Cambuslang Childcare Project
Day Care of Children

The Hut
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Type of inspection:
Unannounced

Completed on:
23 June 2026

Service provided by:
Cambuslang Childcare Project

Service provider number:
SP2003001474

Service no:
CS2003006458

About the service

Cambuslang Childcare Project is situated in a housing estate in the Cambuslang area of South Lanarkshire. It is registered to provide a care service to a maximum of 25 children aged two years to those not yet attending primary school.

Cambuslang Childcare Project has sole use of the building during operational times and has a large outdoor play area. The service is conveniently located close to two primary schools, shops and transport links. There were 21 children registered with the service at the time of the inspection. There were 15 children present on day 1 of the inspection and 16 children present on day two of the inspection.

About the inspection

This was an unannounced inspection which took place on 18 June 2026 between 09:45 and 15:45 and 19 June 2026 between 09:45 and 16:30. The inspection was carried out by one inspector 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:

- we issued Microsoft Form questionnaires to parent/carers, however we gained no responses
- we issued Microsoft Form questionnaires to staff, however we gained no responses
- spoke with four staff and management
- 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, improvements were identified relating to the physical environment.

During this inspection we gathered specific information to help us understand more about how services support children's safety, well-being and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- Staff mostly displayed nurturing interactions, supporting children's well-being and positive relationships.
- Children were engaged in play and appeared happy, settled, and confident in their environment.
- Positive improvements had been made to some aspects of the environment since the previous inspection.
- Improvements were required to ensure resources were stored safely and appropriately and to reduce clutter, creating a safer, more welcoming environment for children.
- A more integrated approach to planning and implementing change would strengthen collaboration and support continuous improvement.

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	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.

The service had recently reviewed their vision, values, and aims, which were shared electronically with parents to gather feedback and inform practice. This supported a shared vision for the service.

Accidents and incidents were recorded in detail, including identified injuries and any first aid administered. However, some forms lacked specific dates, such as the accident year and consistent parent signature dates. Detailed audits supported the service to identify trends and patterns and take further action where appropriate to keep children safe. Completing accurate dates on forms would ensure an accurate record of when the accident or incident occurred.

Self-evaluation was supported through staff meetings and a quality assurance calendar using quality indicators within the Care Inspectorate's 'A quality improvement framework for early learning and childcare sectors. Staff discussed strengths, evidence, and improvement areas, promoting reflective practice and identifying development priorities. Monitoring activities linked observations, staff reflections, and improvement priorities, supporting ongoing service development. However, it remained unclear whether observations evaluated individual staff performance or whole-team practice. We discussed using these meetings to support self-evaluation alongside discussions around children's needs, updates, and aspects of practice. This would create opportunities to share learning, discuss best practice, and increase knowledge and skills.

The service had identified areas for development, which were included within the improvement plan. However, responsibility for progressing some actions was unclear. Staff were not consistently aware of the agreed development areas, limiting shared ownership. A more integrated approach to planning and implementing change would strengthen collaboration and support continuous improvement.

Policies and procedures were in place to support practice. However, some required review to ensure they reflected current guidance and service arrangements. For example, contact details for some relevant agencies were outdated and no longer accurate.

Arrangements for staff supervision and development through personal development reviews were not evident. We discussed with the manager the implementation of regular discussions and reviews with staff, reflecting on strengths, development, and training needs. This would support reflective practice and clear accountability and expectations.

Quality Indicator: Staff skills, knowledge values and deployment

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.

Staff demonstrated a strong knowledge of individual children and responded sensitively to their needs, supporting positive engagement, well-being and inclusive experiences. Throughout activities, staff remained

vigilant and responsive, ensuring children's safety while promoting meaningful play and learning opportunities. Interactions were nurturing and respectful, and staff used positive and effective strategies to redirect behaviour, helping children to develop self-regulation and maintain positive relationships with others.

Staff were effectively deployed across the setting to meet children's needs. Communication between staff ensured consistent supervision and support. Management supported staff well-being, through effective break arrangements while ensuring required staffing ratios were maintained. This ensured children were kept safe and promoted positive outcomes. Although a policy had been created to support staff long term absence a robust contingency plan had not been put in place. Implementing a structured approach to this would support the manager to maintain ratios while fulfilling their individual roles and responsibilities (see area for improvement 1 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Staff had completed core training, including First Aid and child protection, which supported children's safety and well-being. Staff maintained Scottish Social Services Council (SSSC) training logs, demonstrating commitment to professional learning. Introducing training evaluations would further strengthen reflective practice.

Safer recruitment procedures had been reviewed since the last inspection, and appropriate recruitment checks had been completed for new staff. We discussed the importance of reviewing the service's Safer Recruitment Policy to ensure it reflects current guidance and best practice. We shared the joint Care Inspectorate and Scottish Social Services Council (SSSC) Safer Recruitment guidance 'Safer Recruitment Through Better Recruitment' to support the manager in updating the policy and further strengthening recruitment processes. This would ensure the safety and well-being of children by ensuring staff were suitably vetted before commencing employment (see area for improvement 2 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Induction arrangements for new staff were largely informal and were supported through guidance and discussion with experienced colleagues and the manager. While this helped new staff become familiar with the service and build positive relationships with children and the team, a more structured induction process would support consistency and provide clearer evidence that staff have been introduced to key policies, procedures, roles and responsibilities. Formalising the induction process could help ensure that all new staff receive the information and support required to carry out their role effectively and contribute to positive outcomes for children (see area for improvement 2 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

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.

Some areas of the learning environment had been improved since the last inspection. For example, the service had cleared and maintained the outdoor area to ensure it was safe for children. A maintenance log was in place and regularly updated. This supported the identification, repair, or removal of damaged items. Toilets, nappy changing areas, and staff facilities were clean and hygienic, and appropriate ventilation had

been added to each area. This ensured children received care in a safe and clean environment.

Although some areas had been maintained, other areas within the environment, such as hallways and workspaces, contained clutter. This created potential hazards and reduced the setting's overall welcoming appearance. For example, access to the male toilet was obstructed by stored resources, limiting safe and easy access. As a result, the environment did not consistently support children's safety and well-being. A planned review of the environment was discussed to reduce clutter. This would ensure everyone was kept safe (see area for improvement 1).

Risk assessments and daily outdoor safety checks were completed and recorded. These supported staff in identifying risks and maintaining a safe environment. However, some environmental checks were completed in advance rather than at the time, reducing their effectiveness at identifying immediate hazards. We discussed ensuring the implementation of a meaningful approach to ensure checks were completed effectively and at the appropriate time. Staff should also continue to review and update risk assessments as new hazards are identified, ensuring control measures remain relevant and effective. This would support staff in keeping children safe and maintaining a safe learning environment.

Security arrangements at entrances supported children's safety. Secure entry doors were locked and unlocked by staff to keep children safe. An electronic door-entry system enabled staff to monitor and manage access to the setting. A secure boundary fence supported children's safety outdoors. Staff kept daily attendance registers and completed headcounts during transitions, such as when children engaged in outdoor play. This ensured all children were accounted for and kept safe. We discussed with the manager the implementation of visitor sign-in records. This would provide an accurate record of visitors and strengthen security and safeguarding arrangements within the setting.

Although some children accessed outdoor play, opportunities were not consistently available to all children. It was unclear whether a daily rota had been fully established. As a result, children did not always benefit from regular access to outdoor learning. Further development of outdoor access would enhance children's experiences and support their well-being. Improved staff deployment and clear boundaries would support more consistent and effective use of outdoor play (see area for improvement 3 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Areas for improvement

1.
To support children's safety and well-being, the service should ensure the environment is safe, well organised, and free from unnecessary clutter. This should include removing excess items from the hall and office areas and ensuring resources are stored appropriately and securely.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "My environment is secure and safe." (HSCS 5.17) and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22)

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.

The learning environments were stimulating and inviting, with thoughtful provocations supporting creativity. The block area encouraged imaginative construction using visual prompts. Staff used open-ended questions effectively to extend children's thinking. Children had access to a wide range of experiences, and staff positioned themselves across two playrooms effectively. This supported children's engagement and learning.

Children were engaged in sustained play and developed their own ideas. For example, they participated in imaginative hairdressing role play. This was supported by staff, who intervened appropriately to support learning.

Staff sensitively supported children to resolve conflicts at their level. Interactions were calm, respectful, and focused on achieving positive outcomes. They supported problem-solving, encouraged safer use of resources, positively redirected behaviour, and helped children consider safer alternatives. They also modelled language to promote cooperation and safe play.

Staff supported children to engage in play experiences and intervened appropriately to support learning. For example, extended experiences, such as using numbered beanbags for number recognition activities, enabled children to engage in meaningful play that supported their development.

Planning linked to Curriculum for Excellence and the well-being indicators: safe, healthy, active, nurtured, achieving, respected, responsible, and included. Staff demonstrated awareness of children's interests through planned experiences. However, although children's interests were reflected in planning, consultations with children were not consistently recorded. Capturing these would strengthen responsive planning approaches and support more positive outcomes for children.

Learning journals included photographic evidence of progress and achievements. Some individual targets were evident and shared with parents. However, next steps for learning were not always clearly identified or communicated. Some observations recorded did not consistently evidence children's learning and development. Improved tracking and recording of children's learning would support continuity and progression in children's development.

Children are supported to achieve 4 - Good

Quality Indicator: Nurturing care and support

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.

Staff interactions were warm and responsive, supporting positive relationships with children. Children received praise and encouragement throughout their play. This supported confidence, well-being, and sustained engagement in learning experiences. Staff provided reassurance when children were upset or anxious. For example, to resolve conflicts that enabled children to return to play confidently. However, there were occasional missed opportunities to use nurturing language when supporting children's behaviour. For example, staff used directive language, such as "don't run", rather than more nurturing approaches to guide children's behaviour. Increasing the consistent use of calm explanations and positive language would further support children's understanding of expectations and enhance their well-being and emotional development.

Medication was stored appropriately; however, inconsistencies in recordkeeping limited oversight of medication use and effectiveness. Some details were not routinely recorded. These included parental

administration times for medicines requiring specific timescales, as well as instructions for applying prescribed creams. This did not enable staff to know when and how to administer medication. Medication reviews had not been routinely undertaken, reducing assurance that prescribed medications remained necessary and continued to meet children's needs. Some of the identified actions were addressed before the conclusion of the inspection. Strengthening recording practices and reviews would support children's health, safety and well-being.

Staff knew the children well, and the information recorded in the children's personal plans supported their health, welfare, and safety needs. Plans were linked to the well-being indicators: safe, healthy, active, nurtured, achieving, respected, responsible, and included. Children who required additional support had detailed plans in place using a multi-agency approach which supported their well-being. Although, some aspects of children's care plans required strengthening to ensure children's safety needs were consistently met. For example, further security information, such as passwords, was not recorded in personal plans. This did not support staff in keeping children safe.

Mealtimes were relaxed, sociable, and supported positive interactions between children and staff. Lunch was provided across two playrooms, creating a calmer dining experience. Individual place mats and table decorations contributed to a warm and welcoming atmosphere. Children confidently served food and poured drinks using age-appropriate equipment. Refillable water bottles ensured children had access to drinking water throughout the day. Children were encouraged to wash their hands before eating, supporting infection prevention and well-being. However, staff hand hygiene practices were not always consistent. There were also missed opportunities to further develop children's independence at mealtimes. For example, children were not routinely involved in snack preparation or encouraged to prepare their own snack. Experiences varied between dining areas at lunchtime, with soft music enhancing the atmosphere in only one playroom. Greater consistency and increased opportunities for independence would further enhance children's mealtime experiences.

Staff had built up positive relationships with parents. The manager told us some family members had previously come into the service to share their skills and engage in experiences with the children. However, parents did not routinely access the service at drop-off and pick-up times. This did not support effective communication and parental involvement. Increased opportunities for involvement and access to playrooms at drop off and pick up times would strengthen partnerships and children's learning.

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

Requirements

Requirement 1

By 14 March 2026, the provider must ensure that children receive care in a safe and clean environment.

To do this, the provider must, at a minimum:

a) Ensure all toilets, nappy changing areas, and staff facilities are clean and hygienic.

b) Repair, replace, or clean extractor fans to ensure effective ventilation in all toilet and changing areas.

c) Ensure the building is secure at all times, with controlled entry procedures that prevent unauthorised access.

d) Ensure regular and recorded safety checks of the indoor and outdoor environment are completed, and prompt action taken to address identified risks.

e) Ensure unsafe outdoor equipment and materials are removed, repaired, or replaced to ensure the outdoor area is safe for children to use.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

This requirement was made on 22 January 2026.

Action taken on previous requirement

The service had reviewed all nappy changing areas toilets and staff facilities to ensure they were hygienic. They had replaced all extractor fans within toilets and changing areas to ensure appropriate ventilation. The building was secure at all times as doors were secure to support staff to keep children safe and prevent unauthorized access. Regular recorded safety checks had been completed and a maintenance log enabled staff to identify hazard materials and remove, repair or replace these, keeping children safe. Therefore, this requirement has been met.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure that children benefit from a service that is continually developing, the provider should develop and implement contingency plans to manage staff absences.

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 benefit from a culture of continuous improvement." (HSCS4.19)

This area for improvement was made on 22 January 2026.

Action taken since then

A contingency procedure had been implemented to support the service in staff absences. However, this still included management covering in staff absences. Long term contingency plans should be implemented to support staff absences. Therefore, this area for improvement has not been met.

Previous area for improvement 2

To promote children's safety and well-being, the service should strengthen its recruitment and induction procedures. This includes ensuring all necessary pre-employment checks are carried out consistently and recorded clearly before staff begin working with children. This should include, but is not limited to, Protection of Vulnerable Groups (PVG) checks, verification of qualifications, references from previous employers, and confirmation of an applicant's fitness to carry out their role.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS)which state that "I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS 4.24)

This area for improvement was made on 22 January 2026.

Action taken since then

The service had reviewed their recruitment processes, however policies and procedures required to be updated to reflect updated guidance and support robust procedures for safer recruitment. A formal induction process had not been introduced to support this. Therefore, this area for improvement has not been met.

Previous area for improvement 3

To support children's well-being, learning and development, the provider should ensure that children have regular and consistent access to safe outdoor play and learning each day.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I am supported to have an active life and participate in a range of recreational, social, creative, physical and learning activities." (HSCS 1.32)

This area for improvement was made on 22 January 2026.

Action taken since then

Staff provided children with outdoor experiences, however this was not regular and consistent. Implementing a more robust, structured approach would support children to access the outdoor learning environment on a regular and consistent basis. Therefore, this area for improvement has not been met.

Previous area for improvement 4

The service should review and update their nappy changing procedures in line with best practice.

National Care Standards for Early Education and Childcare up to age 16: Standard 2: A Safe Environment

This area for improvement was made on 19 July 2017.

Action taken since then

The service had reviewed their nappy changing procedures and displayed clear guidance for staff. This supported staff to maintain a safe environment. Therefore, 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.scot.

Detailed evaluations

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

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	4 - Good
Nurturing care and support	4 - Good

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