Strathaven Community Nursery
Day Care of Children

c/o Wester Overton Primary School
Ashkirk Road
Strathaven
ML10 6JT

Telephone: 01357523853

Type of inspection:
Unannounced

Completed on:
19 May 2026

Service provided by:
Strathaven Community Nursery

Service provider number:
SP2003001449

Service no:
CS2003006378

About the service

Strathaven Community Nursery is registered to provide a care service to a maximum of 18 children aged 3 years to those not yet attending primary school.

Care is provided from within Wester Overton Primary School in Strathaven, South Lanarkshire. The service has exclusive use of a playroom with direct access to an enclosed outdoor play area. The service is close to shops, schools, transport routes and other amenities.

About the inspection

This was an unannounced inspection which took place on 18 and 19 May 2026. Feedback was provided on 19 May 2026. The inspection was carried out by one inspector 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 six people using the service and three families
- Spoke with three staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- The service ethos was calm, relaxed and welcoming for children and families.
- Children were settled, happy and confident in their surroundings.
- Interactions were sensitive. They encouraged the development of independence and imagination in play.
- Resources and areas of play supported rich learning, curiosity and exploration.
- Personal plans needed to be individual for each child and involve families in regular reviews of progress and next steps.
- Quality assurance systems needed to be more robust to support the delivery of a quality service.

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 quality indicator as adequate/satisfactory. While the strengths had a positive impact, key areas need to improve.

There had been a very recent change in management at the service at the time of inspection. The acting manager and staff had worked hard as a team to develop their skills and confidence to embrace the current journey of change and improvement and had taken responsibility for the process. This was helping them know what was important when meeting the needs of children.

Following the change in management parents and children were recently consulted as part of a service review and improvement planning. Staff knew the importance of improvement planning and told us this needed to be updated to lead to improved outcomes for children and increased parental participation. Parents agreed, with one telling us, "Acting manager is supportive, understanding and took the time to listen and support my family as well as my child."

Quality assurance activities such as monitoring and self-evaluation had lapsed. For example, some risk assessments needed updated. The acting manager was already in the process of taking steps to create an up-to-date quality assurance and monitoring schedule for the service. Quality assurance systems need to be in place, clear and focused on areas to action for improvement and strengths that should be embedded at the service (see area for improvement one).

Staff were passionate about delivering positive outcomes for children. They were committed to an ongoing journey of improvement and most areas we noted for improvement during inspection had already been identified by the acting manager and staff. They were in the very early stages of developing an action plan to address these areas of improvement. We encouraged the service to continue to involve families in the development of the service moving forward.

A staff member shared that training had given them "new information and helped develop their understanding of current practice." Training was supporting the team to further develop their skills and knowledge. We discussed leadership opportunities that could now help share and embed learning across the wider team. For example, giving distributed leadership and time to keyworker staff would enable them to create, capture and record progress and next steps for individual children. This would support improved outcomes for children.

Staff were safely recruited and they understood their responsibilities within the team. Induction programmes were personalised to meet their unique needs. There were processes for mentoring and supporting staff. Together these approaches supported quality outcomes for all children.

Staff were currently managing change in a professional, measured and focused way to ensure children's needs were prioritised and families had their voice heard. We asked the service to ensure they consult with external services to secure support for children where needed and they agreed.

The service promoted and was committed to their vision of quality childcare in a warm and caring setting.

Areas for improvement

1. To support high quality outcomes for children and families, the service should ensure there are robust and transparent quality assurance processes in place that supports staff in developing a culture of continuous improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 4 - Good

Quality Indicator: Playing, learning and developing

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

The playroom was well laid out. There were cosy spaces and areas to explore imaginative play, technology, music, construction and mark making. Resources were open-ended and included loose parts that children could transport and use to engage in rich play experiences. This provided breadth of choice and deep learning opportunities for children.

Children were busy, experiencing joy and mostly engaged in quality play and learning experiences both indoors and outdoors. Many children were actively involved in leading their own play and learning.

Engagement with children was a strength of the service. Staff worked at children's level; they were calm and attentive to children's needs. Interactions were skilled and promoted children to be curious, take considered risk and try new things with support.

We discussed the development of strategies that could further support children to have free flow access to other spaces such as outdoors. Staff agreed and a trial was underway to support this.

Children were motivated and engaged by experiences on offer. Skills such as working as part of a team and listening to others were developed through a balance of child and adult-led interactions and playful experiences.

The service had taken positive steps to work with families to support their understanding of the benefits of play-based learning. This included the recent introduction of stay and play sessions. This approach was welcomed by families and helped to develop trust and cooperation, which supported children's wellbeing and development.

Children had frequent opportunities to develop their thinking and imagination. Areas of play enhanced children's curiosity. For example, when building a den, staff chatted with children, provided support to assess risk during the build and gave praise for efforts. They encouraged children to challenge themselves and use torches in the den. This helped children to experience risky play, develop a sense of wonder and practice new skills.

Overall, most children were informally at the centre of planning. Staff were developing their skills in how to record the individual needs and interests of children. Observations were being used to reflect on overall group patterns of play. This was helping to plan, support, challenge and extend their learning.

We made an area for improvement relating to personal planning under the nurturing care and support quality indicator of this report. Focusing on individual interests and needs would help all children to progress at their own pace and ensure children as individuals were at the centre of planning.

Children are supported to achieve — 3 - Satisfactory / Adequate

Quality Indicator: Nurturing care and support

We evaluated this quality indicator as adequate/satisfactory. While the strengths had a positive impact, key areas need to improve.

Overall, most families participated through discussions to make decisions about their child's care. Connecting with children and their families was important to the staff team. The opportunity for handover discussions and document sharing supported children's settling, times of change and transition to school.

Families felt part of the service, they felt they were listened to and enjoyed being part of recent improvements to further strengthen parental partnerships. We shared that for this to be meaningful it was important that it was recorded in the service quality assurance systems and the acting manager agreed.

Personal plans had been developed to help ensure consistency in children's care, health and wellbeing. However, observations and planning for learning were being recorded mostly as a group for children. Further focus was needed to ensure individual needs and interests were recorded with progress noted, next steps planned and regularly reviewed with parents (see area for improvement two).

Staff were aware of their responsibility to keep children safe. Systems in place supported safe sleep and mealtimes and the management and administration of medication. Child protection training had taken place. Staff fully understood the role they played in keeping children safe. We asked that a second point of contact was added for child protection display information. This was done before the inspection concluded. As a result, we were confident they would respond correctly if concerned about a child.

Staged intervention plans needed to be formalised. The acting manager and staff had identified this, and we observed documentation that they were already taking steps to act on this. Staff were currently supporting children through experiences and discussions with families. We asked the service to ensure external supports linked with the service were accessed to support staff in securing positive outcomes for children.

Nurturing care was a strength of the service. Staff knew children very well and supported them in a warm, kind and sensitive way. Connections with families were positive. Families appreciated the support of staff and how responsive they were to day-to-day needs and situations.

Parents told us, "Staff have been patient as my child settled in. They have been caring and warm in their interaction with [child]." Another parent told us, "[Child] enjoys coming to the service, they are happy and settled well. Staff have kept me informed about [child's] progress in social relationships and the areas we were working on at home the service have aligned their support to help that too. We are grateful for that support. We get regular communication via an app and online journal with photos to show the activities, and learning [child] takes part in."

Areas for improvement

1. Personal plans must contain a clear record of current care and support needs for each child and how these will be met in the service. The personal plan must be reviewed and updated with parents at least once every six months, or sooner if requested or required, in line with legislation. This would assist with meeting individual children's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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.' (HSCS 1.15)

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 main door to the children's toilets should be closed at all times as the toilets are in close proximity to where children's snack is prepared and eaten. We advised the service to look at information within the document 'Space to Grow', 'Infection prevention and control in daycare of children and childminding settings' and take advice from the local environmental health department. We also asked that the door should be risk assessed by manager and staff to ensure children can open and close the toilet door safely. This would contribute to children's health and safety.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'my environment is safe and secure (HSCS 5.17) and 'I can easily access a toilet from the rooms I use and can use this when I need to' (HSCS 5.2).

This area for improvement was made on 20 September 2018.

Action taken since then

The main door between the children's toilet and playroom was closed at all times during the inspection. The door had been risk assessed and children were able to open and close the door safely. Staff checked on children at the toilet to see if they needed support. This was done in a respectful way and staff chapped the door before entering.

This area for improvement was addressed.

Previous area for improvement 2

The provider and manager should ensure recruitment policies and procedures are in line with good practice guidance 'Safer Recruitment through better recruitment.' This includes ensuring two satisfactory references are in place prior to the person being employed in the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 20 September 2018.

Action taken since then

The provider and manager had ensured recruitment policies and procedures were in line with good practice guidance 'Safer Recruitment through better recruitment.' This included ensuring two satisfactory references were in place prior to the person being employed in the service.

This area for improvement was addressed.

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	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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
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