting children with personal care, such as wiping their nose. We highlighted these issues to the manager, who confirmed they would take prompt action through maintenance and staff communication. This was a positive step toward ensuring children benefit from robust infection prevention and control practices.

Staff and management had audited the environment, liaised with children, and agreed on some new resources. Overall, children had access to a range of materials to support their play and learning. The environment supported most children to lead their own play and learning and make decisions independently. We noted that children could have access to a wider range of loose parts, open-ended and sensory materials, such as sand and water, and resources to support emotional regulation. We shared this with the manager, who agreed and shared they would review the resources with staff and children. This was a positive step, ensuring children had access to a wide range of rich, challenging and stimulating resources that support high-quality care play and learning.

Areas for improvement

1. To ensure that children have a hygienic nappy changing experience, the provider should improve nappy changing facilities.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

Children play and learn 4 - Good

Quality indicator: Playing, 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 had some opportunity to lead their own play and learning, with staff giving them space, time and support when needed. However, at times, the routine and structure of the day limited children's autonomy.

Large group activities, such as adult-led stories and songs, before lunch and at other periods during the day, restricted choice and did not fully uphold children's rights. A more flexible, child-led approach to transitions and group times would better support independence, agency, and wellbeing.

Almost all children had access to a range of experiences across each play space. These included painting, listening to stories and rhymes, role playing, making playdough and engaging in block play. Staff actively supported children during their play. For example, they sang and completed actions to fun and engaging nursery rhymes and songs. This meant children experienced a variety of learning opportunities through play while having fun.

Staff supported children's literacy and numeracy through daily interactions, such as singing and modelling language, to extend vocabulary.

Children had access to an outdoor garden. They used this space at set times throughout the day and also went for walks in the local area. We discussed with management the opportunities to increase outdoor access to support children's health, wellbeing, and development. Progress had been limited due to staff deployment (see section: 'What the service has done to meet any areas for improvement we made at or since the last inspection' for more information).

Staff worked together to plan daily group experiences for children. We found that planning records did not always clearly show and respond to children's interests, learning, or development. This was mainly because staff had different levels of confidence and skill in recording this information. Staff and management needed to review planning records, and support staff to capture the breadth and depth of learning, children's individual interests, and tracked development.

Staff recorded observations of children's individual play and learning in online journals, sharing notes and photographs with parents. The leadership team had been working with staff to improve the language used in observations. Although this work was at an early stage, it was beginning to have a positive impact. For some children, observations were already clearer, highlighted key skills and achievements, and set out next steps.

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.

Staff had developed positive, nurturing relationships with children, families, and each other. Children benefitted from kind, caring staff who supported their wellbeing effectively. Care was provided in line with children's individual needs and delivered sensitively. Staff promoted children's privacy and dignity during personal care routines. For example, when children required changing, staff spoke to them kindly and suggested moving to the changing area to ensure privacy. Throughout and after changing, staff were gentle and reassuring, helping children feel relaxed through warm interactions such as smiling, chatting, and singing. This contributed to a caring and respectful experience for children.

Children's food choices were nutritious and well-balanced. Staff were aware of allergies and catered for these appropriately, supporting children's health and safety.

Mealtimes were attractively set up, creating a welcoming and homely atmosphere. Children were encouraged to self-serve, which supported the development of independence and decision-making skills. Initially, staff sat with children to promote conversation and create a relaxed social experience. However, at times, due to staff deployment, they become task focused, which reduced the quality of interactions and limited opportunities for meaningful engagement during mealtimes. At the previous inspection, we identified an area for improvement to support a more outcome-focused approach to staff deployment. While some progress has been made, this area for improvement remains in place (see section: 'What the service has done to meet any areas for improvement we made at or since the last inspection' for more information).

Personal plans were in place for all children. Staff used a mix of paper plans and information stored on an online app. Plans were reviewed and updated with families when information changed and, at minimum, every six months. Strategies to support children with additional needs had been identified. However, some of the language used in personal plans, along with how staff applied strategies in practice, could be improved. Staff would benefit from training and development to strengthen their understanding of how to use and adapt strategies to support children's wellbeing, sense of security, and belonging. We have therefore made an area for improvement to ensure personal plans and staff practice align with trauma-informed approaches and uphold children's rights (see area for improvement 1).

Medication was stored safely and administered in line with prescribed instructions. Health plans were in place for some children. Health plans did not always match the information recorded on administration forms. We shared this with the manager and they agreed these should be reviewed to ensure they are consistent with the recorded medication administration forms, reducing the risk of confusion.

Transitions were planned to support individual children. Children's settling times had been adapted to meet their needs. For example, one child attended over lunchtime as they were very tired in the early morning and afternoon. This allowed them time to meet their peers and settle into the environment at a pace that suited them.

Staff also spent time speaking with families at the start and end of the session, helping to build positive and trusting relationships. This was further strengthened through meaningful parental engagement opportunities, such as inviting parents into the service to read stories and take part in festival celebrations. These experiences supported strong relationships and secure attachments for children and their families.

Areas for improvement

1. To support children's personal planning, wellbeing, learning, and development, the provider should ensure that staff have the knowledge and skills needed to meet each child's needs. This should include, but not be limited to, understanding and applying practice that supports trauma awareness, additional support needs, and children's rights.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and 'My care and support meets my needs and is right for me' (HSCS 1.19).

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 wellbeing, learning and development, improvements should be made to the planning processes for play and learning.

Planning processes should be child-centred and empower children to be fully involved in their play and learning through skilled interactions and actions from staff. Observations of children's play and learning, children's achievements, and planned next steps should be shared with families.

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' (HSCS 1.27); and
'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials' (HSCS 1.31).

This area for improvement was made on 8 January 2025.

Action taken since then

Simple planning processes were in place. Staff planned for both the areas of provision and individual children. They used mind maps to show how children's interests and stages of development were recognised and acted on.

Individual observations were recorded on an online app, with next steps shared with families.

The service should continue to strengthen staff practice through effective quality assurance processes, including thorough professional review discussions and regular monitoring of practice. This will further improve the quality of observations and planning and lead to sustained positive outcomes for children.

We concluded that the improvements made to planning processes had a positive impact on outcomes for children. We identified some further improvements and shared these with the management team, who agreed with the actions needed.

This area for improvement has been met.

Previous area for improvement 2

To ensure that children have a hygienic and dignified nappy changing experience, the provider should improve nappy changing facilities.

This is to ensure changing facilities are consistent with the Care Inspectorate Document: 'Nappy changing for early learning and Childcare settings (excluding childminders)'.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 8 January 2025.

Action taken since then

The service had made some progress, including adding suitable screening to the older children's changing space and frosting the windows. This improved children's privacy and supported their dignity.

We found one changing area that still lacked ventilation. When we raised this, the manager acted quickly and contacted maintenance to find a solution. This was a positive step and had potential to support improved outcomes for children health. Because this work was still ongoing, the area for improvement needed more time.

This area for improvement is no longer in place and has been incorporated in a new area for improvement under section: 'Children thrive and develop in quality spaces'.

Previous area for improvement 3

To support children's care, play, learning, wellbeing, and safety, the provider should make improvement to the staff deployment.

This should include, but not be limited to, ensuring there is enough staff and management across the whole day to meet children's needs, support children to have choice, and continuity of care.

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

'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).

This area for improvement was made on 8 January 2025.

Action taken since then

There was a mix of experience, knowledge, and skills across the team. The manager deployed staff across playrooms most of the time to provide a balanced approach that supported children's needs. The service had experienced recruitment and retention challenges, and we saw the impact on children. For example, children's time outdoors was reduced due to staffing levels, and staff became task-focused during mealtimes, missing opportunities to talk and interact with children.

Some progress had been made, but further improvement was still needed.

This area for improvement had not been met.

Complaints

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

Detailed evaluations

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	4 - Good
Staff skills, knowledge, values and deployment	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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