Happitots Day Nursery - Bishopbriggs
Day Care of Children

28 Colston Drive
Bishopbriggs
Glasgow
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Telephone: 01417 724 708

Type of inspection:
Unannounced

Completed on:
24 June 2026

Service provided by:
Thrive Childcare and Education Limited

Service provider number:
SP2003002955

Service no:
CS2003003685

About the service

Happitots Day Nursery - Bishopbriggs provide a care service to a maximum of 93 children not yet attending primary school at any one time within the following age ranges:

- no more than 15 are aged under one year;
- no more than 12 are aged one year to under two years;
- no more than 20 are aged two years to under three years;
- no more than 46 are aged three years to those not yet attending primary school full time.

At the time of our inspection, 95 children were registered with the service.

The service operates from a detached villa in the town of Bishopbriggs, East Dunbartonshire. The two storey building comprises six playrooms, children's changing and toilet facilities, a kitchen and staff facilities. At the time of our inspection, four playrooms were in use. There are enclosed outdoor play areas to offer children opportunities for fresh air and active play and learning. The service is close to local shops, schools and amenities.

About the inspection

This was an unannounced inspection which took place on 23 and 24 June 2026 between 09:30 and 17:30. 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:

- spent time with children using the service
- spoke with staff and the management team
- observed practice and daily life
- reviewed documents
- 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 and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances and we have reported on this throughout this inspection report.

Key messages

* Children were happy and able to lead their own play.

* Systems had been established to share information and updates with parents.

* The quality and range of learning experiences, resources, and approaches to planning and assessing children's progress should be improved to better support learning and development.

* Children's needs were not consistently identified, understood, and met through effective personal planning.

* Quality assurance processes were not robust or consistently applied to secure and sustain improvement.

* Staff deployment did not consistently meet children's needs, and staffing arrangements were not sufficiently focused on achieving positive outcomes for children.

* Mealtime experiences were not consistently safe, nurturing, or effective in promoting children's independence.

* Arrangements to manage high indoor temperatures were not sufficiently robust, impacting on the comfort and wellbeing of children and staff.

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 play and learn	3 - Satisfactory / Adequate
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

Quality indicator: Leadership and management of staff and resources

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

Parents spoke very positively about the newly appointed management team, recognising their welcoming, approachable and honest leadership. They valued the positive changes being implemented within the setting. Comments included: "Overall, I do see positive changes being made within the setting and hope this has a rippling effect in the coming weeks and months" and "The new manager is great; they are very friendly and approachable." As a result, parents felt reassured by the leadership team and highlighted that the setting's welcoming ethos supported children to feel settled within the service.

The setting's vision, values and aims had not been sufficiently developed through robust self-evaluation and meaningful consultation. While parents were reported to have been consulted, this was not evidenced, and opportunities for staff and children to contribute had not yet been established. As a result, children, families and staff had limited opportunities to influence the strategic direction of the setting, and a fully inclusive and shared understanding of the setting's direction had not been achieved. Strengthening consultation processes would support the development of a collective vision, helping children, families and staff to feel valued, involved and invested in the setting's ongoing improvement journey.

Although a range of communication methods were in place to keep parents informed, including monthly newsletters, consultation processes did not fully support meaningful family involvement in the evaluation and development of the service. Parents reported limited opportunities to contribute their views, with one parent commenting, "Not involved with anything. If I messaged and asked it might be possible, but nothing specific has been asked of us," while another stated, "I don't provide or offer any advice regarding improving or developing the service for the most part." As a result, opportunities to gather and use feedback to improve children's experiences and outcomes had been missed. The service should continue to develop formal consultation processes and ensure that outcomes and actions taken from feedback are shared with families. This should support a more responsive approach to self-evaluation and ongoing improvement.

Although quality assurance processes had been introduced and an improvement plan developed, these had not yet been effective in driving sustained improvement. For example, monitoring activities had taken place; however, these had not been consistently revisited to evaluate progress, ensure compliance, or measure impact. As a result, identified areas for development had not improved sufficiently, preventing positive changes from becoming fully embedded in practice.

Overall, improvement activity had not yet resulted in sustained and measurable improvements across the setting. As a result, three areas for improvement from our previous inspection remained unmet. While families recognised positive change following the appointment of the new management team, self-evaluation, consultation and quality assurance processes were not yet sufficiently embedded to demonstrate a consistent positive impact on outcomes for children and families (area for improvement 1).

Quality indicator: Staff skills, knowledge, values and deployment

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

Staff had been recruited safely and in line with safer recruitment guidance. Appropriate checks were in place and staff were registered with the Scottish Social Services Council (SSSC) as required. This helped to ensure that children were cared for by suitable staff and supported the delivery of safe care.

Newly recruited permanent staff had received an induction to support their transition into their role. The national induction resource had been introduced; however, it had not been used consistently for all staff. As a result, staff had not experienced a consistently structured approach to induction, which had the potential to impact confidence, competence and continuity of care for children. Following induction, arrangements for ongoing support were not yet sufficiently developed. Named mentors, regular supervision and protected opportunities for peer learning and reflective practice had not been established. This meant professional learning and development processes were not robust to support continuous improvement in practice, limiting opportunities to improve outcomes for children and families.

Staff deployment had not been effective in promoting continuity of care or ensuring children consistently experienced familiar and responsive relationships. The service relied heavily on supply staff, with half of the workforce comprising temporary staff. This had contributed to inconsistency in care and impacted children's ability to develop secure attachments and trusting relationships with familiar adults. Parents highlighted these concerns, with one commenting, "Our child's key worker is often not in on the day our child attends and there is not a consistent second adult in the room," while another stated, "The staffing is ever changing, it would be good to have more consistent staff in the room." As a result, children and families did not always experience the stability and continuity of care they should expect, and permanent staff reported increased pressure in maintaining quality and meeting service requirements (area for improvement 2).

Core training, including child protection and first aid, had been completed by almost all staff. A training matrix was in place to support the management team to monitor training requirements and allocate learning opportunities. However, further consideration should be given to ensuring supply staff had equitable access to training, particularly in relation to child protection and safeguarding. While some post-training reflections had been completed, these lacked sufficient detail to demonstrate how learning had enhanced staff knowledge or informed changes to practice. As a result, the management team could not be assured that learning was being applied consistently across the staff team, increasing the risk of variation in practice and inconsistent experiences for children. Consideration should also be given to providing targeted professional learning opportunities for staff who had recently moved playrooms to support them in developing the knowledge and skills required for their new role (area for improvement 2).

Professional development reviews had been completed for some staff within the past year; however, implementation had been inconsistent. As a result, opportunities to identify strengths, address development needs and support staff to reach their potential had not been maximised. A more consistent approach, supported by targeted action planning linked to job descriptions, leadership responsibilities and individual learning needs, would help strengthen practice and consistency across the team.

Areas for improvement

1.
To support positive outcomes for children and families and ensure continuous improvement across the setting, the management team should further develop and embed robust self-evaluation, quality assurance and consultation processes. To achieve this, action taken should include, but not be limited to, developing a shared vision, values and aims in partnership with children, families and staff; gathering and acting upon feedback; and monitoring and evaluating the impact of improvement priorities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

2. To ensure children experience consistent, high-quality care and support from confident and skilled staff, the provider and management team should ensure that staff deployment, induction and workforce development arrangements consistently support positive outcomes for children. To achieve this, action taken should include, but not be limited to, deploying staff effectively throughout the day to promote continuity of care and build secure relationships; ensuring that all staff, including supply staff, receive a suitable induction and have equitable access to relevant training and ongoing support; and implementing effective arrangements to evaluate the impact of professional learning and identify individual development needs.

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) and "I have confidence in people because they are trained, competent and skilled" (HSCS 3.14).

Children play and learn — 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

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

Children were happy, settled and confident within the setting. They had developed positive friendships and demonstrated enjoyment through smiling and laughing while engaging with their peers. Children made independent choices about how they spent their time indoors and confidently accessed available play areas, demonstrating a sense of belonging within the service.

Children's access to outdoor play was not consistent across the setting. While some children were able to freely choose when to access outdoor spaces in line with their interests and play preferences, opportunities for others were restricted to specific times determined by staff. This was reflected in feedback from parents, with one parent stating that, "unfortunately there has not been much outdoor time for my child in nursery as of late." As a result, children did not experience equitable access to outdoor learning and play experiences, limiting opportunities for physical activity, exploration and learning through play. This was an area for improvement made at our previous inspection and remains in place (outstanding areas for improvement, area for improvement 3).

Staff interactions with children were kind, caring and, at times, responsive. Most staff positioned themselves at children's level, offering reassurance and encouragement during play. However, practice was less consistent within the 3-5 playroom, where staff were often observed supervising from a distance and providing instructions across the room rather than engaging directly in children's play. For example, staff responded to children climbing on construction materials by calling instructions from across the room, despite staff being in close proximity to the play area. This reduced opportunities to engage with children, support risk awareness and extend learning through meaningful interactions. Although improvements were noted by the second day of inspection, opportunities were still missed for staff to join children's play, model language, promote co-operation and turn-taking, and extend learning through meaningful questioning and conversations. As a result, interactions did not consistently maximise children's engagement, learning, curiosity or problem-solving skills.

Children's engagement levels were variable across playrooms and were mostly low within the 3-5 playroom. Where staff engaged children in singing, stories and conversations, children demonstrated greater focus, enjoyment and sustained involvement in their play. However, many children moved frequently between experiences, displayed unsettled behaviours, or became involved in conflicts with peers. Children's limited access to well-presented, stimulating resources and a learning environment that did not consistently capture their interests contributed to these behaviours. Some sensory materials, including playdough, were available across playrooms; however, the regular provision of sand, paint and other open-ended materials required further development and needed to be available in sufficient quantities to support children's play. For example, pencils were not sharpened and offered in small quantity, felt pens had dried out and mark-making materials were not always easily accessible. As a result, opportunities for children to investigate, experiment, solve problems and express their ideas creatively were limited. Overall, improvements to the quality of play invitations, resources and staff participation in children's chosen play would enhance engagement, support positive behaviour and improve learning outcomes (area for improvement 1).

Staff observed children through play and shared some observations with parents electronically. However, approaches to planning, assessment and recording children's learning were not yet consistent across the service. While planning processes had recently been reviewed to strengthen child-centred approaches, these were not fully embedded in practice and planning was not consistently completed or evaluated to inform children's progress and next steps in learning. Systems to track children's attainment and achievements over time had not yet been implemented. As a result, staff could not clearly demonstrate children's progress or consistently identify where additional support or challenge was required to maximise children's outcomes. This was an area for improvement made at our previous inspection and remains in place (outstanding areas for improvement, area for improvement 2).

Areas for improvement

1.
To support children's play choices and ensure they make progress in their learning and development, the provider and management team should improve the quality and range of play materials and resources that support children's curiosity and creativity. To achieve this, action taken should include, but is not limited to, developing staff understanding of play invitations and provocations, improving the pace of the day to achieve an appropriate balance of child-initiated and adult-supported play, and ensuring play areas are consistently well resourced, maintained and replenished throughout the day.

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 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) and '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 — 3 - Satisfactory / Adequate

Quality indicator: Nurturing care and support

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

Parents spoke positively about the staff team and the care provided within the service. They described staff as friendly, approachable, respectful and supportive, and praised the welcoming atmosphere created by the manager and staff. Comments such as, "I am absolutely delighted with the way the nursery provide care for my child," reflected the confidence that some parents had in the care their child received.

Parents were welcomed into the service at drop-off and collection times, providing opportunities to share information about their child's day and build positive relationships with staff. However, some parents said they would like more detailed feedback and regular updates through Learning Journals. As a result, some families did not always have a full understanding of their child's experiences and learning.

While it was recognised that the inspection took place during a period of warm weather, the indoor environment was not consistently comfortable for children and staff. For example, the temperature within the 2-3 playroom reached 32°C during the children's sleep period, significantly above recommended temperatures for sleeping children. We asked the provider to promptly implement contingency arrangements to manage high temperatures and support children's safety, comfort and wellbeing. We also discussed the need for longer-term improvements to the environment (area for improvement 1).

Risk assessments were in place; however, they did not consistently reflect current practice or emerging risks. For example, measures to protect children from the sun, including access to shade, drinking water and sun hats, were not always available or implemented in practice. In addition, sleep risk assessments had not been updated to reflect the service's revised sleep procedures or provide clear guidance for staff on actions to take when room temperatures exceeded recommended levels. As a result, risk management arrangements were not consistently effective in ensuring children experienced a safe, nurturing and responsive environment (area for improvement 1).

Mealtime practices did not consistently support children's independence, safety, or hygiene. For example, a child was observed licking butter directly from a communal tub, and serving tongs were not available for self-service. Although children were identified as snack helpers, they were not involved in preparing or serving snack. Additionally, staff were not consistently seated with children to provide supervision and model positive mealtime experiences. There was also a risk to children's safety as children were observed carrying bowls of hot soup, increasing the likelihood of spills or burns. As a result, opportunities to promote independence, safe practices and positive mealtime experiences were reduced (area for improvement 2).

Children with additional support needs did not consistently benefit from well-planned and coordinated support. While personal plans were in place, strategies were not always individualised or consistently implemented. For example, where plans identified the use of objects of reference to support choice-making and transitions, these were not routinely used in practice. In addition, some children receiving one-to-one support were cared for by several staff members, including supply staff, throughout the day, which limited

consistency in the implementation of planned strategies. As a result, children did not consistently experience the responsive and coordinated support required to meet their individual needs and achieve their potential (area for improvement 3).

Areas for improvement

1. To ensure children experience a safe, comfortable and responsive care environment, the provider and management team should strengthen arrangements for managing environmental risks and maintaining appropriate indoor temperatures. To achieve this, action taken should include, but is not limited to, ensuring risk assessments are regularly reviewed and reflect current emerging risks, implementing identified control measures consistently, developing robust contingency arrangements for periods of excessively high or low temperatures, and ensuring staff have clear guidance to support children's safety, comfort and wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "My environment is secure and safe" (HSCS 5.17).

2.
To ensure children experience safe, nurturing, and positive mealtimes that promote their independence and wellbeing, mealtime practices should be improved. To achieve this, action taken should include, but is not limited to, staff consistently sitting with children during mealtimes to ensure safe supervision, promote meaningful interactions, and support children's communication and social skills. Mealtime routines should also provide opportunities for children to develop independence and responsibility, while ensuring consistent hygiene and safety practices are implemented.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible" (HSCS 1.35).

3. To support children's wellbeing and ensure they receive care and support that is right for them, the provider, management team and staff should ensure children's personal plans are developed and regularly reviewed with children, where appropriate, and their families. Personal plans should clearly identify children's individual health, welfare and safety needs, and the support strategies required to meet those needs.

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

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

The provider and manager should ensure planning for staff deployment consistently promotes positive outcomes for children. Staff positioning throughout the day should be monitored to ensure effective supervision support children's safety.

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).

This area for improvement was made on 15 May 2025.

Action taken since then

Wee have reported on concerns relating to ineffective staff deployment within heading 'leadership'.

Insufficient progress was evident in establishing effective staff deployment to support positive outcomes for children. Therefore, this area for improvement has not been met. To provide greater clarity for the service, and ensure the area for improvement accurately reflects current concerns and expectations, it has been reworded. See heading Leadership, area for Improvement 2.

Previous area for improvement 2

The provider and management team should ensure staff receive training and on-going support to help them to undertake high-quality observations of children through play. This should support staff to ensure children's ideas, wishes and interests are used to inform planned play and learning experiences and are evident within the observation, assessment and planning cycle. This will support children to progress and reach their full potential.

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 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 15 May 2025.

Action taken since then

Some staff had received training to support observation of children through play and to plan play and learning experiences. However, this had not led to consistent improvements in practice. Planning processes remained underdeveloped and children's ideas, wishes and interests were not routinely used to inform daily experiences.

Insufficient progress was evident in embedding effective planning practices. Therefore, this area for improvement has not been met and will remain in place.

Previous area for improvement 3

To support children's wellbeing, management and staff should ensure all children should have routine daily access to stimulating outdoor play. Staff should recognise that some children have a preference for learning outdoors and should minimise the barriers for them accessing outdoor play, including planning for play and learning experiences beyond the setting.

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 play outdoors every day and regularly explore a natural environment.' (HSCS 1.32).

This area for improvement was made on 27 November 2024.

Action taken since then

While we recognise that some children had regular access to outdoors, this was inconsistent across the setting.

Therefore, this area for improvement has not been met and will remain in place.

Previous area for improvement 4

To support children's safety and wellbeing, the provider and management team should ensure children are cared for within safe, clean and hygienic environments. In order to achieve this, action taken should include but is not limited to; implementing procedures to audit environments prior to children's arrival at the setting and making the necessary improvements to enable children attending the 3-5 playroom to have support with nappy changing routines within an environment that is well equipped and promotes their privacy and dignity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience and environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.24) and 'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.' (HSCS 1.4).

This area for improvement was made on 27 November 2024.

Action taken since then

The provider had taken appropriate action to develop a changing area for children attending the 3–5 playroom. This space was safe, clean and hygienic, supporting children's health, wellbeing and dignity.

Procedures to audit the environment had been introduced; however, these were not being completed consistently. For example, stagnant water within the outdoor environment had not been removed prior to children's arrival. Environmental audits should continue to be embedded and monitored to ensure potential risks are identified and addressed promptly.

Some progress had been made. Therefore, this area for improvement was met

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

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

Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate

Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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