Thrive Childcare and Education Happitots Erskine
Day Care of Children

Erskine
Bishopton
PA7 5PU

Telephone: 0141 812 2333

Type of inspection:
Unannounced

Completed on:
24 June 2026

Service provided by:
Enchanted Forest Nursery Limited

Service provider number:
SP2005007827

Service no:
CS2005107944

About the service

Thrive Childcare and Education Happitots Erskine provides a day care of children service to a maximum of 70 children at any one time, of whom no more than; 22 are under the age of two years; 18 are aged from two years to under three years; 30 are aged three years to not yet attending primary school. At the time of our inspection, 30 children were registered with the service; 14 children attended the service on the first day of the inspection and 13 on the second day.

The registered provider is Enchanted Forest Nursery Limited and the service is in partnership with Renfrewshire Council, to provide funded places for eligible children aged two to five years.

The service operates from a purpose-built premises within the grounds of Erskine Hospital, Bishopton, in the Renfrewshire area. Children are cared for across four playrooms, depending on their age and stage of development. There is also a large secure outdoor area and the nursery is close to woodland, country walks and the river Clyde.

About the inspection

This was an unannounced inspection which took place on Tuesday 23 June 2026 between 10:30 and 18:00 and Wednesday 24 June 2026 between 09:15 and 15:00. We gave feedback to the service on Wednesday 24 June 2026. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with children using the service
- received seven completed electronic questionnaires from parents
- spoke with staff, senior leadership team and provider
- spoke with visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Children were often motivated, confident and able to lead their own play, including imaginative and outdoor experiences.
- Staff were generally kind and caring, and most children appeared happy, settled and well supported during their time at the service.
- Children did not consistently experience high-quality care and learning.
- Staff did not always extend play or support learning effectively, which limited progression.
- Approaches to planning were not sufficiently responsive, and it was not clear how children's learning was consistently developed over time.
- Ongoing changes to staffing and leadership reduced consistency for children and families, impacting relationships and continuity of care.
- Staff deployment and organisation of routines did not always support children's individual needs.
- The provider should improve the consistency of the staff and management team to support continuity of care, stable relationships and more consistent outcomes for children.

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	2 - Weak
Children thrive and develop in quality spaces	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 2 - Weak

Quality indicator: Leadership and management of staff and resources

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

Leadership and management of staff and resources was at an early stage of development and did not yet consistently support positive outcomes for children and families. Senior leaders demonstrated an awareness of the challenges facing the service, particularly in relation to staffing, recruitment and the pace of improvement. There was a clear understanding of the areas requiring development. The systems and structures needed to support sustained improvement were not yet fully embedded, which limited progress across the service.

The service had developed a vision, values and aims and had started to involve families in reviewing these. For example, parents were asked to identify the three most important things to them. This demonstrated early progress in engaging families in the direction of the service. Staff involvement was at an early stage, and the vision was not consistently understood or reflected in daily practice. This meant that it did not yet provide a strong, shared sense of direction across the service.

An area manager was providing cover for the manager vacancy. Approaches to self-evaluation and quality assurance had strengthened in recent months. The area manager had started to provide more detailed feedback to staff and had a clearer understanding of areas for improvement. These changes had not yet led to consistent improvements in practice.
Variability in staff skills, experience and capacity limited the extent to which improvements were implemented and sustained. For example, areas for development identified by leaders were not consistently reflected in practice during the inspection. This meant that children had not experienced consistently improved outcomes.

Ongoing recruitment and retention challenges, including vacancies in key leadership roles, reduced the service's ability to provide stable leadership, plan effectively for improvement and support consistent practice across the team. Children experienced frequent changes in staff, including key workers. This reduced continuity of care and made it more difficult for some children to develop secure, consistent relationships.

Parents told us that staff were caring and supportive, with comments such as "the staff are really lovely" and "they know my child well." Parents also told us that their children were happy and settled when attending. At the same time, parents raised concerns about the level of change within the service. One parent described staffing as "a revolving door," while another said their child had "so many different staff." Parents told us this was unsettling for children and reduced their confidence in the service.

During inspection, the provider discussed options to strengthen leadership capacity during this period of change. While this demonstrated recognition of the challenges facing the service, plans remained at an early stage and had not yet improved outcomes for children. Parents told us that communication about leadership arrangements was not always clear. While some parents said they felt "kept informed," others commented that there had been "no clear manager for a while" and that they were "not always sure who is in charge." This meant that families did not always feel consistently informed about how the service was being led.

Recruitment procedures were in line with current guidance. The provider had processes in place to support induction, mentoring and ongoing professional development. These arrangements were not sufficiently embedded or effective in securing consistent practice across the staff team. There were not enough experienced staff available to provide regular guidance, coaching and support to newer staff. As a result, practice varied across the team, and recent learning had not led to improvements in children's experiences.

Leadership and management arrangements did not consistently support stability or sustained improvement. Strategic planning, communication, staffing, induction and professional learning were not sufficiently developed to support consistent practice across the service. This meant that children did not consistently experience the benefits of a well-led service. (See requirement 1 under QI: Staff skills, knowledge, values and deployment.)

Quality indicator: Staff skills, knowledge, values and deployment

We made an evaluation of weak for this quality indicator. Whilst we identified some strengths, these were compromised by significant weaknesses.

Some staff worked positively with one another and demonstrated a caring ethos in their practice. Relationships between staff and children supported some aspects of children's wellbeing and sense of belonging. Most children appeared comfortable with familiar adults. Parents told us that staff were "lovely, approachable and helpful" and that their children had formed warm relationships. Parents also told us that their children were happy, enjoyed attending and had made progress while at the service. These strengths supported children's wellbeing and sense of belonging.

This positive ethos was not consistently reflected in practice across the team. The quality of interactions varied. At times, staff engaged warmly with children, listened to them and responded to their interests. This supported children to feel valued and encouraged their confidence. At other times, staff were less responsive or focused on tasks. This meant that some children did not consistently receive the reassurance, encouragement or individual attention they needed to feel fully supported.

Staff deployment was organised around routines and supervision but did not always respond effectively to children's individual needs. This was particularly evident during transitions and later in the day, when staff were managing routines such as tidying up. Some children waited for periods of time with limited adult engagement. This reduced opportunities for reassurance, sustained play and responsive support.

Variability in staff confidence, skills and experience had a direct impact on continuity for children. Children's experiences often differed depending on which staff were present, and this reduced consistency in how well individual needs were met. Parents also highlighted this, explaining that frequent changes made it more difficult for children to build stable relationships and that their child's experience could vary across the week. They told us that "it doesn't always feel like there are enough staff to nurture and care for the kids," and that at times there were "just enough staff to supervise."

Ongoing changes in staffing, including staff leaving and the use of temporary cover arrangements, reduced stability and continuity within the team. Staff from other services were used to provide cover at times. While this supported adult to child ratios, it meant that children were often cared for by adults who were unfamiliar with their individual needs and the service routines. Staffing arrangements were not yet fully established. This resulted in inconsistent experiences for children and reduced continuity in their care, impacting on relationships and their sense of security.

Opportunities to support staff development were in place but were not sufficiently embedded or consistent across the team. Staff received some feedback on their practice and as a result attended training, for example thriving toddlers training. This had led to limited improvements in practice. As a result, gaps in knowledge, skills and confidence continued to affect the quality and consistency of children's experiences.

The provider had not yet ensured effective staff deployment, consistent staffing stability or sufficient support for staff professional development. These weaknesses limited the effectiveness of the staff team. This meant that children did not consistently experience responsive, well-supported care and learning. The provider must make improvements to ensure a stable and skilled staff team, with effective deployment and clear support for staff development. (See requirement 1.)

Requirements

1. By 29 September 2026, to ensure that children's individual care and support needs are met, the provider must ensure staffing arrangements are effective to meet the needs of all children in the service. To do this, the provider must, at a minimum:

(a) Assess the current staffing arrangements and develop a plan to ensure children are supported by a consistent staff team with the appropriate skills, knowledge and expertise.

(b) Ensure there are adequate senior staff in place to support the improvement of the setting.

(c) Ensure staff receive effective support, guidance and supervision to develop consistent practice.

This is in order to comply with section 7(1)(a) and (b) 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:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14).

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.

Children experienced a welcoming and accessible environment that supported their independence. Child-sized furniture enabled children to move freely and access resources independently. This supported participation and a sense of belonging. Staff created a warm and inviting nursery and implemented appropriate procedures to welcome visitors, which supported children's safety and security. Parents told us the environment was "always clean" and that their children "enjoy coming," reflecting positive experiences for most children.

Staff supported access to both indoor and outdoor areas, allowing children to make choices and follow their interests. The environment offered a range of spaces where children could play independently or alongside others. Children led aspects of their play, particularly outdoors, where they accessed the garden and forest areas. These experiences supported children's physical development, curiosity and confidence. Parents told us their children "enjoy visiting the forest" and "love playing outside," highlighting the value of these opportunities.

Staff created some quieter, more comfortable spaces where children could rest and relax. These supported some aspects of children's wellbeing. Staff had not yet ensured that these spaces were consistently developed or accessible to meet the needs of all children. For example, some quieter areas were not clearly defined or readily available during busier periods. As a result, children could not always access appropriate spaces to regulate their emotions when needed.

The organisation and presentation of the environment did not consistently support high-quality play. Staff did not organise resources effectively across all areas. For example, resources were stored in mixed or unclear groupings, and some spaces appeared cluttered. This reduced the calmness of the environment and made it more difficult for children to engage in purposeful play. Staff did not consistently maintain or present some outdoor resources in ways that encouraged children to value and respect them. For example, resources were not always returned to designated storage areas. Consequently, children did not consistently take responsibility for their surroundings or sustain their engagement in play.

Children made some choices within their play. Staff did not consistently support this. At times, staff restricted access to resources, limiting opportunities for children to explore their interests, be creative and express themselves freely. For example, children requested specific materials that were not readily accessible, and suitable alternatives were not always offered. Staff did not use consistent approaches to support children to care for resources and the natural environment. This reduced opportunities for children to develop respect for materials and their surroundings.

Infection prevention and control practices supported aspects of children's health and wellbeing. Staff supported children to wash their hands at appropriate times, including before meals and snacks. Practice in the 3-5 room was not consistently applied. Staff used handwashing sinks for multiple purposes, including cleaning resources. For example, staff rinsed equipment in sinks designated for handwashing during the session observed. This increased the risk of cross-contamination and required further improvement to ensure safe and hygienic practice.

The provider had not yet ensured that systems to monitor the quality, safety and cleanliness of the environment operated consistently or effectively. Staff used checklists, but these did not consistently identify or address areas requiring attention. For example, issues relating to organisation, cleanliness and maintenance identified during the inspection had not been addressed in a timely way. This reduced the service's ability to maintain a consistently safe, well-organised and high-quality environment for children. This area for improvement had been identified at the previous inspection and will be repeated.

Children play and learn 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

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

Children experienced a range of play opportunities across the setting and were often motivated and engaged in their learning. Many children demonstrated sustained concentration and involvement in self-directed play. For example, one child remained engaged in creative drawing for an extended period, showing a clear connection to their own interests. Children also participated in imaginative group play, developing shared scenarios such as creating a boat and working together to capture a squid. This supported creativity, cooperation and sustained shared thinking. Parents told us their children enjoyed these experiences, with one commenting that their child "enjoys visiting the forest, playing outside."

Children accessed a range of open-ended resources and staff supported them to make choices in their play. Visual supports promoted independence by helping children select and return resources. Outdoor spaces offered valuable opportunities for imaginative and physical play, and most children benefited from regular access to these experiences.

Staff did not ensure that the organisation and presentation of the environment consistently supported purposeful play. For example, some resources were not clearly organised or well maintained, which reduced the calmness of the environment. At times, staff required children to participate in large-scale tidy-up routines, which interrupted ongoing play. This limited children's ability to sustain engagement and develop their ideas over time.

Children were often engaged in their play. Staff did not consistently extend learning effectively, and the quality of interactions varied across the team. At times, staff engaged meaningfully with children, responding to their ideas and supporting their play. At other times, staff observed play or provided limited support without extending children's thinking. For example, children developed imaginative play scenarios without consistent adult support to build language, deepen thinking or extend ideas. This meant that the depth and quality of children's learning were inconsistent.

Staff did not consistently provide developmentally appropriate resources that offered sufficient choice and challenge for children aged 2-5 years. Staff did not always recognise or respond to schematic play. For example, children repeated patterns of movement and positioned objects, but staff did not consistently extend this learning. This limited opportunities to explore patterns, movement and connections, and reduced children's curiosity, thinking and progression in learning.

Staff and leaders identified the potential to group children differently to support more flexible experiences. This reflected developing awareness of how to better meet children's needs. Staff did not consistently apply this understanding in practice. This highlighted the need to strengthen staff knowledge and skills to ensure experiences remain developmentally appropriate and responsive.

Children aged 2-5 years moved between indoor and outdoor spaces, allowing them to follow their interests. Babies did not access the outdoor environment on the first day of inspection. This limited opportunities for fresh air, sensory exploration and engagement with natural elements. This resulted in inconsistency in the range and quality of experiences across the setting.

The organisation of the day did not consistently support sustained play and learning. Staff did not always manage transitions effectively. For example, children waited for extended periods when preparing to move outdoors, with limited engagement during these times. This interrupted children's play and reduced opportunities for continuous learning and meaningful engagement.

Approaches to planning and assessment were at an early stage of development. Staff recorded observations of children's experiences. These were largely descriptive and did not consistently identify clear next steps. Staff did not always use this information to inform responsive planning or adapt experiences based on children's interests and developmental needs. As a result, learning experiences were not consistently well matched to children's needs, and it was not clear how progress was supported over time. Parents told us they received updates about their child's day; a few said they were "not always sure how learning is progressing." This meant that children were not consistently supported to make progress in their learning and development. (See area for improvement 1.)

Areas for improvement

1. To improve outcomes for children, the provider should strengthen the planning and delivery of learning experiences. This should ensure that play is consistently purposeful, supports engagement, and provides appropriate challenge.

This should include, but is not limited to:

• Ensuring practitioners base learning opportunities on children's interests, ideas and and emerging needs.
• Developing clear approaches to track children's interests and use this information to inform meaningful next steps in learning.
• Supporting practitioners to deliver high-quality play experiences that promote curiosity, creativity and sustained engagement.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19).
'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 strengths just outweighed the weaknesses.

Children experienced caring and nurturing interactions from most staff, which supported their wellbeing and emotional security. Staff engaged with children at their level and responded to their needs with warmth and reassurance. As a result, most children appeared happy, confident and settled, forming trusting relationships with staff and feeling safe and valued within the setting. Parents spoke positively about staff, with one sharing that their child is "always cared for."

This nurturing approach was not consistent across the service. At times, staff did not interact with children in a calm or responsive way. For example, some staff used raised voices or directive language during routines and transitions rather than offering reassurance or support. On a few occasions, staff did not respond promptly when children sought comfort or support. This affected the emotional tone of the environment and meant that some children did not always experience sensitive and responsive care. We discussed these observations with the management team during the inspection. They acknowledged the need to strengthen consistency in nurturing approaches and identified actions, including increased supervision, modelling of interactions and focused professional learning.

Ongoing changes in staffing arrangements had a significant impact on continuity of care. Children experienced frequent changes in staff and key workers, which disrupted routines and made it more difficult for some children to build secure relationships. Parents described this as "unsettling," reflecting the repeated need for children to adjust to new adults. This was particularly challenging for younger children and those who relied on familiar adults to feel secure. We discussed this with the manager during the inspection, and plans to address staffing challenges were shared. These were at an early stage and had not yet resulted in improved consistency for children. (See requirement 1 under QI: Staff skills, knowledge, values and deployment.)

Staff gathered relevant information about children's health, welfare and safety needs, and most personal plans contained sufficient detail to support day-to-day care. "All About Me" profiles provided helpful insight into individual needs in some areas. Staff did not apply these approaches consistently, and systems to review and update information were unclear. For example, some plans had not been updated to reflect changes in children's needs. This meant that personal plans were not consistently used to inform responsive care or support children's changing needs. (See area for improvement 1.)

Medication procedures were managed appropriately, with accurate records and clear healthcare plans in place. This supported children's safety and wellbeing. Staff did not consistently review associated risk assessments. We identified that some risk assessments had not been updated to reflect current needs. We raised this with the management team during the inspection, and they agreed to review and update these promptly. This was required to ensure effective monitoring and reduce potential risks.

Children were supported to rest and sleep in line with their individual needs and routines. Staff created a calm environment and responded sensitively, helping children to feel relaxed and comfortable. Safe sleeping arrangements were in place, and staff followed appropriate procedures to ensure children's safety.

Mealtime experiences in the under-three rooms were nurturing and sociable, supporting children's independence and communication. Older children experienced less well-organised mealtimes. For example, limited space led to a crowded environment, and staff focused on managing routines rather than interaction. This resulted in a more unsettled atmosphere and reduced opportunities for calm, meaningful engagement. We discussed this with the management team during the inspection, and they identified the use of available spaces within the service to support calmer mealtime experiences and increase opportunities for children's independence.

Staff supported children's personal care needs in a respectful and sensitive way, promoting dignity and independence. Staff invited children to participate in their care and sought permission before carrying out tasks such as nappy changing or wiping noses. These routines were carried out calmly and supported children's wellbeing.

Staff welcomed families into the service and shared information about children's day, supporting positive relationships. Ongoing changes in staffing arrangements made it more difficult to maintain consistent communication. This meant that families were not always fully informed about how children were being supported throughout the day.

Areas for improvement

1. To ensure children's health, safety and wellbeing are consistently supported, the provider and manager should establish and embed effective systems for sharing and communicating important information about children.

This should include, but is not limited to:

• Developing clear processes to record, update and share key information relating to children's health, safety and wellbeing needs.
• Ensuring all practioners have timely access to information to support safe and responsive care.
• Supporting staff to understand their roles and responsibilities in communicating and responding to children's individual needs.
• Monitoring the effectiveness of communication systems to ensure information is shared consistently and acted upon.

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

'I have confidence in the people who support and care for me.' (HSCS 3.14)
'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 3.22).

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 are cared for in a hygienic and safe environment, the manager and provider should ensure that the environment is clean and free of risks. This should include, but not be limited to, robust risk assessments and room checks to minimise the spread of infection.

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

I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their organisational codes' (HSCS 3.14).

and

What the service has done to meet any areas for improvement we made at or since the last inspection 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 11 April 2025.

Action taken since then

Although the service had introduced systems such as risk assessments and routine environmental checks, these were not consistently effective in identifying and addressing potential risks. For example, within the outdoor environment, hazards had not been identified through existing checks. As a result, the service had not ensured that children were always cared for in a consistently safe and well-maintained environment.

This area for improvement has not 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	2 - Weak
Leadership and management of staff and resources	3 - Satisfactory / Adequate
Staff skills, knowledge, values and deployment	2 - Weak

Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	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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