Firtrees Nursery & Out of School Care
Day Care of Children

Motherwell College
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Telephone: 01698 232 285

Type of inspection:
Unannounced

Completed on:
24 September 2026

Service provided by:
Amcol Scotland Ltd

Service provider number:
SP2003000911

Service no:
CS2003004432

About the service

Firtrees Nursery & Out of School Care 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 373 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 accessed directly from playrooms. Public transport, local parks and community facilities are nearby.

About the inspection

This was an unannounced inspection which took place between 21 and 24 September 2026 between 09:00 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:

- observed babies and children engaged in play throughout the service
- spoke with children using the service
- received feedback from 38 family members
- spoke with staff and leaders
- received feedback from 11 staff members
- 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, 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.

Key messages

- Staff knew children well and responded sensitively to their needs, helping them feel safe, valued and supported.
- Quality assurance and self-evaluation were beginning to improve children's experiences, resulting in more positive mealtimes and enhanced opportunities for play and learning.
- Further developing medication procedures will help ensure children's health needs are met safely and consistently.
- Staffing arrangements had improved, but greater consistency is needed to help children build secure relationships and experience consistent care and support.
- Staff provided a range of responsive learning opportunities that supported children's communication, thinking and development.
- Observations should more clearly capture individual children's learning, progress and achievements, with meaningful next steps that inform planning and support positive outcomes.

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	4 - Good
Children are supported to achieve	4 - Good

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 strengths just outweighed the weaknesses.

Leaders were at an early stage of reviewing the service's vision, values and aims. They had begun consulting with children attending the out of school care service and planned to involve staff and families. Leaders also intended to develop separate vision, values and aims for the nursery and out of school care provision to better reflect the needs and experiences of each community. Once embedded, these should provide a shared sense of direction and support positive values through children's daily experiences.

We recognised the efforts leaders had made to improve staffing arrangements. Changes to managing staff attendance and to ongoing recruitment were beginning to strengthen the staff team. However, feedback from staff and parents remained mixed. Some spoke positively about recent improvements, while others felt challenges remained. Greater stability within staffing teams, where possible, could help children build secure relationships with familiar staff. It could also support staff to develop a stronger understanding of children's individual needs and routines. While improvements were evident, further work is needed to ensure children experience consistent care and support across the service. As a result, the previous requirement has been de-escalated to an area for improvement **(see area for improvement 1)**.

Leaders were developing quality assurance processes which was supported by a quality assurance calendar. Self-evaluation had led to improvements in practice, including changes to mealtimes and learning spaces. As a result, children experienced more positive mealtimes and benefited from improved learning environments that offered a wider range of opportunities for play and learning.

The improvement plan identified key areas for development, including staffing and the ongoing development of personal planning. Feedback from children, families and staff helped shape priorities for improvement. This helped to focus on areas that mattered to children and families to improve their experiences.

Monitoring activities, audits and action plans were beginning to support improvement. Using these more consistently could help leaders evaluate progress and better understand the impact of changes on children's experiences. Leaders also recognised the need to formalise monitoring of learning environments and staff practice. As the service develops, they should create more opportunities for staff to contribute to improvement planning and evaluation. This could strengthen reflective practice and help ensure changes lead to positive outcomes for children.

Leaders had created opportunities for children and families to share their views. For example, consultation about menus, stay and play sessions and parent meetings helped inform service improvements. While some parents felt involved in shaping the service, others would welcome further opportunities to contribute. Strengthening family involvement in improvement activities could help ensure changes are responsive to the needs and experiences of children and their families.

Audits of accidents and incidents were taking place. Further development of these audits would help staff to identify patterns and specific risks to improve children's safety and wellbeing. Risk assessments were in place across the service.

These could be more detailed to support staff to identify and manage potential hazards, helping leaders reduce avoidable risks and improve outcomes for children, particularly in areas where accidents occur more frequently.

Staff were safely recruited and leaders carefully considered their knowledge, skills and experience. Induction processes supported new staff to understand their roles, responsibilities and the needs of children. Staff demonstrated an awareness of children's individual needs, contributing to positive outcomes for children.

Areas for improvement

1.
To ensure children experience consistent, high-quality care and support, the provider should continue to strengthen staffing arrangements across the service. This should include, but is not limited to, maintaining stable staff teams where possible and evaluating the impact of staffing arrangements on children's experiences and outcomes.

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

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation (HSCS 4.15) and 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

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.

Almost all children were engaged in play across the indoor and outdoor environments. They made informed choices and confidently led their own interests. Staff supported children's play well, providing time, space and encouragement to help them explore and develop their ideas. The well-considered daily routine maintained a good pace to the day and ensured children experienced sustained periods of meaningful play, helping them to develop their confidence, independence and problem-solving skills.

Play spaces were well resourced, offering breadth and choice that supported children's creativity and imagination. Stories, puppets and imaginative play experiences provided opportunities for children to develop their thinking and learn new skills. Floor books further enhanced this, with children's interests, ideas and views informing experiences on offer. Older children contributed artwork and shared their thoughts, demonstrating that their voices helped to shape learning opportunities.

Staff provided opportunities to develop children's language, literacy and numeracy skills. Stories, songs and conversations helped children communicate and share their ideas. Older children benefited from a range of science and technology experiences that sustained their curiosity and supported their learning. A parent told us "My child can be involved in a range of opportunities and fun experiences to meet [their] individual needs and support [their] development."

Staff reflected on their interactions with babies and younger children, and used commentary and repetition to support communication and language development. This helped babies to build vocabulary, develop understanding and make meaningful connections through their play.

At times, staff used questioning and descriptive language to support children's learning. Further coaching would help staff to use shared thinking more consistently. By listening, responding and exploring ideas alongside children, staff could deepen children's thinking, strengthen problem-solving skills and extend learning through play.

The service had made positive progress in implementing the North Lanarkshire Council planning approach for children aged three and over, while planning approaches for younger children also continued to develop. Children's interests, ideas and views were reflected in planning and informed the experiences on offer. Staff were developing their confidence in using these approaches and were supported through guidance and monitoring from senior staff. As a result, children experienced play and learning opportunities that reflected their interests and supported their engagement.

Staff should develop their skills in observing, assessing and tracking children's progress. While individual targets had been identified, these were not always reviewed regularly or clearly reflected in planning. As a result, opportunities to fully support and challenge children's learning were sometimes missed. Strengthening these approaches would help ensure children receive learning experiences that reflect their individual needs and next steps in development **(see area for improvement 1).**

Increasing the use of the online app to share observations could help keep parents informed and involved in their child's learning and development. One parent shared, "I don't always know what they do when they are in the nursery."

Areas for improvement

1. To ensure children are fully supported to achieve their potential, the provider should develop approaches to assessing and tracking children's progress. This should include, but is not limited to, supporting staff skills and knowledge in using observations and assessment to identify and monitor individual children's progress.

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

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

Children are supported to achieve 4 - Good

Quality indicator: Nurturing care and support

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

Interactions were kind, caring and responsive to children's needs and wishes. Staff knew children well and adapted their approaches to meet individual needs. Nurturing relationships were evident throughout the service and almost all children were relaxed, secure and confident. Children readily approached staff to share their achievements, seek support and engage in conversation. Staff responded sensitively, providing reassurance and encouragement when needed. This helped children to feel valued and safe.

Children's privacy and dignity were respected. Personal care needs were met in a warm and respectful manner, with children supported to make choices. Transition arrangements were tailored to individual children. For example, staff considered children's routines, preferences and stages of development, which helped children to feel secure and settled when moving between experiences and environments.

Children experienced positive mealtimes that supported their wellbeing, independence and enjoyment of food. Staff promoted choice and encouraged independence through mealtime routines, helping children develop confidence and self-help skills. Meals were nutritious and supported healthy eating, while access to water throughout the day encouraged healthy hydration habits. Most parents felt their child could choose from a range of healthy foods that met their individual needs. Leaders had identified opportunities to further develop children's independence through greater involvement in snack preparation. Management should continue to review mealtimes to maximise opportunities for children to develop their skills in all playrooms.

Personal plans contained important information about children's health, wellbeing and care needs. Staff gathered information from children and families to develop an understanding of children's interests, preferences and routines. This helped ensure care and support reflected children's individual needs. Children who required additional support had detailed plans in place to guide staff practice. Staff used wellbeing indicators to identify and respond to children's needs, supporting a coordinated approach to their care, learning and development. Most parents and staff felt families were involved in developing and reviewing personal plans. Regular discussions helped staff remain informed about children's changing circumstances so they could respond appropriately. We discussed further developing personal plans to help ensure targets were meaningful, specific and reflected each child's individual needs and stage of development. This will help ensure they are used consistently to inform planning and support children's next steps in learning.

There was an informative medication management policy in place which reflected best practice guidance. However, information recorded on medication forms was not always sufficiently clear to ensure staff could respond consistently to children's health needs. For example, staff would benefit from clearer guidance about the actions to take if rescue medication is ineffective or when further medical assistance is required. We therefore made an area for improvement to strengthen medication management procedures, including rescue medication arrangements, healthcare planning and record keeping. This will help ensure children receive safe, timely and consistent support to meet their health needs **(see area for improvement 1).**

Families received a welcome leaflet when their child started at the service. This provided useful information about key policies and procedures. Plans to reintroduce stay-and-play sessions and regular newsletters could strengthen communication with families and support their involvement in their child's experiences and learning.

Areas for improvement

1. To ensure children's health needs are met, the provider should improve medication processes to ensure medication can be administered safely. This should include, but is not limited to, ensuring medication, including rescue medication, is stored and recorded appropriately, supported by clear healthcare plans and guidance to help staff respond safely and consistently to children's health needs.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

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

Requirements

Requirement 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)

This requirement was made on 12 March 2026.

Action taken on previous requirement

The provider had taken steps to improve staffing arrangements and address staffing challenges. Recruitment activity was ongoing, this included recruiting additional management support to strengthen leadership and oversight across the service.

Most areas of the service were staffed by suitably qualified, competent and knowledgeable staff who were able to meet children's needs effectively. Positive relationships between children, families and staff were evident. However, feedback from parents and staff remained mixed regarding staffing levels and consistency. While some spoke positively about recent improvements, others felt staffing changes and staff movement between rooms continued to affect continuity for children and communication with families. Some staff also highlighted the impact staffing challenges had on their wellbeing and their ability to consistently meet children's individual needs.

We recognised the progress leaders had made in response to the requirement and the commitment shown to further improvement. However, further work is needed to ensure children experience consistent care and support across all areas of the service.

We agreed that this requirement had been met. To support continued improvement, we made an area for improvement with Leadership.

Met - within timescales

Requirement 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).

This requirement was made on 12 March 2026.

Action taken on previous requirement

The provider had completed a wellbeing audit, helping staff understand children's wellbeing, safeguarding and protection needs.

Individual wellbeing and child protection records were now in place where required. Records contained relevant information about concerns, assessed risk appropriately and demonstrated that concerns had been reported to relevant agencies timeously when needed.

Staff demonstrated a good understanding of child protection procedures and their responsibilities in keeping children safe. All staff had completed child protection training and were confident in recognising, recording and responding to concerns.

Leaders regularly reviewed and audited wellbeing and child protection records, helping to ensure concerns were identified, acted upon and monitored appropriately. This supported children to receive the right help at the right time and helped keep them safe from harm.

Leaders had also strengthened digital safety arrangements through policies, staff awareness and ongoing discussions about online safety. This helped children benefit from a safer environment and supported their

wellbeing both within the service and online.

We discussed opportunities to further strengthen safeguarding arrangements by ensuring that designated child protection officers are clearly identified, appropriately trained and available within the service to provide effective safeguarding oversight.

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 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).

This area for improvement was made on 12 March 2026.

Action taken since then

Leaders had made progress in developing quality assurance and self-evaluation processes and demonstrated a commitment to ongoing improvement. Senior staff were becoming increasingly involved in quality assurance and self-evaluation activities, and leaders were recruiting additional management support to strengthen improvement work. This was helping leaders identify areas for improvement and make changes that enhanced children's experiences and outcomes.

Leaders should continue to develop quality assurance approaches and create further opportunities for staff to contribute to self-evaluation and quality assurance. This should help promote a shared approach to improvement and support positive outcomes for children.

This area for improvement was met.

Previous area for improvement 2

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).

This area for improvement was made on 12 March 2026.

Action taken since then

Personal plans contained key information to support children's care and wellbeing, including health and medical information. Staff gathered information about children's interests, needs and preferences and reviewed this regularly with parents. This helped ensure plans reflected children's changing needs and supported staff to respond appropriately.

Since the previous inspection, the service had improved how children's progress and support needs were recorded. Children had individual targets and identified strategies to support their learning and development, providing staff with clearer guidance on how to meet children's individual needs. Children who required additional support had detailed personal plans that reflected their individual needs and guided staff practice.

Staff used wellbeing indicators to assess, plan and review progress, supporting a consistent approach to children's care, learning and development.

While progress had been made, further development is needed to ensure targets are specific, clearly reflect each child's stage of development and are used consistently to inform planning and support children's next steps in learning.

This area for improvement was met.

Previous area for improvement 3

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).

This area for improvement was made on 12 March 2026.

Action taken since then

Leaders had reviewed mealtime experiences and introduced changes to promote children's independence, choice and involvement. Children were supported to self-serve where appropriate and staff spent more time sitting alongside children during meals, creating a more relaxed and sociable experience.

Meals provided by the service were nutritionally balanced and in line with current guidance. Children also had access to water throughout the day, supporting healthy hydration. Feedback from most parents was positive, with many reporting that their child could access a range of healthy food choices that met their individual needs.

While this area for improvement had been met, leaders recognised opportunities to build on the progress made. In particular, they should continue to embed a consistent approach to mealtimes across the service, ensuring all children experience the same opportunities to develop independence, make choices and enjoy positive mealtime experiences. Leaders should also continue to promote healthy drink choices with families and increase opportunities for children to develop independence skills during snack and mealtimes.

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.scot.

Detailed evaluations

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate

Children play and learn	4 - Good
Playing, learning and developing	4 - Good

Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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