Bellwood Nursery
Day Care of Children

35 Bell Quadrant
Carfin
Motherwell
ML1 4GR

Telephone: 01698 230 455

Type of inspection:
Unannounced

Completed on:
23 July 2026

Service provided by:
Amcol Scotland Ltd

Service provider number:
SP2003000911

Service no:
CS2013322180

About the service

Bellwood Nursery is a childcare service provided by Amcol Scotland Ltd. The service offers pre-school and out of school care. It is registered to provide a care service to a maximum of 147 children aged from birth to primary school.

Bellwood Nursery operates from a large, modern, purpose-built accommodation in Carfin, Motherwell. It offers full-time and part-time places, and operates throughout the year. The building is easily accessible for the local community. There is plenty on-site parking making it convenient for those families arriving by car. Entry to the building is via a secure entry system into a spacious reception area. Children are cared for in dedicated playrooms determined by their age and stage of development. There is access to secure outdoor play areas from playrooms.

About the inspection

This was an unannounced inspection which took place on 21, 22 and 23 July 2026. The inspection was carried out by three inspectors from the Care Inspectorate. There were 90 children present on the first day of our inspection, and 96 on the second day. To prepare for the inspection we reviewed information about this service. This included, registration information, information submitted by the service and intelligence. In making our evaluations of the service we:

- spoke with children using the service
- received electronic feedback from 20 families whose children attended the service
- received electronic feedback from 15 staff who worked in the service
- 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, one area for improvement was identified relating to core assurances.

Key messages

- Reviewing the vision, values and aims with children, families and staff would ensure they reflect current aspirations and further enhance outcomes.
- Stronger quality assurance, monitoring and safeguarding processes are needed to support children's safety, wellbeing and experiences.
- Children experienced a positive, child-centred learning environment where they were confident, engaged and able to follow their interests through play.
- Staff interactions and a range of indoor and outdoor experiences supported children's communication, social, physical and cognitive development.
- Children and families benefited from warm, nurturing and respectful relationships with staff, creating a welcoming environment where children felt safe, valued and supported.
- Improvements are needed to ensure children's individual needs are consistently supported through robust personal planning, effective communication strategies, high-quality mealtime experiences and stronger medication management processes.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

Leadership	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Children are supported to achieve	3 - Satisfactory / Adequate

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 key question as adequate, where strengths only just outweighed weaknesses.

The service vision, values and aims had been developed in consultation with staff several years ago. We found that some key aspects were reflected in practice, including providing a safe, stimulating and nurturing environment for children. We discussed how reviewing the vision, values and aims in consultation with children, families and staff would ensure they reflected current aspirations and what was important to everyone using the service. This had the potential to further strengthen children's experiences and outcomes.

Some ongoing self-evaluation had taken place and staff reported feeling comfortable sharing ideas and suggestions for improvement. Recent tests of change had included reviewing snack-time routines and moving from a rolling snack model to a group snack experience. We found that the monitoring and evaluation of these changes required to be strengthened. A more robust approach would help evidence what was working well, identify areas requiring further development and demonstrate the impact of changes on children's experiences and outcomes.

The manager was open and honest in acknowledging that quality assurance processes had not been undertaken consistently, as priority had been given to caring for children and supporting staff wellbeing. We found that this had resulted in gaps in information gathering and recording in key areas that supported children's care, health and wellbeing, including medication records and personal plans. (See area for improvement 1)

Management and staff had been given opportunities to reflect on service improvement through a consultation evening. This promoted professional dialogue and encouraged a shared understanding of priorities for improvement. The team had been developing their knowledge and confidence in the use of quality improvement frameworks. These developments were at an early stage; however, they demonstrated the potential to support continuous improvement and enhance outcomes for children if embedded consistently.

Overall, recruitment processes followed safer recruitment guidance. Staff were appropriately qualified and registered with relevant professional bodies, including the General Teaching Council for Scotland (GTCS) and the Scottish Social Services Council (SSSC). We highlighted that some recruitment references should have been obtained from more appropriate previous employers to further strengthen safeguarding arrangements and support children's safety and wellbeing.

Staff spoke positively about the induction they had received and described it as helpful in supporting them in their roles. They reported feeling well supported by mentors and the wider staff team. Staff had engaged with the National Induction Resource; however, progress in completing this had been slow. Continued engagement with the resource would support staff development and help enhance outcomes for children.

Some systems were in place to record safeguarding information, including the use of chronologies. However, we found that improvements were required. Not all relevant information had been recorded and some information was held across different files. We advised that all safeguarding information should be recorded within a single chronology to provide a clear and comprehensive record of significant events in children's lives and the actions taken to support them. Local authority expectations were clarified during the feedback meeting and support had been arranged to strengthen practice and processes. This included support from relevant personnel, refresher training for the lead Child Protection Officer as well as planned support visit.

Areas for improvement

1. To improve outcomes for children the provider should ensure quality assurance arrangements were implemented consistently and effectively, supporting positive outcomes for children.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed". (HSCS4.23)

Children play and learn 4 - Good

Quality indicator: Playing, learning and developing

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

Children experienced a play environment where they were able to follow their interests, make choices and engage in learning through play. Throughout the inspection, children were observed to be happy, settled and engaged in activities of their choosing. They freely selected where they wanted to play and who they wanted to play with. This supported their confidence, independence and social development. Families who provided feedback commented positively about the play and learning opportunities their child had at the service. Some of their comments included:

"My child has been involved in world book day, musical activities, painting, play dough, sand/ water play and has had lots of opportunities to take part in outdoor learning. "My child is always encouraged to experience all the activities provided" and "My child has exciting opportunities within and outside the nursery. He always comes home excited about something".

Staff used questioning techniques to extend children's thinking and learning. Rather than immediately providing answers, practitioners encouraged children to think for themselves, allowing time for them to respond and offering praise and encouragement. As a result, children demonstrated good recall of previous learning when discussing planets and plants, with children confidently identifying "Earth", "Mercury" and "Jupiter". These interactions supported children's communication skills, confidence and ability to retain and share information.

Children benefited from opportunities to learn through hands-on, child-led play. In the mud kitchen, children used their imagination to create their own play experiences and confidently communicated their needs when requesting additional water. Staff responded appropriately by facilitating access to resources while encouraging children to carry water independently. This supported children's problem-solving skills, independence and sense of achievement. The activity also promoted physical development as children carried containers, poured water and manipulated tools, strengthening hand-eye coordination and fine motor control. Staff enhanced learning through play by modelling language such as "heavy" and "full", helping children develop and extend their vocabulary in a meaningful context.

The playroom for children aged 2 to 3 years provided an environment that supported active play and exploration. Children independently accessed resources and engaged confidently in activities including playdough, sand play and story experiences. These opportunities supported creativity, imagination, sensory exploration and early communication and literacy skills. The spacious layout enabled children to move freely between experiences, make independent choices and sustain their involvement in play.

Overall children were engaged throughout the inspection and demonstrated curiosity, concentration and enjoyment in their chosen activities. A variety of play experiences reflected children's interests and enabled them to explore, investigate and learn at their own pace. Positive interactions from staff helped maintain children's engagement and extended learning opportunities as they arose naturally through play.

The outdoor environment made a positive contribution to children's play and learning. All children chose to play outdoors when given the opportunity, demonstrating the value they placed on these experiences. Outdoor play provided opportunities for children to be physically active, explore their surroundings and engage in cooperative play with their peers. Children developed social skills as they negotiated games, shared resources and interacted positively with one another.

Children enthusiastically participated in group rhyming activities outdoors. These experiences supported communication and language development while encouraging children to listen, join in and participate as part of a group. Children who were not directly involved continued to sing along while engaged in their own play, demonstrating that learning opportunities were enjoyable.

Children attending the holiday club were observed to be happy, confident and engaged in their play. They benefited from free access to outdoor spaces and enjoyed team games including tug of war, football and rounders. These experiences promoted physical wellbeing, cooperation, teamwork and friendship-building. Children worked together towards shared goals, developing communication and social skills while enjoying active play.

Indoors, children participated in activities such as bracelet making, playdough, digital learning and board games. These experiences supported creativity, imagination, fine motor development and social interaction. Children were able to spend time with friends, share ideas and enjoy relaxed, self-directed play experiences.

While children benefited from the range of activities available within the setting, opportunities to extend learning beyond the setting were limited. Children, particularly school aged children did not routinely access the local or wider community, reducing opportunities to broaden their experiences, develop real-life learning skills and build a greater understanding of the world around them.

Planning and recording approaches did not consistently demonstrate the progress children were making through play and learning. Observations often described what children were doing rather than evaluating what they had learned or the skills they had developed. Individual learning needs, including communication and language targets, were not always clearly identified or linked to future experiences. As a result, opportunities to fully maximise children's learning and ensure that next steps were purposefully planned were missed. Strengthening the links between observations, identified learning needs and future play experiences would help ensure children consistently received learning opportunities that built on their interests, skills and stage of development. (See area for improvement 1)

Areas for improvement

1. To support children's learning and development, the provider should strengthen planning processes to ensure they are responsive, targeted and clearly support children's progression. This should include but is not limited to:

- improving the quality of observations to identify significant learning
- ensure tracking information is used to identify children's developing skills and plan next steps in learning.

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)

Children are supported to achieve — 3 - Satisfactory / Adequate

Quality indicator: Nurturing care and support

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We observed positive and nurturing relationships between staff and families. Staff warmly welcomed families into the service and created a friendly and inclusive atmosphere. We also observed families attending settling-in visits being greeted sensitively, with staff providing reassurance and support to both children and their parents. This helped children to feel secure and supported as they became familiar with the environment and routines of the service. Families who provided feedback about the relationships they had with staff told us:

"The staff are all so friendly, approachable and considerate. They know my children well, understanding their needs and how to help them improve. I feel relaxed leaving my children in their care, knowing they are safe and flourishing" and "Each member of staff takes the time to not only find out how my child has been but myself and the rest of our family. They provide a warm welcome and always receive such an in depth hand over at the end of his session. They take a genuine interest in what my child has been doing and are always down to his level and is enthusiastically listening."

The service shared information effectively with families through a variety of communication methods, including the service website, newsletters, iConnect, parent meetings and open days. This ensured parents were well informed about their child's experiences and the life of the service. Overall parents were happy with the information they received about their child's progress and development. Some of their comments included:

"I get updates on the nursery app but also my child's key worker updates paperwork informing me of my child's progress and what she is planning to work on next" and "I have regular parent's evenings, my child's plan is shared regularly and updated often when they have met their targets. I am fully aware and involved in their planning."

Families were regularly consulted and provided with meaningful opportunities to participate in the life of the setting. These included questionnaires, Bookbug sessions, the lending library, Play on Pedals and Forest Kindergarten activities. As a result, families were able to contribute their views, engage in their children's learning and strengthen connections between home and the service, supporting positive outcomes for children.

Staff were observed to be kind, gentle and responsive in their interactions with children across all age groups. Warm and nurturing approaches helped children to feel secure, valued and supported throughout their day.

Personal care was generally delivered in a way that promoted children's privacy and dignity. Staff sought children's consent before carrying out personal care tasks, for example by asking permission before wiping a child's nose or changing a nappy. Children's rights were respected through the choices available to them about what they wanted to play with and where they wished to play, supporting their autonomy and decision-making.

We observed staff supporting children who experienced barriers to communication. However, information recorded about individual children did not consistently identify the strategies required to support their communication needs. Staff told us they had undertaken Makaton training and other learning to support children requiring additional support. Despite this, during our visit we did not observe the use of Makaton, visual supports or objects of reference to enhance children's understanding and communication. This meant that opportunities to fully support children's inclusion, participation and engagement were not always maximised.

The service provided meals and snacks for children throughout the day. We observed children enjoying their meals over two days of the inspection. Drinks were offered regularly at mealtimes and throughout the day, ensuring children remained hydrated.

Opportunities for children to develop independence during mealtimes varied across the service. Babies were supported well during lunch, with staff encouraging them to feed themselves and sensitively providing assistance when required. This promoted children's confidence and emerging self-help skills. However, children in the 2-3 year old room and the school-age care provision had fewer opportunities to develop independence. Meals were plated and handed to children with limited involvement in preparation or serving. Across all playrooms we noted that children were not provided with knives to cut foods such as sausages. Staff told us that knives were only available at breakfast for spreading activities. As a result, opportunities for children to build independence, confidence and practical life skills were restricted. (See area for improvement)

We also observed occasions where staff became task focused during mealtimes and did not consistently sit with children. This limited opportunities for meaningful interaction, conversation and relationship-building during what should be a social learning experience. It also reduced staff oversight of children while eating. We discussed this with the service and made an Area for Improvement regarding mealtime experiences and supervision.

Staff demonstrated an awareness of children who required medication, and systems were in place for the storage and recording of medication across the service. However, we found that medication management practices were not consistently robust. We identified some inconsistencies in recording, monitoring and the maintenance of medication information. As a result, we could not be fully assured that children's health needs would always be supported safely and consistently. We discussed these findings with the service and issued an Area for Improvement in relation to medication management and the safe monitoring of children's health needs. (See area for improvement 2)

The quality and effectiveness of personal planning varied across the service. While enrolment information had been gathered for all children, there were no personal plans in place for children attending the school-age holiday club at the start of the inspection. The manager responded promptly to this and, by the third day of inspection, school-age children were observed completing "What Matters to Me" plans to help capture their views and preferences.

For the youngest children, personal plans contained relevant information about individual routines, preferences and care needs. These plans were reviewed and updated when changes occurred and were being used effectively to support children's wellbeing.

In other areas of the service, the quality and effectiveness of personal planning were more variable. We found that personal plans did not always contain sufficiently detailed, accurate or up-to-date information to fully support children's individual needs. In some cases, important information about children's health, wellbeing or personal circumstances had not been clearly recorded or reviewed. This meant that personal plans were not always being used as effective working documents to guide staff practice and ensure a consistent approach to supporting children. As a result, children could not always be assured of receiving care that was fully informed by their current needs and circumstances. (See area for improvement 3)

Areas for improvement

1. To support positive outcomes for children, the provider should review mealtime experiences across the service to ensure they are nurturing, unhurried and promote children's independence, choice and learning. Children should be encouraged and supported to develop age-appropriate self-help skills, while staff should be available to sit with children, engage in meaningful interactions and provide appropriate supervision throughout mealtimes.

This is to ensure that care and support are consistent with Health and Social Care Standard (HSCS) which state that: "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected." (HSCS1.34)

2. To support children's health, safety and wellbeing, the provider should ensure that medication is managed safely and consistently across the service. This should include robust procedures for the storage, recording, review and administration of medication, with accurate and up-to-date information maintained for all children who require it. Staff should follow the service's policies and procedures to ensure children's healthcare needs are met safely at all times.

This is to ensure that care and support are consistent with Health and Social Care Standard (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective." (HSCS1.24)

3. To support children's health, welfare and wellbeing, the provider should ensure that all children have a personal plan which is meaningful, accurate and regularly reviewed. It should reflect children's current needs, circumstances, preferences and any strategies required to support them. Personal plans should provide staff with clear guidance to enable a consistent approach to care and support across the service.

This is to ensure that care and support are consistent with Health and Social Care Standard (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS1.15)

Complaints

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

Detailed evaluations

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

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

Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.gov.scot

0345 600 9527

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