Gleniffer Nursery
Day Care of Children

Floors Street
Johnstone
PA5 8PD

Telephone: 01505 342 053

Type of inspection:
Unannounced

Completed on:
11 June 2026

Service provided by:
Gleniffer Nursery Limited

Service provider number:
SP2003001056

Service no:
CS2003005000

About the service

Gleniffer Nursery is registered to provide a daycare of children's service for a maximum of 45 children from birth to those not yet attending primary school and 10 children attending primary school. At the time of our inspection 28 children were present. The nursery has partnership status with Renfrewshire Council to provide places for children aged 3-5 years and eligible children aged 2 - 3 years.

The service operates from a single-storey building in a residential area in Johnstone, Renfrewshire. It comprises of two separate playrooms and an allocated outdoor play space to the front and rear of the property and is close to shops, transport links and other local amenities.

About the inspection

This was an unannounced inspection which took place on the 9 and 10 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service and of their family members
- 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 which we discuss in nurturing care and support.

Key messages

- The new manager and wider leadership team had made a positive start, but systems for self-evaluation, quality assurance and improvement were not yet strong enough to improve outcomes for children.
- Staff skills, knowledge and deployment remained inconsistent, and this had a significant impact on children's experiences, emotional wellbeing and engagement.
- Children experienced some meaningful play and warm interactions, but these were not consistent across the team or sustained throughout the day.
- Weaknesses in planning, staff interactions and the organisation of the environment significantly limited children's engagement, progress and enjoyment.
- Children's care was not always responsive or emotionally attuned, and routines such as transitions and mealtimes did not consistently support their wellbeing, dignity and security.
- Personal planning was a more developed aspect of the service, but planned strategies were not applied consistently enough in daily practice to improve children's lived experiences.

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 play and learn	2 - Weak
Children are supported to achieve	2 - Weak

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

Staff told us leadership had become more visible and supportive since the new manager took up post and the wider leadership team became more established. Regular communication, increased oversight and a more consistent presence in the playrooms had started to rebuild confidence after a period of instability. This showed there was potential for stronger leadership.

The manager had begun to create a culture in which staff felt more able to raise concerns, seek support and reflect on their practice. Staff spoke positively about the direction of change and the growing sense of stability within the team. However, this work was still at an early stage and had not yet improved practice consistently.

Despite these early improvements, leadership and management of staff and resources remained weak. The manager understood the scale of change needed, but the systems required to support and sustain improvement were not yet strong enough. As a result, weaknesses in practice continued to affect children's experiences.

The service did not yet have a clear and shared vision, values and aims. We found no evidence that children, families or staff had helped to develop these. Staff had not been supported to reflect on or use them in day-to-day practice. This meant the vision did not provide a strong direction for the service or support a shared understanding of what it wanted to achieve for children.

Self-evaluation and quality assurance were not well developed. There was no clear cycle of self-evaluation, and staff were not yet involved in regular, meaningful reflection on practice. The service had also not gathered or used the views of children and families well to inform change. As a result, improvement was not well planned, and changes had not led to better experiences for children and families.

Quality assurance processes had not identified important gaps in practice, including weaknesses in staff interactions, routines and deployment. Although the service had an improvement plan, it lacked clarity and did not focus strongly enough on improving children's experiences. We found limited evidence of progress in areas identified previously, including routines, planning and monitoring. This meant children had not experienced the improvement they needed. (See area for improvement 1.)

Recruitment and induction arrangements needed to be stronger. Although basic recruitment checks appeared to be in place, records were not sufficiently clear or robust to show that all safer recruitment steps had been fully completed before staff started work. Induction was also limited and not yet structured well enough to support staff in understanding their roles and responsibilities. This contributed to ongoing gaps in knowledge, confidence and consistency across the team.

The manager had made a positive start and showed commitment to improving the service. However, leadership had not yet secured the clear direction, effective self-evaluation, robust quality assurance and structured support systems needed to improve outcomes for children. Significant and sustained improvement was needed to ensure leadership resulted in better experiences for children and families.

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.

We found some early strengths within the staff team. A small number of practitioners showed warmth and sensitivity when children needed reassurance. Staff also spoke positively about support from the new manager and wider leadership team, which had started to rebuild confidence after a period of instability. This showed there was potential to develop a more nurturing and reflective staff team.

However, staff skills, knowledge and values remained inconsistent across the team, and this affected children's experiences. Not all distressed children were responded to with care, and some children entered the playroom without being acknowledged. This showed that nurturing, child-centred practice was not yet embedded. (See requirement 1.)

A few staff, mainly within the leadership team, had started further study at SCQF Level 9. This showed commitment to strengthening knowledge and leadership capacity. However, the impact of this was not yet evident in practice.

Professional learning for the wider staff team was limited and had not been planned or used well enough to improve practice. Although staff had attended some training, we did not see this applied consistently. Professional discussions were infrequent, and staff did not yet share learning effectively. This contributed to gaps in understanding of child development, responsive practice and national guidance.

Staff were not yet confident in reflecting on their practice or identifying what needed to improve. The manager also recognised a loss of confidence and motivation in some staff. This limited the team's ability to improve consistently and meet children's needs well.

Staff deployment was inconsistent and did not always support children's safety, wellbeing or engagement. Communication between staff was limited, which led to gaps in supervision and missed opportunities for meaningful interaction. During busier periods, staff did not position themselves well enough and often focused on tasks rather than children. This reduced children's emotional security and did not support sustained engagement.

Breaks and transitions were not managed well enough and contributed to a noisy, unsettled atmosphere. Repeated movement between indoor and outdoor areas reduced calm and consistency for children. Staff did not adapt deployment well enough to maintain responsive support throughout the day. As a result, routines were disrupted and children did not always receive the calm, predictable care they needed.

Inconsistencies in staff skills, knowledge, communication and deployment had a significant impact on children's experiences. While there were some early signs of improvement, these were not yet strong enough to improve practice across the service. Continued leadership support and a more structured approach to professional learning would be important in building a more skilled and cohesive staff team.

Requirements

1. By 31 August 2026, the provider must ensure children's emotional wellbeing needs are recognised and supported by skilled and knowledgeable staff. To do this, the provider must, at a minimum:

- ensure there are suitably skilled and knowledgeable individuals deployed effectively to recognise children's emotional needs and respond to these in supportive and consistent ways.
- ensure staff are supported to develop their skills in trauma-informed practice and in supporting children's wellbeing needs.

This is in order to comply with section 7(1)(a) 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 get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6.)

Areas for improvement

1. To improve outcomes for children, the provider should develop and implement robust quality assurance systems.

This should include, but not be limited to:

- self-evaluation of the service as a whole,
- monitoring of safer recruitment, staff practice, quality of experiences, personal plans, medication, and accidents and incidents.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards which state that:

'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 2 - Weak

Quality indicator: Playing, learning and developing

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

Children experienced some enjoyable play during the day. When staff created the right conditions, children showed curiosity, concentration and enjoyment. For example, some children were engaged in creative play, mark making outdoors and construction. A few staff supported these experiences well, which showed the potential for warmer, more responsive practice.

However, these strengths were not consistent across the playroom or sustained throughout the day. Many children wandered without purpose, became unsettled or did not receive timely support. Noise, repeated interruptions and poorly organised spaces reduced children's opportunities to become deeply involved in play. As a result, children's engagement, enjoyment and wellbeing were significantly limited.

Staff did not consistently recognise or build on children's interests. Although some children initiated play independently, adults were not present enough within play areas to extend learning or support sustained engagement. Cluttered and poorly maintained spaces also reduced children's access to appealing, meaningful resources. This meant children did not experience a well-organised environment that supported curiosity and purposeful play. (See area for improvement 1.)

Interactions were too variable in quality. At times, staff used simple language, repetition and encouragement to support communication and engagement. Children responded well to this. However, this practice was not embedded across the team. Staff often missed children's cues and focused more on supervision than on meaningful interaction. Several children became upset during the visit, and support was not always prompt or effective. This did not help children to feel secure, regulated or well supported in their play.

Children had limited opportunities for physical play, both indoors and outdoors. Outdoor play was not offered consistently, and physical challenge was not planned well enough. Some children sought unsafe alternatives, such as climbing on furniture. This was a significant weakness because children need regular opportunities to move, explore and manage risk safely to support their health and development.

Planning for children's learning was at an early stage and did not yet guide practice well enough. Staff were still becoming familiar with the new planning system, but it was not clear how information about children's interests and development was being used to shape experiences. Trackers and observations often lacked clear next steps, and assessments were too general to support meaningful planning. As a result, staff were not planning consistently well for children's progress. (See area for improvement 2.)

Although we saw some examples of children's voice in floorbooks and online observations, these approaches were not used consistently. Families were also not meaningfully involved in planning. This limited continuity between home and the setting and reduced how well individual needs and interests were reflected in children's experiences.

Weaknesses in staff interactions, planning and the organisation of the environment had a significant impact on children's play and learning. Although there were a few positive examples, these were not strong or consistent enough to improve children's experiences across the service. Significant improvement was needed to make sure children experienced high-quality play that reflected their interests, supported their development and improved outcomes.

Areas for improvement

1. To improve the quality of play and learning spaces, the provider should undertake a comprehensive environmental audit.

This should include, but not be limited to:

- reviewing how spaces are used, increasing access to high-quality resources, and creating well-defined, inviting areas that support different types of play and offer areas for rest and quiet play,
- reviewing the layout and overall organisation to ensure it promotes engagement and sustained play.

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

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials.' (HSCS 1.31) and 'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax' (HSCS 5.6.)

2. To support children to experience enjoyment, engagement and appropriate challenge in their play, the provider should strengthen the planning and delivery of learning experiences to ensure that play is consistently purposeful and of high quality.

This should include, but not be limited to, practitioners clearly basing learning opportunities on children's ideas and emerging interests, ensuring that these are well tracked and used to inform meaningful 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) and '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 — 2 - Weak

Quality indicator: Nurturing care and support

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

Children experienced some warm and caring interactions during the day. At times, staff showed kindness, patience and reassurance. This showed there was potential within the team to provide more nurturing and responsive care.

However, this was not consistent. At other times, staff interactions were rushed and task-focused, and children did not always receive the emotional support they needed. Some children became distressed repeatedly, but staff did not always respond promptly or sensitively. This reduced children's sense of security and did not support their emotional wellbeing.

Children's physical comfort was not always prioritised. At times, children remained in wet or unsuitable clothing, or moved between areas without staff noticing or responding. This showed that staff were not consistently attuned to children's physical and emotional needs.

Transitions during the day were not managed well enough. They were often noisy, unsettled and poorly organised, which increased children's distress and reduced calm. Toileting routines were also inconsistent and did not always support children's dignity or wellbeing. As a result, children did not always experience the predictable and emotionally secure care they needed.

Mealtimes offered opportunities for connection and care, but these were not used well. Although food was appropriate and some staff engaged positively with children once seated, the overall approach was too task-focused. Staff did not consistently sit with children or use the time to promote calm, conversation and independence. Lunch was also late, which meant children waited too long and became unsettled. This reduced the quality of the experience and did not support children's wellbeing well enough.

We also identified concerns about supervision during mealtimes. On one occasion, children were left briefly unsupervised while eating. This presented a potential risk to their safety and showed that routines and staffing arrangements were not always safe or well organised. (See area for improvement 1.)

Sleep routines were a more positive aspect of care. Staff followed responsive sleep arrangements and safe sleeping practice, which supported children's comfort and wellbeing. However, staff needed more suitable equipment in the playroom to support sleep routines and bottle feeding consistently well.

Children's sense of security was also affected by recent safety incidents. Although the service had taken steps to respond, these incidents highlighted the need for more consistent supervision, clearer communication and stronger shared responsibility across the team.

Personal planning was a stronger area of the service. Plans were well structured, reviewed regularly and reflected children's individual circumstances. Families contributed to this process, and staff used digital systems to share information. We also saw some thoughtful observations and examples of next steps.

However, the impact of personal planning was reduced because planned strategies were not applied consistently in daily practice. Children with identified needs did not always receive the support set out in their plans. In some cases, targets were too general and did not clearly show how progress would be measured. This limited how well personal planning improved children's lived experiences.

Infection prevention and control measures were not consistently effective in reducing the risk of cross-contamination. Staff practice around hand hygiene was inconsistent, particularly before meals and after outdoor play or contact with contamination. Children and staff did not always wash their hands at key times, and this did not support safe routines or help children learn good hygiene habits.

The changing area was in poor condition, with damaged flooring preventing effective cleaning. Hygiene standards in children's toilets also required improvement, as soap dispensers were unclean and not easily accessible for younger children, and water temperatures needed adjusted to support children's safety and comfort. Although cleaning materials were stored securely, some products in use were not suitable for food-contact surfaces, which increased potential risk. These weaknesses meant infection prevention and control practices were not consistently supporting a clean, safe environment for children. (See area for improvement 2.)

Links with families were beginning to improve. The manager had taken early steps to rebuild trust and strengthen communication through digital updates, informal conversations and consultation about the service's vision, values and aims. This showed commitment to improving relationships with families.

However, family engagement was not yet consistent or well established. Limited access to the playroom reduced families' opportunities to see the environment, understand routines and speak naturally with staff. Although the manager had started to consider ways to improve this, these barriers had not yet been addressed.

Families had not yet had meaningful opportunities to influence decision-making or improvement planning. Some remained uncertain about recent changes, and staff did not always use drop-off and collection times well to build relationships. As a result, communication remained limited and families were not fully involved in the life of the service.

The manager was beginning to prioritise family engagement and had started to take a more collaborative approach. However, stronger communication, more meaningful involvement in planning and improved access to the playroom were still needed to build effective partnerships with families.

Areas for improvement

1. To support children's wellbeing, dignity and enjoyment, the provider should improve how mealtimes are planned and experienced.

This should include, but not be limited to:

- ensuring mealtimes are calm, well organised and appropriately timed
- ensuring children are consistently supervised and supported safely while eating
- supporting staff to use mealtimes as nurturing opportunities to promote conversation, independence and positive social experiences.

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

'I can enjoy unhurried snack and mealtimes in as a relaxed atmosphere as possible' (HSCS 1.35) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11.)

2. To support children to experience a clean, safe and hygienic environment, the provider should improve infection prevention and control practice across the service.

This should include, but not be limited to:

- ensuring staff follow effective hand hygiene procedures at key times, including before meals and after outdoor play or contact with contamination
- repairing or replacing damaged surfaces in the changing area so they can be cleaned effectively
- improving hygiene standards in children's toilets, including access to clean soap dispensers and appropriate water temperatures
- ensuring products used for food-contact surfaces are safe and suitable for this purpose.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22.)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 20 March 2026, the provider must ensure children are safeguarded and protected from harm. To do this, the provider must, at a minimum ensure:

(a) an audit of safeguarding procedures is conducted within the service.
(b) the manager and staff are knowledgeable and understand the reporting, responding, and recording of child protection concerns.
(c) the manager implements a robust recording system that is clear and concise to follow, track and understand when reporting, responding, and recording child protection concerns.
(d) policies, procedures and guidance are updated and in line with current guidance and legislation.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 7(2)(c) (Fitness of managers) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 201210) and section 8 (1)(a) of the Health and Social 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 am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20.)

This requirement was made on 26 January 2026.

Action taken on previous requirement

The provider has taken effective and sustained action to meet the requirement relating to safeguarding and child protection. A comprehensive audit of safeguarding procedures was completed, enabling the manager to identify gaps and implement improvements across the service. As a result, policies, procedures and guidance have been updated and now align with current national legislation and best practice.

Staff demonstrated increased confidence and understanding in reporting, responding to and recording child protection concerns. The manager has ensured that all staff have engaged in relevant training and refresher learning, and discussions with staff confirmed that they are now clearer about their responsibilities and the steps to take should a concern arise. This has strengthened the overall safeguarding culture within the setting.

A new recording system has been introduced, providing a clear, concise and trackable process for documenting concerns. Records sampled during the visit showed improved consistency, accuracy and follow-through. The system allows the manager to monitor patterns, ensure timely action and maintain appropriate oversight of all safeguarding matters.

The actions taken have resulted in a more robust and reliable safeguarding framework. Staff are better equipped to protect children from harm, and the service now demonstrates compliance with the requirement.

Met - within timescales

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

The service provider should ensure there are appropriate numbers of staff to meet the individual and continued care needs of children across the day.

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

"My needs are met by the right number of people" (HSCS 3.15.)

This area for improvement was made on 22 June 2023.

Action taken since then
We were satisfied that staffing levels were sufficient across the day to meet children's individual and ongoing care needs. However, we made a requirement in relation to staff skills and competence to ensure children's wellbeing needs were fully met.

This area for improvement is met.

Previous area for improvement 2

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 26 January 2026.

Action taken since then

Medication management arrangements were in place for some children in the service. We identified minor gaps in documentation and consent records. We also found that consent records required clearer detail about the strength of medication to reflect current best practice guidance. The manager responded promptly to these issues and had planned improvement measures, including the introduction of three-monthly audits to strengthen oversight of medication records. As a result, we were satisfied that action had been taken to improve the safe management of medication.

This area for improvement has been met.

Previous area for improvement 3

To support staff knowledge and practice, the provider should review their first aid policy, procedure, and practice. In doing so, at a minimum, consideration should be given to: Ensure that staff have the knowledge, understanding, and critical thinking skills to make informed decisions about providing treatment and when to seek medical advice.

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.)

This area for improvement was made on 2 October 2024.

Action taken since then

The provider had taken action to review first aid policy, procedure and practice. Staff used appropriate systems to record accidents and share information with families, and records were completed to a good standard. This supported staff to respond to children's injuries in a more informed and consistent way.

We suggested that the service consider increasing the number of staff who are first aid trained to further strengthen practice and support children's health, safety and wellbeing.

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.com.

Detailed evaluations

Leadership	2 - Weak
Leadership and management of staff and resources	2 - Weak
Staff skills, knowledge, values and deployment	2 - Weak

Children play and learn	2 - Weak
Playing, learning and developing	2 - Weak

Children are supported to achieve	2 - Weak
Nurturing care and support	2 - Weak
Safeguarding and child protection	2 - Weak

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