Blue Kangaroo Happy Nursery Ltd
Day Care of Children

34 Meikle Road
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Telephone: 0141 883 3585

Type of inspection:
Unannounced

Completed on:
14 October 2026

Service provided by:
Blue Kangaroo Happy Nursery Ltd

Service provider number:
SP2021000172

Service no:
CS2021000275

About the service

Blue Kangaroo Happy Nursery Ltd is provided from a renovated church, within a residential area of Pollock, Glasgow. The service is close to schools, transport routes, shops and community services. It can accommodate 80 children. At the time of our inspection there were a total of 39 children present on the first day and 42 on the second day.

The accommodation consists of three large playrooms. Each room has direct access to an outdoor play area. Other areas include, changing rooms, children's toilets and staff facilities.

About the inspection

This was an unannounced inspection which took place on 13 and 14 October 2026 between 09:40 and 16:45. 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:

- reviewed feedback from nine parents and carers whose children attend the service
- spoke with 11 staff and management
- observed practice and staff interactions
- reviewed documents
- spoke with children.

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 an improvement was identified. This was relating to accidents and incidents. This is reported under the 'leadership and management of staff and resources' section of this report.

Key messages

- Children experienced warm, nurturing care, helping them feel safe, secure and valued.
- Play environments promoted independence, choice, curiosity and child-led play.
- Children's play experiences were helping to progress their learning.
- Personal plans could be further developed to support staff to meet all children's needs.
- The service should continue to strengthen their approach to supervising and supporting children when moving between indoors and outdoors.
- Analysis of accidents and incidents involving children could be further developed to strengthen children's safety and wellbeing.

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 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

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.

Management were friendly, approachable and engaged positively throughout the inspection process. They were committed to improvement and took a proactive approach to making changes. They recognised the need to build on progress made since the previous inspection. Staff were supported to contribute to the setting's improvement journey. Although the improvement plan was at an early stage, progress was being made. Improvements included planning for children's play and learning and observations that reflected their individual needs.

The service visions, values and aims were reflected in practice, with children experiencing nurturing, kind and respectful interactions. Staff demonstrated these values through their relationships with children and the welcoming environment. Children and families new to the service had not been involved in reviewing the vision, values and aims. There was scope to involve them in the future to help ensure they reflect their changing needs.

At the previous inspection, an area for improvement was made in relation to quality assurance. Improvements including implementation of a quality assurance calendar had impacted positively on management oversight of the service. Some audits such as medication monitoring helped to ensure children's health and wellbeing. Although quality assurance was in the early stages, good progress had been made in many areas. We discussed with the manager the opportunity to strengthen this further to maximise children's safety. Further development was needed in monitoring and responding to accidents and incidents involving children. Although the manager recorded incidents affecting children, they did not identify next steps to prevent recurrence. We have therefore made an area for improvement to address this and ensure children's ongoing safety and wellbeing (see area for improvement 1).

As part of self-evaluation, the service had begun reflecting on the Care Inspectorate Quality Framework challenge questions. This was at an early stage. However, staff were beginning to better understand how to provide high-quality care, support and learning for children. Further development would support ongoing improvement and give staff more responsibility and leadership opportunities.

Management valued the importance of seeking the views of families to support meaningful improvements to the service. Although some feedback had been received, it was not enough to analyse what improvements were needed. We discussed how gathering views of children and families in alternative formats could encourage greater participation. The manager recognised the importance of doing this to help shape the service in a way that meets children's needs.

The manager had considered staff deployment to ensure that it met children's needs. Children were well cared for by skilled and knowledgeable staff. Overall, supervision of children was well planned to ensure their safety. On the first day of inspection, we observed children moving between indoors and outdoors. Staff supervision did not always ensure children remained within view. When we raised this, the manager responded immediately. Staff began using walkie talkies to communicate when children wanted to come in from outside. This provided assurances around children's safety.

Staff were recruited in a way that promoted children's safety. References and disclosure checks had been undertaken prior to new staff starting work with children. The use of the 'National Induction Resource' provided a structured and reflective approach to induction and staff development. This meant that children received care from staff who were developing an understanding of how to meet their needs. Newly appointed staff were well supported by a mentor. This ensured they were continually growing in confidence and able to provide safe, nurturing care to children.

Areas for improvement

1. To ensure the health, wellbeing and safety of children, the manager should develop approaches to auditing and responding to accidents and incidents concerning children.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Children play and learn 4 - Good

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 observed having fun and engaging in play, both indoors and outdoors. Resources were easily accessible to children, promoting their independence and enabling children to make choices.

Staff engaged playfully with children at their level, encouraging laughter, smiles and sustained engagement in play. During a music and movement experience, children confidently followed actions modelled by staff and actively participated in the experience. Children enthusiastically chose which songs to play next, with staff responding positively to their requests. This demonstrated that staff valued children's choices and ensured their voices influenced their play experiences.

To further strengthen interactions, we suggested further staff training to develop the use of open-ended and "I wonder" questions. We discussed with the manager how higher-order questioning could develop children's language, curiosity and problem-solving skills.

The environment provided children with direct access to the outdoors from all playrooms. Progress had been made in supporting older children to move freely between indoors and outdoors, promoting choice and independence. At times, this was restricted to bring children together for mealtimes. We suggested that the service continue to build staff confidence in providing consistent free-flow opportunities throughout the day.

Improvements had been made to garden areas, providing children with a wider range of play and learning opportunities. Children independently explored resources and experiences that promoted curiosity, physical development, sensory exploration and imaginative play. One parent told us, "Every day they play outside in the playground the outside is well equipped for them to play and they really enjoy it. It's also very safe for children to play". We observed children outdoors engaging in water play and using everyday kitchen utensils to pretend to make cakes. This supported children to develop their imagination, creativity and confidence in leading their own play.

Management and staff had made progress in developing their approach to planning for children. Staff planned experiences within designated areas, responding to children's interests and incorporating their views. Planning was linked to the curriculum and best practice guidance, supporting children's learning, development and progression. Curricular planning was in the early stages. It was impacting positively on providing children with interesting play experiences. However, there was scope to include more challenge to help children progress their learning further.

Children's learning was shared with families through a digital app. Progress had been made in recording children's observations. Many clearly identified children's skills, learning and meaningful next steps. However, the quality and frequency of observations were inconsistent. This meant that there were some gaps relating to how children should be supported. Management recognised this and planned further support to strengthen staff skills and improve consistency for children.

The service had developed positive links within the local community. Children visited a local care home and regularly enjoyed outings to the library. These opportunities supported children to develop community connections, build relationships and strengthen their sense of belonging.

Children are supported to achieve — 4 - Good

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 were caring and nurturing towards children. When children were tired or upset staff offered them comfort and cuddles. One parent told us, "The staff are all very friendly, my kid is easily comforted by them". These caring interactions helped children feel safe, settled and content.

Personal care was provided sensitively. Children received help with dressing, undressing and wiping their faces. Staff respected children's dignity and privacy during nappy changing, ensuring children felt secure. They responded to children's babbles and non-verbal cues. This showed that staff knew children well and valued their communication, helping children feel their voices were heard and respected.

Improvements had been made to children's mealtime experiences. They were relaxed and unhurried and staff sat alongside children engaging in conversation. Children were encouraged to eat independently, and some children self-served and poured their own drink from jugs. Staff sensitively supported children when they put too much food in their mouths or ate too quickly. This demonstrated staff awareness of choking risks and helped keep children safe. Children didn't always get to choose where to sit for lunch. We suggested that children were given more choice within this area to create an inclusive and homely approach.

Each child had a personal plan that supported staff to meet some of their needs. They contained useful information such as children's interests, medical needs and food preferences. There was scope to further strengthen these to help staff plan for children's individual and complex development needs. The manager provided assurances that personal plans would be further developed to help ensure children's needs are fully met.

Medication was stored and administered safely to promote children's health and wellbeing. There were a few minor gaps in some of the supporting medication paperwork. For example, the permission from families to administer medication was not always clear. We discussed with the manager the importance of reviewing these to ensure safe consistent care for children.

Staff were attentive and supportive with new children settling in. Transitions took place at each child's pace, with visits gradually increasing as children became more familiar with their new environment. The service had established good links with local schools. Where needed, children received enhanced transitions to support their individual needs. This supported children's wellbeing and confidence and helped them feel safe and secure during times of change.

Parents were welcomed into the playrooms at drop-off and collection times. They were also invited to special events, including Christmas celebrations, parents' evenings and graduation. Staff provided families with daily updates about children's experiences. They also shared information about additional activities and home learning opportunities. This helped families stay informed and involved in their children's experiences and learning.

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 support children's care, play and learning and ensure their safety and wellbeing consideration should be given by the provider of the skills, knowledge and experience of staff members and their deployment to meet children's individual needs. The provider should review and develop systems in place for the supervision of children to ensure children's safety and well-being. This should include but not be limited to closely monitoring children's play, recording and reporting all accidents/incidents and taking prompt action to reduce the risk of recurring injures.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state, 'My needs are met by the right number of people' (HSCS.3.15) and 'My care and support meets my needs and is right for me' (HSCS.1.19).

This area for improvement was made on 7 January 2026.

Action taken since then

The manager had reviewed staff deployment based on their skills and experience. Overall, most staff supervised children well, supporting their play, learning and wellbeing. During this inspection, staff communicated with one another when leaving areas. We discussed how supervision could be improved when older children moved between indoor and outdoor spaces. Management took immediate action. On the second day of the inspection, staff used walkie-talkies to communicate when children moved between spaces.

The service recorded accidents and incidents involving children. Most of these were shared with families on an app to support partnership care. On some occasions families had not acknowledged receipt of these notifications. We discussed with management the importance of following up on these to ensure children received consistent care. The manager had identified accident and incident trends; however, they had not considered how to respond to these trends to ensure children's safety and wellbeing.

Some aspects of the area for improvement had progressed and other areas still needed to be further developed. We have therefore created a new area for improvement focused on the outstanding areas for development. This is contained within the 'leadership and management of staff and resources' section of this report.

Previous area for improvement 2

To support children's care, play and learning the manager and staff should ensure individualised personal plans include strategies to support children's individual needs. Plans and observations should capture children's skills and progression in learning to support children to reach their full potential.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state, "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" (HSCS 1.15).

This area for improvement was made on 7 January 2026.

Action taken since then

Progress had been made with children's personal plans. These had been developed with parents and carers and regularly reviewed to reflect children's development and progress. Some included detailed strategies to support children. Children's observations had also improved. Further training was planned to improve staff skills and consistency. Therefore, this area for improvement has been met.

Previous area for improvement 3

To support children's health, safety and wellbeing needs management and staff should ensure all records include permission from parents to administer medication and detail the signs, symptoms and the dosage to be administered. The service should ensure effective quality assurance processes are in place and monitored by management and staff to ensure the safe management of medication.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that, 'Any treatment or intervention that I experience is safe and effective" (HSCS 1.24). This is to ensure medication is consistent with the Care Inspectorate Document: 'Management of medication in daycare of children and childminding services'.

This area for improvement was made on 7 January 2026.

Action taken since then

Medication systems and records had improved since the last inspection. Overall medication was stored, labelled, and administered safely. Monitoring of medication identified strengths and areas for improvement, helping to ensure children's health and wellbeing were supported. Therefore, this area for improvement has been met.

Previous area for improvement 4

To improve outcomes for children, quality assurance systems should be developed further to assess and improve the quality of the provision in line with best practice.

This area for improvement was made on 7 January 2026.

Action taken since then

The service had strengthened its quality assurance processes. A quality assurance calendar and systems for auditing and monitoring were in place. This helped maintain good practice and improve the quality of children's care, play and learning experiences. 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	4 - Good
Leadership and management of staff and resources	4 - Good

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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