Play Away Nursery
Day Care of Children

Workspace Unit 7
Wellpark Enterprise Centre
120 Sydney Street
Glasgow
G31 1JF

Telephone: 01414 068 400

Type of inspection:
Unannounced

Completed on:
26 March 2026

Service provided by:
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Service provider number:
SP2010977656

Service no:
CS2010239065

About the service

Play Away Nursery is registered to provide a care service to a maximum of 34 children not yet attending primary school at any one time. No more than 18 children are aged 0 to under 3 years and no more than 16 children are 3 years to not yet attending primary school. Thirty-two children attended the service during the inspection.

The service is located in the Calton area of Glasgow, close to the city centre. Accommodation consists of an open plan play space with designated areas for each age range of children. The garden is located within the grounds of the accommodation.

About the inspection

This was an unannounced inspection which took place on 25 and 26 March 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children
- spoke with 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 core assurances. We have reported where improvement is necessary within Children thrive and develop in quality spaces.

During this inspection, we gathered specific information to help us understand more about how services support children's safety, wellbeing 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

- Nurturing care from a long-standing and dedicated staff, who were warm, kind and nurturing, supported children's wellbeing and emotional security.
- Leadership demonstrated capacity for improvement. The provider had plans in place to manage change using more structured self-evaluation and monitoring systems.
- Play and learning experiences were fun and energetic with lots of scaffolding from staff who were committed to providing quality play opportunities.
- Consideration should be given to extending children's opportunities to lead their own play.
- The provider had committed to improving the environment to improve 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	4 - Good
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 4 - Good

Quality indicator: Leadership and management of staff and resources

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 management team along with staff demonstrated a clear vision for the service, underpinned by values and aims that reflected the aspirations of the setting and the needs of children and families. These were reviewed within the last year and aligned well with priorities identified through ongoing self-evaluation. We found that staff had a shared understanding of the vision and values, which were evident in daily practice and supported a positive ethos, where people were valued and children were loved and cared for. Parents shared positive feedback, including: "I feel that the nursery is a safe and clean place. The staff are responsible and make sure everything is well-maintained. I trust that my child is in good hands."

The service improvement plan set out clear, well-defined priorities which were relevant and informed by evidence. The management team demonstrated a strong understanding of how planned actions contributed to continuous improvement and improved outcomes for children. Self-evaluation activities were undertaken regularly and included the views of staff and families, supporting reflective practice across the team.

The management team demonstrated a developing and shared understanding of quality assurance. They were able to describe how self-evaluation was used to identify strengths and areas for improvement, drawing appropriately on current and previous frameworks. Termly challenge questions and feedback from staff and families provided meaningful evidence of ideas and reflections, which was analysed and used to inform planning and service development. Engagement in local authority improvement and training opportunities and Continuous Service Improvement Framework training was recognised as a positive contribution to their capacity for reflective practice and improvement.

Some monitoring systems were in place, including checks of risk assessments, accident records, and the impact of staff training. This demonstrated management awareness of key areas requiring oversight. However, we identified the need for a more robust and systematic approach to monitoring overall practice. In particular, more consistent monitoring of staff practice, children's personal plans and learning journals would support greater consistency, clearer tracking of progress and further improvements in outcomes for children.

The service had a strong staff team. They had good staff retention and the majority of the team had worked together for a number of years. Staff felt valued and their skills and knowledge were valued and celebrated. Parents shared positive feedback, including: "The staff are kind, attentive, and clearly passionate about what they do, which gives us a lot of peace of mind as parents."

Safeguarding arrangements relating to staff recruitment were in place. Safer recruitment checks had been completed for newly appointed staff. Staff training and development were supported. There was a clear induction process and staff had regular check-ins with their mentors which was a structured part of the induction programme. This ensured staff were well-supported in their roles.

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.

Staff demonstrated an understanding of the importance of providing safe, secure and welcoming physical spaces for children. The indoor environment was generally clean and contained a range of resources to support play and learning. However, aspects of the layout, flow and infection prevention arrangements limited the quality and consistency of children's experiences, particularly for babies and younger children.

In the baby room, the location of the nappy changing area within the playroom, with the associated hand washing sink positioned across the room, did not fully support best practice in infection prevention and control. This arrangement increased the potential for cross contamination and did not provide optimal reassurance for babies. We discussed, with the provider, the need to ensure that infection control measures appropriately supported children under two years of age. The provider had constructive discussions with us regarding planned improvements to the environment for all children. They agreed that the current arrangements for nappy changing would not continue and there were plans in place to ensure that nappy changing was safe for all children. We have made an area for improvement in relation to this (see area for improvement 1).

Children aged two to three years were routinely passing through the baby room to access the outdoor area. This practice increased noise and movement within the baby room and presented unnecessary infection control risks. The provider agreed that this practice would stop immediately, and arrangements were made for children to access the garden through the main playroom to minimise disruption and risk to young children.

Some environmental health and safety issues were identified during the first day of the inspection. The provider took direct action with improving these, showing a commitment to improvement and ensuring they followed infection control guidance, minimising the risk to children. This was a quick response and showed the partnership working with the service.

There was positive practice in relation to children's involvement in their environment. Children's views were sought through planning discussions and staff actively engaged children in conversations about their play spaces. Children aged three to five years would benefit from increased access to space, including enhanced indoor/outdoor free flow. This would allow children greater opportunities to extend, lead, and sustain their own play and learning. Children had access to a range of good quality resources. However, limited space reduced opportunities for children to use these resources fully and engage in more complex, self-directed play. Improved spatial planning would further enhance children's experiences and support deeper engagement.

Parents shared positive feedback about the environment being cosy, homely and welcoming. One parent commented: "I think it's improved massively over the last wee while as they've had the garden done up and it's so nice."

Areas for improvement

1. To support children's health and wellbeing needs, the provider should ensure changing facilities promote privacy and reduce the risk of spread of infection.

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

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

"If I require intimate, personal care, there is a suitable area for this, including a sink if needed" (HSCS 5.4).

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.

Children were supported to engage in a range of play and learning experiences that promoted their wellbeing, communication and enjoyment. We observed children who were settled, confident and actively involved in their play. They demonstrated curiosity and motivation as they explored resources and interacted with others. Staff created a welcoming and nurturing environment where children felt safe and supported to take part in learning experiences at their own pace. Parents shared positive feedback about children's engagement in play experiences, including: "The bond [my child] has with the staff is amazing and they talk about them all the time! [Staff] always tell me what [child] has been up to and it sounds like they do so much!"

Staff used clear, intentional language and warm interactions to support children's learning. They engaged positively with children through shared stories, group singing, rhymes and action songs. These experiences supported the development of early communication, listening skills and enjoyment of language. We observed one-to-one interactions, including story sessions where staff responded sensitively to children's cues and interests. Children were encouraged to make choices, for example through the use of song box prompts, which supported emerging autonomy, early literacy awareness and a sense of belonging.

Positive relationships underpinned children's learning experiences. Staff demonstrated warm, responsive interactions through smiles, praise and gentle reassurance. Children experienced trusting relationships with staff, which supported their emotional wellbeing and confidence to engage in play and learning. We saw sustained engagement in play, including a child independently stacking sensory tubes in a creative and purposeful way. Staff supported this learning sensitively by sitting alongside the child and offering encouragement without interrupting or directing the play.

Children enjoyed a range of play opportunities, and staff demonstrated an understanding of how to scaffold play and learning. They supported children's thinking and extended play through timely interventions. However, we identified that there was further scope to extend children's learning by increasing opportunities for them to plan, lead and develop their own play and learning experiences more consistently.

The organisation and flow of sessions were variable. We observed times when children played freely alongside other children and engaged deeply in their play and learning. However, there were also periods of frequent transitions to adult led activities, such as whole group singing. Further opportunities to strengthen uninterrupted free flow play would support children to sustain engagement, develop independence and follow their own interests more fully.

Learning journals were used to record aspects of children's experiences and development. Some journals would benefit from more evaluative reflection and clear identification of next steps. This will allow emerging interests to be used consistently to inform planning and extend learning.

Overall, children experienced positive relationships and enjoyable learning experiences that supported their development. By strengthening evaluative observation, enhancing child led opportunities, and ensuring learning is consistently informed by children's interests and progress, the service was well placed to further improve outcomes for children.

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.

Children experienced warm, responsive and emotionally attuned care throughout the setting. Staff demonstrated a strong understanding of nurturing practice and consistently supported children's emotional wellbeing. Interactions were calm, reassuring and respectful, with staff using positive body language, gentle voices, smiles, praise and physical reassurance such as cuddles. These approaches helped children to feel safe, valued and secure. Parents shared positive feedback about the strong relationships and bond that staff had with their children, including: "My [child] absolutely loves the staff and I feel so at ease knowing I can leave them even if they're a bit upset on drop off. The staff have created a great bond with them and they feel safe and secure at the service" and "I feel that the nursery is a safe and clean place. The staff are responsible and make sure everything is well-maintained. I trust that my child is in good hands."

Staff demonstrated sensitivity to children's individual routines and needs. Babies were comforted through rocking, individualised sleep routines and close attention to cues. Staff showed a good awareness of the importance of personal comfort items and used these effectively to promote reassurance and continuity of care. Sleep routines were managed sensitively, with children settled calmly and transferred safely to cots.

Children were supported well during care routines. We observed warm verbal interaction and reassurance during nappy changing routines, helping children to feel relaxed and respected. While personal protective equipment was used appropriately, we identified that aspects of the environment and layout would benefit from review to further strengthen privacy and infection control practice.

Mealtime experiences were calm, relaxed and unhurried, with staff responding positively to individual children's needs. Staff demonstrated flexibility, for example, by offering alternatives when children were unsettled or reluctant to eat. For older children, engagement was good and children benefited from the lunchtime routine and staff sitting close and supporting them. There were nice conversations, opportunities for children to build confidence and self-help skills. However, due to the set-up of the lunch experience for children in high chairs, we identified that mealtime arrangements limited opportunities for social interaction between children and would benefit from review to create a more nurturing and socially engaging experience for children.

Personal plans were in place for each child with personal information relating to children's family, life, likes and interests. Staff demonstrated a good understanding of children's individual needs. The quality, accuracy and level of detail within some plans would benefit from some improvement. A number of plans did not sufficiently reflect children's current or emerging needs, and some contained outdated or inaccurate information. There was limited evidence that personal plans were routinely used to inform day-to-day practice, which reduced assurance that written guidance consistently supported the delivery of individualised care. Strengthening recording practices and ensuring regular review of personal plans would improve oversight and ensure they fully and accurately reflect children's needs.

Staff demonstrated a good knowledge of children's medication requirements and supported children appropriately. However, medication forms required additional information to ensure they were in line with best practice guidance. There was no consistent system in place to routinely review medication held within the service. Children's personal plans did not always include up-to-date medication information, further reducing assurance. Improving the completion of records and introducing a clear, systematic review process would strengthen governance arrangements and ensure medication management is consistently safe and well-documented.

Children who required additional support were well-supported within the setting. Staff demonstrated a strong understanding of individual children's needs and provided sensitive guidance, reassurance and encouragement. There were strong links with families, ensuring good communication with families. This ensured parents were kept informed and involved in decisions about their child's care and progress. Staff worked well with external professionals, contributing to multi-agency planning and implementing agreed strategies consistently. This supported children to achieve positive wellbeing and developmental outcomes.

The service demonstrated a strong commitment to building nurturing relationships with families. Staff worked collaboratively with parents, developing positive, trusting relationships between home and nursery. Initiatives such as Family Connects contributed positively to family engagement. Further development of opportunities for family participation and improved transition planning would enhance the already strong, nurturing practice in the service.

Complaints

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

Detailed evaluations

Leadership	4 - Good
Leadership and management of staff and resources	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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