Gowanlea Private Nursery
Day Care of Children

37 - 41 Garscadden Road
Old Drumchapel
Glasgow
G15 6UH

Telephone: 01419 443 877

Type of inspection:
Unannounced

Completed on:
16 April 2025

Service provided by:
V.L. Kinder Ltd.

Service provider number:
SP2003001263

Service no:
CS2003005897

About the service

Gowanlea Private Nursery provides early learning and childcare to a maximum of 38 children, of whom nine children aged under two years, nine children aged two years to three years, and 20 children aged three years to those not yet attending primary school.

The service is in partnership with Glasgow City Council to provide early learning and childcare. It has sole occupancy of single-storey accommodation in the Old Drumchapel area of Glasgow. The building is at the end of a row of shops and includes a safely enclosed outdoor play area.

It is close to local transport links, shops, amenities and green spaces.

About the inspection

This was an unannounced inspection which took place on 15 and 16 April 2025. 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 families of the children using the service
- spoke with staff, management and the provider
- reviewed 29 completed questionnaires from staff and families
- observed practice and daily life
- reviewed documents.

Key messages

• Children were nurtured, engaged in quality experiences, and having fun.

• Staff knew children very well, responded to their needs sensitively in line with information recorded in their personal plans.

• Children experienced positive and sociable mealtimes.

• Families provided positive feedback about the service.

• Family engagement opportunities supported strong relationships within the service.

• The staff and management were skilled at using people's views to measure change and inform improvements.

• Quality assurance, self-evaluation and improvement planning were having a positive impact on the outcomes for children and families.

• The provider should make improvements to the facilities to ensure they support effective and robust infection prevention and control practices.

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

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good

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

How good is our care, play and learning? 4 - Good

We evaluated different parts of this key question as very good and good, with an overall grade of good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support.

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children; therefore, we evaluated this quality indicator as very good.

Children experienced warm, caring and nurturing approaches from staff. Staff knew children well and cared for them sensitively in line with their care needs. Staff had established strong and meaningful relationships with children and families. This enabled them to foster positive attachments with children which supported them to feel loved, valued, safe and respected. Parents and staff provided positive feedback about the relationships staff had with children and families. Comments we received included:

"I have a really good relationship with the staff. They're great with my child and always look after him so well."

"My son has bonded with his key worker and also with the rest of the staff in his room. They always welcome us to the nursery each day and ask how my son has been and they communicate really well at pick up too, letting me know how my son's day has been, what he had for lunch & what activities he did/has enjoyed."

"I feel that over time we have developed open and honest communication with families. Handovers are professional but always friendly."

All children had a personal plan drawn together using wellbeing indicators; safe, healthy, achieving, nurtured, active, respected, responsible and included (SHANARRI). Plans were created in partnership with parents and reviewed and updated regularly. Families provided positive feedback about their involvement in personal planning for children. One person said, "Staff have been great at gathering information for my child starting the service. They took the time to get to know him, his routines and his likes and dislikes." Plans recorded children's preferences, routines, likes and dislikes. They also identified areas of support and strategies staff used to support children to reach their full potential. This meant plans contained the key information that staff needed, to respond sensitively, quickly and compassionately to changes in a child's life.

Children's safety, emotional security and wellbeing were supported through sensitive arrangements for sleep and rest. Staff completed safe sleep checks. Blankets and beds were available to children to sleep and rest. This meant children could sleep or rest safely in line with their routines and preferences.

Staff and children sat together at mealtimes within their playrooms. This allowed staff to supervise children while eating and support them, where required. Additionally, this created opportunity for children to chat with their peers and staff about their day. Children were encouraged to serve their own lunch and drinks. Staff were knowledgeable of children's allergies and food preferences; appropriate systems were in place to

support this. We concluded children experienced positive mealtimes where staff encouraged and facilitated opportunities for them to increase their independence and social skills.

The service had systems in place to store and administer medication safely. The medication policy and procedures were in line with best practice guidance. Staff knew the procedure well and were confident in administering medication safely.

We were confident that staff had the appropriate knowledge to protect children from harm. Staff told us they had taken part in child protection training. This had increased their knowledge and confidence in recognising signs of harm and keeping children safe.

Quality indicator 1.3: Play and learning.

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

Children were involved in leading their play and learning through a balance of spontaneous and planned experiences. We observed staff facilitating experiences that supported children's numeracy, literacy, and language development. For example, staff sang to children as they played, incorporating numeracy and literacy within the songs. Additionally, staff used stories to support children's imagination and language development. We concluded children were having fun as they experienced quality play and learning development opportunities.

Staff had designated areas of responsibility and planned experiences for children linked to curriculum frameworks. Staff observed children, then planned for children linked to their interests, and stages of development. We concluded the planning approaches were child centred, and responsive to children's individual interests and stages of development.

Staff shared their observations of children at play with families over an online platform. They shared regular inputs containing photographs of children's play, along with some observations, weekly updates, and more detailed monthly learning journals. Families shared positive feedback about play and learning opportunities children experience. One person said, "My child has only recently started this year but so far he has been involved in so many different activities that have encouraged his physical, emotional and social development." Additionally, home links were sent out each month that supported children's skill development. For example, children had enjoyed making lentil soup and Easter bonnets at home. This gave them the opportunity to share learning from home and build on learning from nursery.

We found staff skills in recording observations was mixed; most highlighted key skills and demonstrated children's achievements across many different contexts. In contrast, some observations lacked depth and gave a brief analysis of learning. When we shared this with management they agreed. They told us they had professional learning and quality assurance tasks planned to further develop staff confidence and skills, and enhance the observing and documenting of children's play and learning. This will support staff to gather evidence of children's progress, plan next steps and share their achievements.

Children chose to spend a lot of time playing outdoors which was facilitated well by staff. Children were joining in fun play experiences when using loose parts, apparatus, balance beams. This supported them to develop their physical skills and movement. Outdoors should be further developed to support high-quality play and learning opportunities. Staff were aware of this and shared some plans of how they were planning to develop outdoors, incorporating numeracy, literacy, creativity and curiosity.

How good is our setting? 4 - Good

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

Quality indicator 2.2: Children experience high quality facilities.

Children benefitted from use of a nursery minibus to support their use of the local and wider community. This included visits to the shops, beach, park, tennis court, local canal and forest play. Families commented positively on the experiences children had beyond their setting. One person said, "We love all the activities our kids get to do. Whether that is in the garden or a visit to the tennis courts or a walk along the canal to see the ducks." This supported children's play and learning and enhanced their community links.

Play spaces were well resourced, bright and furnished well. They were appropriate to the age and stage of children and offered lots of space for their needs. This supported them to feel valued and met their needs.

Staff demonstrated an understanding of their role in keeping children safe. A register was in place, along with secure door entry to the building. Staff were observed checking and updating the register as children arrived and left the setting with their adult. We concluded this helped keep children safe and supported staff to account for children while they attended the service.

The service was well maintained. All maintenance was recorded and reported to management. The manager arranged swift repair. The manager held a maintenance tracker to ensure jobs were tracked and actioned appropriately. This meant children benefitted from a well-maintained environment.

Children's personal information was stored safely in files or within password protected online apps. Staff had access to information needed to keep children safe and care for them well. Overall, staff worked well together to identify risks and remove these to keep children safe. Risk assessments were in place that highlighted the control measures. For example, staff risk assessed the front door and had lots of communication around this to ensure staff were confident with the procedure. On the first day of the inspection, we identified some improvements to risk assessing the outdoors was needed. We identified items stored against the fence that could present a climbing hazard, and some materials that should be removed or tidied. On the second day, the staff and management had removed the hazards we identified. This was a positive step to ensuring children were cared for within a safe environment.

The manager had been responsive to changing guidance and updating the facilities. A new changing area had been implemented that supported children's personal care. This supported children's personal care to be carried out safely while supporting their privacy and dignity. Additional handwashing sinks areas had been upgraded, and the nursery had been decorated to support a cleaner and more homely feel.

The approach to infection, prevention and control (IPC) was mixed and some improvements were needed. For example, staff and children practiced good handwashing, children's items to support their personal care were stored effectively, and staff used personal protective equipment well. In contrast, the service did not have adequate ventilation within each play space, laundry was managed by a washing machine that was stored within a play space. Additionally, a food fridge was stored directly outside a bathroom. This carried significant cross-contamination and IPC risks, meaning it had potential to compromise children's health and wellbeing. We have made an area of improvement to support the developments needed (see area for improvement 1).

Areas for improvement

1. To support children's health, wellbeing, and safety, the provider should ensure they are cared for in a clean and hygienic environment. This should include but not be limited to ensuring laundry is managed well, all areas have adequate ventilation, and food items are stored appropriately to minimise any spread of infection and cross-contamination.

This is to ensure that care and support is consistent with 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 5.22).

How good is our leadership? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children; therefore, we evaluated this key question as very good.

Quality indicator 3.1: Quality assurance and improvements are led well.

The manager and staff team had reviewed the vision, values and aims for the service. They consulted with staff, children, and families. This created culture where people felt confident to initiate well-informed change. Additionally, it supported people to work toward the same vision to provide high-quality care and learning for children and families.

The staff and the manager engaged with the inspection process well. There was a highly skilled manager/ provider in place. Management roles and responsibilities were clear. Leadership roles had been established across the service. The manager was working to strengthen the leadership roles through engagement with professional learning. Staff spoke positively about this experience. They were passionate about providing high-quality care play and learning. They demonstrated a commitment to being reflective and keeping abreast of best practice guidance and approaches.

Leaders had a very good understanding of the importance of using the views of children and families to inform the planning and development of the service. For example, the manager used regular questionnaires to help measure success. Strong communication methods were in place, and the manager used these to share the progress of improvements. Families provided positive feedback about being informed and consulted with. One person said, "We are consulted regularly for opinions and input. "Another person said, "We are regularly asked for feedback and if raising any points these are discussed and actioned." Children's views were gathered to support developments in practice. For example, consultations through mind maps took place with children about the development of the nursery spaces. This meant children and families were meaningfully involved and influenced change within the service.

A meaningful improvement plan was in place, and had been created in partnership with staff, families and children. A whole team approach to improvement was evident. Staff had a key role in gathering evidence to support self-evaluation. This included room monitoring, staff targets, and peer reviews. This meant children benefitted from a team who were reflective, and keen to provide a high-quality service.

The manager and staff team were carrying out quality assurance activities to successfully self-evaluate the

service. Staff meetings, workshops, training, management monitoring, auditing, and staff appraisals were used to support staff to reflect on practice and plan improvements. These were having a positive impact on practice. For example, improvements had been made to the lunch time provision. It was a high-quality social experience that supported children's skills. We concluded staff, children and families benefitted from self-evaluation and improvement planning that was leading to continuous improvements.

How good is our staff team? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children; therefore, we evaluated this key question as very good.

Quality indicator 4.3: Staff deployment.

Staff were deployed across the service in line with their skills and experience. Staff were supported well by senior and more experienced staff, offering them direction and support with practice. Guidance was offered respectfully, and in a nurturing manner. This supported distributive leadership, and meant all staff worked towards the same shared vision to provide high-quality care play and learning.

Staff demonstrated a commitment to their role and were enthusiastic about providing quality care and learning for children in their setting. Children approached staff for help and reassurance, showing they had developed positive and trusting relationships. We received positive feedback from parents about the staff team. Comments included:

"My child loves the setting, the team are excellent with the children."

"I have been using Gowanlea for 10 years now and throughout the staff turnover has been low. Some members of staff have been there the whole time, and I feel extremely comfortable with all of them. Never feel judged by any of them."

New staff were supported with an induction. The induction supported staff to settle in and learn about the service's policies and procedures. The induction process included the use of Scottish Government's 'Early learning and childcare: national induction resource'. This supported staff knowledge of best practice guidance. We concluded staff worked well together, to create a flexible and supportive ethos, working together as a team to benefit the children.

We found staff worked well as a team. Staff who provided feedback suggested the effective teamwork was a strength of the service. We observed staff communicating well with each other across the day as children moved around the service or required support from an adult. This was creating a flexible and supportive approach where staff supported quality interactions for children.

Staff caring for children were recruited safely and registered with the Scottish Social Services Council (SSSC). They are the regulatory body responsible for registering the social services workforce. They provide public protection by promoting high standards of conduct and practice, and support the professional development of those registered with them. This helped keep children safe.

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 service manager should monitor how the procedures for the management and storage of children's medication are implemented. Management and staff should refer to the Care Inspectorate good practice guidance 'Management of Medication in Daycare of Children and Childminding Services' (2014).

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 13 January 2020.

Action taken since then

Medication was stored and administered in line with Care Inspectorate good practice guidance 'Management of Medication in Daycare of Children and Childminding Services.' This meant when children needed medication it was stored and administered to them safely.

This area for improvement has been met.

Complaints

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

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	4 - Good

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good

How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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