Our Lady & St Joseph's Primary Nursery Class Day Care of Children

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Glenboig
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Type of inspection:
Unannounced

Completed on:
19 August 2026

Service provided by:
North Lanarkshire Council

Service provider number:
SP2003000237

Service no:
CS2003015371

About the service

Our Lady & St Joseph's Primary Nursery Class is registered to provide care for 40 children aged from three years to those not yet attending primary school.

The service is located in a semi-rural area of Glenboig in North Lanarkshire. The nursery is housed in the joint campus building of Glenboig Primary and Our Lady & St Joseph's Primary. Children have access to one large bright playroom and direct access to a secure outdoor play area. They can also make use of the school gym hall.

About the inspection

This was an unannounced inspection which took place on 18 August 2026 between 08:40 and 18:00 and on 19 August 2026 between 08:20 and 16:45. Feedback was given on 19 August 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:
- spent time with children in the service
- spoke with the staff at the nursery
- received ten completed questionnaires from parents
- observed practice and children's experiences
- 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 management of staff and resources', 'Playing, learning and developing' and 'Nurturing care and support' quality indicators.

Key messages

- Leaders fostered a culture of kindness, respect and positive relationships, focussed on high aspirations and quality experiences for children and families.

- Leaders identified improvement priorities and recognised the need for stronger consultation, quality assurance, self-evaluation and induction processes to support sustainable improvement

- Children benefitted from a nurturing, child-centred environment where play, exploration and meaningful connections fostered confidence, independence, engagement and a sense of belonging.

- Practitioners used children's interests to inform learning, but consistent high-quality observations, tracking and assessment required further development and embedding.

- Children experienced warm, nurturing care that promoted wellbeing, independence and choice, with staff valuing children's views and supporting positive daily experiences throughout.

- Personal planning required improvement to ensure support strategies, wellbeing indicators, reviews, and family views are consistently recorded, implemented, and evaluated by staff.

- Strong family engagement was evident through positive partnerships and communication. Further opportunities for inclusion, consistent handovers, and celebrating diversity could be explored.

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

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.

Quality indicator: Leadership and management of staff and resources

The leadership team established a clear vision for the nursery which was focussed on kindness, respect and positive relationships. This vision was reflected in the nurturing ethos of the setting and was evident in the warm, caring interactions observed between practitioners and children. Leadership demonstrated a clear commitment to providing high-quality experiences and maintaining high aspirations for all children and families.

A review of the nursery's vision, values and aims was underway. Leaders recognised the importance of ensuring that children, families and staff contributed meaningfully to the development of the service's strategic direction. They had begun to gather parental feedback. Discussion focussed on exploring more creative and participative approaches to consultation that would encourage parents to share their experiences, suggestions and priorities. Further developing consultation with families would support leaders to gain rich feedback that can meaningfully influence service development. This would also demonstrate how stakeholder views directly inform decision-making and improvement activity.

Leadership discussions demonstrated an understanding of the nursery's strengths and areas requiring further development. Improvement priorities had been recently identified. These were aimed at strengthening pedagogy, enriching learning experiences and ensuring that assessment, monitoring and tracking information was used effectively to support children's progress. Consideration should now be given to ensuring that change is implemented at a manageable and sustainable pace for children, their families and staff (see area for improvement 1).

Quality assurance processes were at an early stage of development and not yet sufficiently embedded to provide a comprehensive overview of the quality of the provision. As a result, leaders were not yet consistently able to evaluate the impact of audit activities or clearly demonstrate which changes had become embedded in practice. We discussed the benefit of establishing a more structured quality assurance framework that includes regular observations of practice, audits of documentation, effective analysis of accident and incident records, and evaluation of communication systems. Greater use of evidence gathered through these processes will support informed decision-making and drive continuous improvement (see area for improvement 1).

Moving forward, leaders should strengthen the self-evaluation processes by regularly reviewing progress against improvement priorities and assessing the impact of actions taken. This should include consideration of barriers to progress, such as staffing changes, competing priorities or capacity within the team. Timescales may need to be reviewed and adjusted where necessary to ensure improvements are sustainable and fully embedded (see area for improvement 1).

Recruitment processes were primarily managed through local authority systems. Leaders acknowledged the importance of ensuring that all newly appointed staff were effectively inducted into the nursery's unique context, culture and expectations.

Professional discussion identified opportunities to further strengthen induction arrangements. In particular, the introduction of the 'Early learning and childcare: national induction resource' (Scottish Government national, 2026) could support a more structured, personalised and consistent approach for all new staff. Such an approach would allow induction programmes to be tailored to individual strengths, experience and development needs while ensuring a clear understanding of the nursery's values, expectations and improvement priorities.
It would also promote greater consistency in practice across the nursery and help ensure that all children experience high-quality care, learning and support regardless of which practitioner is working with them. Effective induction, combined with ongoing support and professional dialogue, would strengthen overall staff capacity and contribute positively to outcomes for children and families (see area for improvement 1).

Areas for improvement

1. To support high-quality outcomes and experiences for children, the service should strengthen its leadership approach to ensure leaders can clearly identify key aspects of service provision, evaluate their effectiveness, and use this information to drive meaningful and sustained improvement.

This should include, but is not limited to:
a) using current guidance and best practice to develop an improvement plan that progresses at a sustainable pace and includes realistic, achievable targets;

b) implementing a robust and effective quality assurance system that monitors practice, measures impact, and supports the sustained delivery of positive experiences and outcomes for children;

c) establishing an effective cycle of self-evaluation that continuously identifies strengths, areas for development, and actions for improvement;

d) improving the induction programme to ensure it is tailored to meet the individual learning and development needs of different practitioners.

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

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.

Quality indicator: Playing, learning and developing

Children experienced a welcoming and nurturing play environment that reflected the setting's holistic approach to learning and development. Practice was underpinned by Froebelian principles, with practitioners demonstrating a sound understanding of how children learn through play, exploration and first-hand experiences. During the inspection, most children were observed engaging in a range of meaningful learning opportunities which supported their curiosity, confidence and developing independence. Some play areas had not initially been presented in a sufficiently inviting way to maximise engagement. On the second day of inspection, improvements were evident and a calmer, more purposeful atmosphere was observed across the playroom and the outdoor environment.

The majority of the children were involved in self-chosen experiences and were supported by practitioners who demonstrated a good awareness of when to intervene and when to step back. Staff respected children's right to lead their own learning and provided opportunities for them to make choices, solve problems and explore at a pace that suited their individual needs. Practitioners provided encouragement and reassurance while ensuring children retained ownership of their play and learning experiences. This was evident when children were building tall constructions with wooden blocks. As a result, children were developing confidence, independence and positive dispositions towards learning.

Most interactions between practitioners and children were warm, nurturing and respectful. Children's interests were valued and used to shape learning experiences across the setting. Practitioners followed children's lead well, enabling them to pursue their interests and curiosities through play and exploration. These approaches supported children to develop a strong sense of agency and engagement in their learning.

Overall, the quality of interactions contributed positively to children's progress across a range of developmental areas. Children were observed engaging in conversations with adults and peers. For example, they explored mathematical concepts through baking and games with shapes, demonstrating increasing confidence within the nursery environment. A parent shared with us: "[my child] has settled in brilliantly and has developed wonderful confidence, social skills, and independence. [My child] loves the variety of play-based learning activities and outdoor play provided each day".

Practitioners supported the development of important life skills, including care for the natural world, self-regulation, creativity and independence. There were some examples of skilled practice where adults used open-ended questioning to extend children's ideas and encourage deeper exploration. These interactions helped children reflect, problem-solve and articulate their thinking. However, these approaches were not yet consistent across the staff team and there remained scope to embed this practice further to maximise and deepen children's learning and development.

Play approaches were becoming increasingly child-centred and informed by observations of children's interests and experiences. Learning stories provided rich narratives which demonstrated practitioners' understanding of individual children, celebrating their strengths and developing interests. Practitioners used these to recognise what children valued in their play. However, leaders agreed that the use of evaluative language and clear next steps in observations required further development. We discussed how children's interests could be meaningfully taken forward, such as through the development of a wormery project.

The setting was in the process of introducing a new planning framework that placed significant observations at the centre of the planning process. This approach had the potential to strengthen links between observation, assessment and planning and support practitioners to provide experiences that were responsive to children's interests, while meeting their developmental needs. However, systems for identifying, recording and tracking significant learning over time were not yet fully developed.
While observations captured children's overall experiences effectively, it was less clear how significant learning was recorded, monitored and used to demonstrate progression. Further development of assessment and tracking arrangements was needed to support practitioners and leaders to evidence children's progress more clearly.
We discussed with staff how systematic planning would build on prior learning, emerging competencies and next steps and provide further challenge for the children who need it (see area for improvement 1).

Areas for improvement

1. To contribute to children's learning needs being met, the service should develop effective systems to track and monitor children's developmental progress. This should include, but is not limited to:

a) recording observations of children's significant learning to capture progress and achievements;
b) plan appropriate next steps to support progression in children's learning.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19);

and

'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).

Children are supported to achieve 4 - Good

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.

Quality indicator: Nurturing care and support

Children were greeted warmly and positively upon their arrival at the setting. Children who were new or upset were comforted in a way that suited them. This meant that children felt valued and respected. Parents told us: "the staff at the nursery are absolutely fantastic. They are attentive and always listen and rectify any concerns or worries. They really take the time to get to know the kids but also us as parents, it really feels like a community and [my child] feels so cared for and loved by every staff member there". Another parent echoed: "the staff are exceptionally caring, attentive, and welcoming".

Mealtimes were sociable experiences that encouraged independence and promoted healthy eating. During the first three weeks of term, children had been actively consulted and offered a choice of hot or cold lunch options, demonstrating a commitment to valuing children's views and preferences. Staff worked hard to ensure children were involved in decision-making around their meals. To further support children to make informed choices, the use of visual aids, such as photographs or menu cards, could be considered to help children better understand the options available to them and enhance their participation in the process. Children had the opportunity to remain hydrated throughout the session as there was access to drinking water available. This supported children's health and wellbeing.

While the snack table was being used for a baking experience, children were observed moving around the playroom with fruit. This practice increased the risk of choking, as children should be supported to eat whilst seated in a designated eating area. We highlighted the importance of maintaining an identified space for eating at all times to promote safe eating practices, effective supervision, and children's wellbeing. The service was asked to consider using an additional table when the snack table is required for other activities.

Personal care was carried out in a manner that promoted dignity and respect. However, on one occasion, we noted a child's care needs were not met within the agreed timescale, as a result their comfort and wellbeing were not fully supported.

Evaluation of personal plans identified that strategies to support individual children were not consistently recorded or embedded across the service. While staff described discussing approaches through verbal handovers and huddles, these strategies were not always formally documented within personal plans. This resulted in inconsistent implementation by all staff, for example with the use of Makaton to support communication. Overall, reviews of personal plans were not sufficiently robust, with inconsistencies noted in relation to support needs for some children.

Personal plans did not demonstrate a systematic review of medical needs, personal outcomes, emotional wellbeing, or agreed support strategies, nor did they clearly reflect the views and experiences of families. In addition, wellbeing indicators were not consistently evident throughout personal plans to inform assessment, planning, and individualised support. Although staff demonstrated awareness of children's needs, an observation identified a period of time on arrival where no staff interaction or support was provided, reducing assurance that responsive support is delivered consistently in practice. These findings indicated a need to strengthen the quality, consistency, and review of personal planning to ensure support is clearly recorded, family-informed, and consistently implemented by all staff (see area for improvement 1).

Strong partnership working with families was evident throughout the setting, with positive handovers, family engagement opportunities, parent groups, and initiatives such as forest school, cooking with families and 'Nursery natters'. This supported positive relationships and meaningful family involvement.

The setting demonstrated a clear commitment to engaging families; however, there was scope to further strengthen this by exploring opportunities to welcome parents into the setting at drop-off and collection times where possible. Parents told us: "I have only been in the nursery room once, we need to wait in the hallway". Consistency in handover communication should also be developed to ensure all families receive key information, particularly regarding children's food intake and daily experiences.

Moving forward, consideration should be given to how different cultures, backgrounds, and family identities are represented and celebrated within the environment to ensure it fully reflects, values, and promotes the diversity of the families attending.

Areas for improvement

1. To ensure children receive responsive, consistent and person-centred care, the service should ensure that personal planning arrangements are robust, regularly reviewed and consistently implemented. Personal plans should clearly record each child's individual needs, including medical conditions, agreed support strategies, wellbeing indicators, desired outcomes and the views of the child and their family.

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

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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