

Maryhill Mobile Creche Day Care of Children

35 Avenuepark Street Maryhill Glasgow G20 8TS

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Type of inspection:

Unannounced

Completed on:

22 May 2025

Service provided by:

Maryhill Mobile Children's Services

Service provider number:

SP2003001275

Service no: CS2003005915



About the service

Maryhill Mobile Creche is registered to provide a service to a maximum of 42 children from birth to 16 years of age. Where young people have additional support needs the service will be provided to those young people up to 18 years of age. The numbers of children attending will be defined by the space available.

Creche provision is available for parents who are taking part in training, meetings and support groups. Creche provision can take place in various locations within Maryhill and surrounding areas.

The service also provides part time supported places for children, and places for two year olds that meet Scottish Government's criteria for funded Eligible 2 places.

This service is currently provided from a playroom on the upper level of Maryhill Community Centre. Children have access to an enclosed garden space and make use of local parks and green spaces.

About the inspection

This was an unannounced inspection which took place on 20 and 21 May 2025. The inspection was carried out by two inspectors from the Care Inspectorate. At the time of inspection no children had attended for creche provision. We spent time with staff and children within the supported places and eligible 2 provision.

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.

As part of this inspection we undertook a focus area. We have 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 physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- · children's engagement with experiences provided in their setting.

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

In making our evaluations of the service we:

- spoke with people using the service and their parents
- · spoke with staff and management
- observed practice and daily life
- · reviewed documents.

Key messages

- Staff were warm, kind and caring in their interactions with children.
- Staff had built meaningful relationships with children and families.
- There was a strong emphasis on supporting families within their local community.
- Management should continue to work alongside staff to create environments with resources that support children's curiosity, inquiry and creativity.
- The provider should address repairs and hygiene practices relating to toilet and changing areas.
- Management and staff should continue with plans to ensure children have opportunities for daily outdoor play.

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

How good is our care, play and learning?	4 - Good
How good is our setting?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

4 - Good

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

Quality indicator 1.1: Nurturing care and support

Children experienced warm, kind and caring interactions from staff. Children were supported through praise and their achievements were recognised and celebrated on a 'wow' wall. This contributed positively to their self-confidence. Staff responded sensitively to children's needs when they were upset. Children were supported with gentle touch, words of comfort and songs. Children were observed to initiate affection with adults through cuddles and choosing to sit on their knee. This supported close relationships between staff and children.

Staff deeply cared for children and families using the service and had built meaningful relationships with them. We saw children and families being warmly welcomed into the service. Staff were considerate of parents different communication needs. They took time to talk with them to share information about their child's day and invited them to look at resources their child had been playing with to further support their understanding of what their child had been doing. This supported positive relationships and helped families to feel part of the service. One parent told us, "I am very happy. Staff are very nice. My child is happy here."

Overall mealtimes were a relaxed and unhurried experience for children. Some children chose to bring a packed lunch and hot lunches were provided by a catering company. This promoted children's choice of what they wished to eat and meant their individual preferences and dietary needs were catered for. Staff mostly sat alongside children to ensure safety whilst eating and engaged them in social conversations. This contributed to lunch being a sociable and enjoyable experience for children. We suggested increasing opportunities for children to develop independence skills during mealtimes, such as setting the table and self-serving food and drinks. Staff agreed and recognised the value of supporting children to develop skills for life.

Each child had a personal plan that contained some key information about their needs. Staff used this information in practice to provide care and support to children. For example, they knew when and why children may need medication. However, the inclusion of further information would have been beneficial to support children's wellbeing. We suggested that plans could include more information about significant changes in children's lives, their interests and how they liked to be comforted when upset. These changes would provide staff and cover staff with the most up to date information to meet children's current needs.

Quality indicator 1.3: Play and learning

Children were relaxed and confident in exploring the playroom. The small group of children enjoyed spending time with each other and chose to play together in different areas. We observed children smiling and having fun as they danced together to music and joined in with actions to songs. This contributed to positive relationships between children and supported their friendships. Overall children were able to lead their own play and learning. We suggested reviewing the flow of the daily routine would maximise opportunities for children's independent play choices.

Staff played alongside children and used questions and comments to support and extend their play and learning. For example, a small group of children were exploring cornflour. The adult used questions and comments such as, "Look! you have made a circle. I have made one too.", "Can you make a bigger circle?" and "What other shapes can we make?". This captured children's interest and supported their engagement in the activity.

Children had not been able to access the enclosed garden space for several weeks due to maintenance works. Children had some opportunities for energetic and risky play through visits to nearby play parks and woodland spaces. The manager shared plans were in place to further develop the garden space and reintroduce daily outdoor play to support children's learning and wellbeing.

Children's play and learning was supported through a balance of planned and spontaneous learning experiences, appropriate for their age and stage of development. Planning approaches recorded information linked to planned learning experiences. We discussed the value of documenting the responsive learning that was happening. This would allow staff to plan for children's individual interests to support progression in their development and learning.

Online learning journals were used to share children's learning with parents. Observations in journals captured children's learning and photos allowed parents to see experiences their children were involved in. This supported parents to feel involved in their child's care, play and learning.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While some strengths had a positive impact, key areas needed to improve.

Quality indicator 2.2: Children experience high quality facilities

The service was based within the local community centre and shared the building with other groups and service users. Children's safety was a priority and measures were in place to support this. For example, visitors were signed in by the caretaker, all playrooms had keypad secure entry and registers were completed and updated to ensure children were accounted for at all times. This contributed positively to children's safety.

Children benefitted from playrooms that were spacious, with large windows that provided lots of natural light and ventilation. Overall playrooms were clean and well maintained. We advised some areas would benefit from additional cleaning, such as, behind and under radiators. Wall displays were attractive and meaningful to children. They included children's photos, mark making and art work. This sent the message to children that they mattered.

Children had opportunities to play in different spaces, such as a story area, home area and a den with some sensory objects. Spaces had a selection of resources that were easily accessible for children to explore, such as books, puzzles, dressing up and small world. However, further consideration to enhance spaces was needed. Soft furnishings would create cosy spaces where children could rest and relax. The addition of more open ended natural resources, sensory materials, and accessibility of mark making and art materials would promote children's curiosity, creativity and imagination in play.

Infection prevention and control practices were in place to help minimise the risk of spread of infection. This included children washing hands before and after mealtimes. We observed handwashing to be less

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effective for adults when carrying out tasks for children's personal care, for example after wiping children's noses. This had potential to lead to spread of infection. We advised the importance of adult handwashing to enhance children and staff's health and wellbeing.

To ensure children's personal care was being provided in a safe and hygienic environment, we found improvements were needed to children's toilet and changing areas. We advised staff to regularly check the areas and respond to risk. We had a positive discussion with the manager and were encouraged to see some immediate steps being taken to address issues. For example, new equipment had been ordered and building repairs were reported. We will review progress in relation to this at the next inspection (see area for improvement 1).

Areas for improvement

1. To support children's safety, health and wellbeing the provider should ensure that children are cared for in a safe and clean environment. This should include but is not limited to, ensuring toilets and nappy changing facilities are clean and that the premises and furnishings are well maintained.

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

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.24)

How good is our leadership?

4 - Good

We evaluated this key question as good, where several important strengths, taken together, outweighed areas for improvement.

Quality indicator 3.1: Quality assurance and improvement are led well

Leaders promoted a clear vision, values and aims for the setting that reflected their commitment to improving outcomes for children and families. The creche provision afforded parents opportunities to attend groups, meetings or classes. The service had naturally evolved to further support families through supported places and funded places for two year olds. Families were supported more widely to access a range of services within their local community. Strong links had been made with several local organisations that improved family life and ability to deal with challenges. This meant children and families were supported to thrive and be part of their local community.

An organisational improvement plan was in place with priorities for service development. We observed some progress had been made within the plan. For example, there had been increased opportunities for family engagement through stay and play sessions, family quiz night and a family Halloween party. This provided opportunities for children, families and staff to spend time together in a fun and meaningful way. This contributed positively to trusting relationships between staff, children and families.

Leaders understood the importance of consultation with parents and staff to support improvement. Views and ideas were sought through questionnaires, daily discussions and parental comments on floor books. We advised the manager to use information gathered to inform actions for further service development and share results of consultation. This would help parents and staff understand how their contributions help develop the service.

Children's voice was being captured through drawings and comments in floor books that contained photos and artwork of experiences they had participated in. We suggested opportunities for showcasing children's voice could be further enhanced through adding children's comments to wall displays.

We found some monitoring and auditing was taking place of key areas to support children's safety and wellbeing. This included monthly audits of accidents and incidents that provided clear information on the frequency and the type of accidents and incidents taking place. We advised the addition of an action points section would highlight how this information is used to inform changes needed to the environment or children's care and support.

How good is our staff team?

4 - Good

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

Quality indicator 4.3

We found staff to be warm welcoming and committed to the needs of children and families. Most staff worked across the organisations group of registered day care services. This ensured staff were deployed effectively in times of absence to meet children's needs. Cover staff knew children and had existing relationships with them and their families. This contributed positively to children feeling safe and secure within the setting and helped maintain positive relationships with parents during times of change.

We observed examples of positive communication and team working taking place to support children. This included sharing children's likes and dislikes to support their play, and eating and drinking preferences at mealtimes. There were times of the day where communication could have been better during daily routines. For example, towards the end of lunch staff became busy with tasks, this meant some children were not as well supervised as they could have been whilst eating. We discussed with the manager, the need for staff to engage in ongoing communication to support clearer responsibilities for sharing tasks. This would allow staff to ensure children's needs are consistently met at busier times.

Staff were motivated and wanted to do their best for children in their care. Staff development was actively encouraged and staff had engaged in a variety of training to support them in their role. For example, staff participated in annual child protection training and could share procedures to be followed should any safequarding issues arise. This contributed to children's safety and wellbeing.

Safer recruitment procedures were being followed and all staff within the service had relevant qualifications for their role. Senior staff understood their roles and responsibilities and provided opportunities for role modelling and mentoring to less experienced staff. Staff told us they were happy in the service and felt supported in their role by managers and colleagues. This meant they were supported to offer positive outcomes to children.

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

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good

How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate

How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good

How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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