Broomloan Nursery School
Day Care of Children

c/o Govan Campus
635 Govan Road
Glasgow
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Telephone: 01414 400 942

Type of inspection:
Unannounced

Completed on:
6 October 2026

Service provided by:
Glasgow City Council

Service provider number:
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About the service

Broomloan Nursery School is a Glasgow City Council service operating in the Govan area of Glasgow. The service is based within a school community campus that is shared with two primary schools.

The service is registered to provide a care service to a maximum of 80 children aged three years to those not yet attending primary school and 15 children aged from two years to three years old.

The service is close to shops, parks, and other amenities.

About the inspection

This was an unannounced inspection which took place on 29, 30 September and 1 October 2026. Feedback was shared with the manager, depute manager and a Glasgow City Council area manager and child protection lead on 6 October 2026. The inspection was carried out by two inspectors from the Care Inspectorate.

There were 37 children present on the first day of our inspection, 35 on the second day and 37 on the third day.

To prepare for the inspection we reviewed information about this service. This included, 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
- received electronic feedback from seven families whose children attended the service
- spoke with two parents whose children attended the service
- received electronic feedback from eight 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, improvements were identified relating to core assurances. We have reported where improvement is necessary within the "Leadership" and "Children are supported to achieve" headings of this report.

Key messages

- Children were not consistently safeguarded due to weaknesses in leadership, decision-making and oversight.
- Monitoring systems did not consistently identify or address risks to children's safety and wellbeing, resulting in two requirements for improvement.
- Children benefited from warm, nurturing relationships and a learning environment that supported their wellbeing, confidence and development.
- Improving the consistency of planning, assessment and personalised support will help ensure all children achieve their full potential and benefit from the best possible outcomes.
- Inconsistencies in personal planning reduced assurance that children's progress and support needs were being consistently monitored and reviewed.
- The provider responded promptly to our concerns and committed to strengthening safeguarding arrangements to improve outcomes and safety for children.

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	4 - Good
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 quality indicator, as there were some strengths but these were compromised by important weaknesses.

We were concerned that leaders had not consistently safeguarded and protected children from potential harm. As a result we assessed against an additional quality indicator and reported on how the service safeguards and protects children. We have made two requirements about this under the safeguarding and child protection heading of this report. We shared these concerns with the provider who responded immediately. This demonstrated the providers commitment to work with the service to improve outcomes for children.

Leadership responses to concerns raised by staff were not always focused on protecting children. We found examples where concerns had not been fully investigated or reported to lead agencies who have responsibility for protection. This reduced confidence in the service's response to whistleblowing and safeguarding matters. An open culture is essential to enable staff to raise concerns confidently, supporting the protection of children's wellbeing, safety and rights. The provider must strengthen communication, accountability and decision-making processes to ensure concerns raised about children's safety are addressed. We have therefore made a requirement in relation to this. (see requirement 1)

Although the depute manager and lead practitioner showed commitment to their roles, they had not received a sufficient induction. This reduced leadership capacity within the service, particularly within their role of safeguarding children. This contributed to inconsistencies in practice, meaning opportunities to keep children safe were compromised.

Monitoring arrangements did not support children's safety. We identified weaknesses in the monitoring and follow-up of safeguarding concerns, personal planning, accident records and maintenance issues. As a result, we were not assured that concerns affecting children's health, wellbeing and safety were consistently identified, acted upon and reviewed. This increased the risk of children not receiving timely support, protection or interventions to meet their needs. This reduced assurance that children were experiencing a safe, supportive and well-maintained environment. We have therefore made a requirement to address this. (see requirement 2)

Monitoring of children's personal plans and developmental progress lacked consistency. Records did not always reflect children's current needs or clearly demonstrate the difference support strategies were making. Consequently, children did not always benefit from timely interventions or approaches that responded to their changing needs. We made an area for improvement around this following a complaints visit in March 2025. This area for improvement has been repeated under the "What the service has done to address outstanding areas for improvement" section of this report.

We identified further inconsistencies within auditing practices. Systems for monitoring accidents focused on recording incidents rather than identifying patterns or preventative actions. This limited opportunities to reduce recurring accidents and enhance children's safety. Delays in addressing maintenance issues further reduced assurance that children consistently experienced a safe and well-maintained environment. Auditing of children's medical needs was better established. Medication audits were undertaken regularly and supported the safe management of children's healthcare needs.

Self-evaluation and improvement planning did not impact on improved outcomes for children. Although improvement priorities had been identified, actions had not been consistently progressed, monitored or reviewed. As a result, opportunities to improve children's experiences were missed and the pace of improvement had been slow.

The service's vision, values and aims had not been reviewed for a considerable period and did not reflect the service's direction or aspirations. The depute manager had identified this and was committed to their review. We agreed that the existing vision, values and aims did not accurately represent the work of the service or it's ambitions for children and families. The service should now engage staff, children, families and the wider community in reviewing and refreshing these. Leaders should ensure that the vision and aims provide a clear and shared sense of purpose that supports future improvement and positive outcomes for children.

Requirements

1. By 5 November 2026, the provider must ensure that children are protected from harm through robust leadership and management of children's wellbeing and safety concerns. To do this, the provider must, at a minimum:

a) Ensure staff feel supported to raise concerns about children's safety and wellbeing to their line manager.
b) Ensure staff receive clear feedback and guidance when concerns are raised, so they are confident that information is acted upon.
c) Ensure staff understand their responsibility and the process to escalate concerns where they believe action has not been taken to safeguard children.
d) Ensure child protection coordinators communicate safeguarding concerns with others in a timely manner to promote children's safety and wellbeing.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

2. By 5 December 2026, the provider must ensure that children's rights, safety and wellbeing needs are met through robust auditing and quality assurance.

To do this, the provider must, at a minimum:

a) Undertake a full audit of child protection practices to evaluate whether concerns are identified, recorded, responded to and reported in line with national guidance.
b) Ensure child protection audits result in clear actions, timescales and accountability for improvement.

c) Develop and implement a robust system for auditing and responding to accidents and incidents and use this to reduce the likelihood of harm to children.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

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.

Children benefited from warm, responsive relationships, a stimulating learning environment and a range of engaging experiences that supported their development. While we identified areas for improvement in planning, assessment and the consistency with which some individual needs were met, these did not significantly diminish the positive experiences enjoyed by most children.

Most children were happy, settled and actively engaged in their play. We observed children enjoying warm relationships with staff, with frequent conversations, shared laughter and positive interactions contributing to a nurturing environment where children were playing confidently and expressing their play ideas. We observed staff facilitating and extending learning when children showed interest in particular activities. Examples of this was when children expressed interest in fire fighters. Staff used props, songs and stories to extend children's interest and learning. This supported children's wellbeing and choices during play.

Children accessed a wide range of quality resources and experiences both indoors and outdoors. The learning environment promoted children's independence, curiosity and choice, Children were observed sustaining engagement in their play for prolonged periods of time. Although the weight of the outdoor door limited fully free-flow access, staff mitigated this effectively by consulting with children about when they wanted to access the garden across the day. Outdoors, children benefited from a variety of experiences that supported their physical development through running, climbing and active play, while also fostering an understanding of the natural world through planting and growing activities.

Children in the 2-3 room demonstrated good levels of engagement in sensory experiences which supported curiosity, language development and early mathematical thinking. However, children in the 3-5 room did not experience the same level of access to the sensory room due to environmental and staffing barriers. Whilst this reduced opportunities for some children, it was not representative of the overall quality of experiences available throughout the setting.

Children also benefited from strong support for language and communication. High-quality books, meaningful conversations and consistent use of visual communication aids helped support children's understanding, participation and emerging literacy skills. Staff were able to evidence the positive impact of approaches such as the "CREATE" programme on children's communication and language development. "CREATE" is a Glasgow initiative that focuses on promoting children's development through creativity, and expressive arts. Children particularly enjoyed the singing and using musical instruments which built their confidence in communicating.

Whilst children's experiences were positive overall, we observed occasions where the routine of the day did not fully support children's individual needs. At times, children's engagement in play was interrupted by adult-led routines or group activities, reducing opportunities to sustain learning and follow their interests. We also found examples where strategies identified within personal plans were not implemented consistently, resulting in some children becoming dysregulated. These inconsistencies impacted on outcomes for a small number of children and limited the extent to which experiences were always fully child-centred.

Staff knew children well and demonstrated a genuine commitment to supporting their individual needs and development. However, planning, assessment and tracking systems did not consistently reflect this knowledge. While there was evidence of both responsive and intentional planning, recording systems were not sufficiently consistent to clearly demonstrate how information about children's interests, progress and next steps were informing practice. Staff recognised these challenges and highlighted a need for greater guidance and support.

Although gaps in planning and assessment reduced the service's ability to evidence children's progress effectively, they had not prevented staff from building positive relationships with children or providing engaging experiences. The management team acknowledged these areas for improvement and provided assurance that support would be put in place to strengthen staff practice and improve the consistency of planning, assessment and tracking. Children continued to benefit from caring interactions, stimulating play opportunities and staff who knew them well. Strengthening planning, assessment and tracking would improve consistency and help ensure children's progress is identified and built upon.

Children are supported to achieve 2 - Weak

We evaluated different parts of this heading as good and weak with an overall evaluation of weak as there were some strengths but these were compromised by important weaknesses.

Quality indicator: Nurturing care and support

Children experienced warm, nurturing relationships with staff who knew them well and responded sensitively to their individual needs. Initial home visits enabled staff to develop a detailed understanding of children's routines, personalities and support needs. This helped children to settle and experience continuity in their care. As a result, children were secure, confident and comfortable seeking support from familiar adults.

Interactions were caring and respectful. Staff responded calmly to children's emotions and supported them to understand feelings, resolve disagreements and build positive relationships. Children's individuality was recognised and valued, with staff adapting their approaches to reflect personal preferences and routines. This helped children to feel respected and included.

Staff were committed to promoting children's emotional wellbeing through the "emotional resilience for nurseries programme". This is a structured early intervention initiative designed to help children recognise, express and manage their feelings. Through implementation of the programme, children had developed greater emotional literacy and practical strategies that helped them regulate their feelings.

Children experienced calm and sociable mealtimes. Staff sat with children and interacted with them warmly to promote their wellbeing and safety whilst eating. Some opportunities to strengthen children's independence during mealtimes were missed. For example, children were not routinely supported to pour their own drinks or make choices about food. In addition, food quantities did not always allow children to have additional portions when requested. As a result staff were unable to fully respond to children's individual appetites and preferences. We discussed this with the local authority area manager, who provided assurance that these areas would be addressed.

Staff demonstrated a good understanding of children's health, wellbeing and individual support needs. They worked with children to meet their needs in practice. However, this was not always reflected in children's personal plans. Some relevant information about children's health needs, likes and preferences supported staff to provide care to children. Other elements of plans were not regularly updated or reviewed to assess children's progress, changing or future development needs. We made an area for improvement relating to personal plans following a complaints investigation in April 2025. At this inspection it had not been fully addressed and will therefore remain in place. We will follow up on progress of this at the next inspection. Please refer to the "Outstanding areas for improvement" section of this report for further information.

Quality indicator: Safeguarding and child protection

Inconsistent approaches to uphold children's rights to safety and protection were not well established. Limited understanding and ineffective implementation of national child protection guidance impacted on children's safety and care.

Leadership oversight of child protection practice was weak. Safeguarding concerns were not consistently monitored or followed up on to support children's safety. Information required to keep children safe was not always available to relevant staff or shared with partnership agencies. These gaps had the potential to place children's safety and care at risk.

There were gaps in senior leaders knowledge and understanding of child protection responsibilities. The management team did not consistently recognise when indicators of neglect had reached the threshold for child protection intervention. This reduced the likelihood of children receiving timely assessment, support and protection when concerns about their wellbeing first emerged.

Records of significant child protection concerns were not always addressed to protect children. This placed children's safety and wellbeing at risk. On some occasions when staff had identified concerns or children had disclosed information, managers did not report concerns to lead agencies. In other instances where concerns had been reported, they were not always followed up on. This reduced assurance that concerns about children's wellbeing and safety were assessed and responded to. Consequently, children did not receive the timely support and protection they needed. We have therefore made a requirement to address this. (see requirement 1)

The significant weaknesses in safeguarding practice meant that children were not being consistently protected. Although staff had undertaken child protection training, this had not translated into safe child protection practice. Some staff were unclear about how concerns would be followed up by senior leaders. Staff with designated child protection responsibilities did not always feel confident in carrying out their lead role. As a result, safeguarding arrangements were not strong enough to ensure a shared understanding of how to keep children safe. We have therefore made a requirement to address this. (see requirement 2)

The service had not consistently notified the Care Inspectorate of significant events that had the potential to compromise children's safety and wellbeing. This limited assurance that significant concerns affecting children were being recognised, assessed and managed. Some leaders did not have access to the system used for sharing information with the Care Inspectorate. We shared with the provider the importance of addressing this to support children's needs to be assessed and responded to promptly.

During the inspection of this service we contacted the provider to share our serious concerns in relation to safeguarding and protecting children. We were assured that immediate action would be taken to ensure children's safety. The officer with responsibility for child protection within the local authority attended feedback. They demonstrated a clear commitment to addressing the requirements made within this report.

Requirements

1. By 5 November 2026, the provider must ensure that children are protected from harm by staff and leaders who follow robust safeguarding and child protection practices.

To do this, the provider must, at a minimum:

a) Ensure all child protection and wellbeing concerns are recorded accurately, promptly and in sufficient detail.
b) Ensure concerns are responded to without delay and that action is taken to protect children.
c) Ensure concerns are shared and reported to relevant lead agencies in line with national guidance and local procedures.
d) Ensure clear oversight of safeguarding concerns, including following-up of actions taken.
e) Ensure that the Care Inspectorate are notified of protection concerns.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected". (HSCS 4.18)

2. By 5 November 2026, the provider must ensure that children are protected from harm by staff and leaders who understand and follow national child protection guidance.

To do this, the provider must, at a minimum:

a) Ensure that staff and leaders receive robust child protection training.
b) Ensure that all staff and child protection coordinators are clear on their roles and responsibilities in relation to child protection.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support because people have the necessary information and resources", (HSCS 4.27)

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 wellbeing, learning and development, the provider should ensure all support strategies are recorded and completed in consultation with parents.

This should include, but is not limited to when a specific need is identified, records accurately reflect how children will be supported. Children's care plans are regularly reviewed and parents are involved in the development and implementation of support strategies to promote consistency.

This is to ensure care and support is consistent with Health and Social Care Standards 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 14 April 2025.

Action taken since then

There had been limited progress made in relation to this area for improvement. We have reported on this under the "Children are supported to achieve" section of this report. This area for improvement remains and will be followed up on at the next inspection.

Previous area for improvement 2

To support children and parents when an extended transition period is needed the provider should review their settling children policy and procedure.

This should include, but is not limited to detailing the steps the provider will take to support children and parents through the process.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: "I experience high quality care and support based on relevant evidence, guidance and best practice".

This area for improvement was made on 14 October 2025.

Action taken since then

The service had reviewed and consulted with families about transition processes. We saw documentation around conversations that had taken place with families about the length and approach to transition. We observed children who were part of enhanced transition arrangements. We concluded that transitions were positive in promoting children's wellbeing. This area for improvement had been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.scot) for details of complaints about the service which have been upheld.

Detailed evaluations

Leadership	2 - Weak
Leadership and management of staff and resources	2 - Weak

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

Children are supported to achieve	2 - Weak
Nurturing care and support	4 - Good
Safeguarding and child protection	2 - Weak

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