Shotts Family Learning Centre
Day Care of Children

Shottskirk Road
Shotts
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Telephone: 01501 826 713

Type of inspection:
Unannounced

Completed on:
29 April 2026

Service provided by:
North Lanarkshire Council

Service provider number:
SP2003000237

Service no:
CS2003015399

About the service

Shotts Family Learning Centre is provided by North Lanarkshire Council and is located in the town of Shotts. The service is registered to provide a care service to a maximum of 76 children not yet attending primary school at any one time as follows:

Building 1
To provide a care service to a maximum of 56 children aged from 3 years to not yet attending primary school at any one time.

Building 2
To provide a care service to a maximum of 20 children not yet attending primary school at any one time.

The service operates from two buildings within a secure campus. It offers indoor and outdoor environments that support children's play and learning, including spacious playrooms and access to a secure outdoor garden area.

Facilities include appropriate changing and toilet areas, as well as office and meeting spaces to support staff practice and service delivery. The service is situated close to local shops, parks and community amenities.

About the inspection

This was an unannounced inspection which took place on 28 and 29 April 2026 between the hours of 08:30 and 17:00. 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,
- Gathered feedback from 10 families through online questionnaires,
- Spoke with staff and management,
- Observed practice and daily life,
- Assessed core assurances, including the physical environment, and
- 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 a service is operating legally. At the time of this inspection, no improvements were identified relating to the core assurances.

Key messages

• Children benefitted from warm, nurturing care and positive relationships with staff, supporting their emotional wellbeing and confidence.

• Staff created a positive learning environment, supporting children to explore creatively, collaborate and use their imagination.

• Children experienced calm, well-managed transitions and free flow play, supporting independence, emotional security and engagement in learning.

• Improvements are required to ensure greater consistency in quality assurance processes, infection prevention and control practices, and planning approaches to support safe, high-quality and responsive care for all children.

• While strong relationships with families were evident, inconsistencies in communication and practice impacted on confidence for some families.

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	4 - Good

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

Leadership 3 - Satisfactory / Adequate

QIs inspected: Leadership and management of staff and resources.

We evaluated this quality indicator as adequate where strengths just outweighed the weaknesses.

The service had developed a vision that promoted a kind, warm and welcoming ethos rooted in a nurturing approach. This was evident in practice, with most staff interacting with children in a caring and respectful manner. This helped children feel safe, supported and valued in the service. Children experienced positive relationships with staff, contributing to a generally calm and nurturing environment. However, to strengthen outcomes further, the service should review its vision, values and aims to reflect a rights-based approach more clearly, as this had already been identified as an area for development by the service. There were occasions where children were directed rather than supported to make choices or exercise autonomy, which at times led to some frustration and uncertainty. Embedding children's rights more explicitly within the vision would support staff to consistently promote choice, children's voice, and independence. This would support children to better understand expectations and positively influence their experiences. This was observed across both days of inspection, indicating that further staff training and support is required to ensure consistency in practice.

The service's improvement plan appropriately reflected key priorities, including family engagement, tailoring support to meet children's individual needs, and developing staff understanding of learning, teaching, and assessment. While these priorities were relevant, evaluation of progress was not always sufficiently robust. Reflections tended to lack depth and did not consistently identify gaps or next steps for improvement. As a result, opportunities to drive meaningful change were sometimes missed. Strengthening reflective practice and ensuring consistent monitoring against recognised good practice would support more sustained improvement over time. Given the service operates across two buildings, there is also a need to streamline self-evaluation and quality assurance processes to ensure greater consistency across all areas of the service.

Leadership across the setting showed strengths in practice. Senior staff were visible, approachable, and effectively modelled positive interactions and good practice. They provided guidance and support to staff, which helped promote consistent approaches to care and behaviour management. One staff member shared "If I ever have any issues my management team listen and are supportive. They operate an open-door system." This contributed to a nurturing culture where children felt reassured and supported in their daily experiences. Staff were also provided with protected time to update learning journals, contribute to planning and review children's care strategies. This supported reflective practice and enabled staff to respond to children's individual needs. However, some staff reported that this time was not always consistently available due to service demands. This has the potential to impact on how promptly children's changing needs are identified and met. Improving consistency in this area would further strengthen leadership and support more responsive planning.

Quality assurance arrangements were in place but were not yet leading to consistent improvements. For example, while accidents and incidents were reviewed monthly, there was limited evidence of analysis or follow-up actions to reduce recurrence. Similarly, monitoring of learning journals identified gaps, including a significant number of children without recent observations, but this did not consistently lead to targeted interventions or clear next steps. As a result, quality assurance processes did not always translate into improved outcomes for children. A more systematic and evaluative approach to monitoring is required to ensure that findings lead to meaningful action. Key areas for development include medication procedures,

personal planning, risk assessment, mealtime experiences, and the overall quality of children's experiences. (see area for improvement 1)

Staff had completed mandatory training, including child protection, alongside a range of additional learning opportunities. Induction processes, including a checklist and staff handbook, were in place and supported staff in understanding their roles. To strengthen this further, staff should be supported to reflect on the impact of training on their practice. The use of national induction guidance would also enhance staff confidence and understanding.

Risk assessments had been developed for some areas; however, there were significant gaps across the service. These should be reviewed and extended to ensure all environments are fully considered, reducing potential risks and supporting children's safety and wellbeing.

Areas for improvement

1. To promote consistent high-quality practice the service should ensure that quality assurance and self-evaluation processes are further developed.

This should include the monitoring of medication, personal plans, risk assessments, mealtimes and children's experiences. These should be meaningful, evaluated and highlight the impact on outcomes for children and families.

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

QIs inspected: 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 were confident, engaged and secure in their play and learning environment. They demonstrated independence as they accessed resources and explored different play areas, showing curiosity and motivation to lead their own learning. Children were engaged in sustained, collaborative play, particularly within the block area. They shared ideas, negotiated roles and solved problems together. Rich language was evident, with children describing their thinking and adapting their play, for example identifying when structures were unstable and suggesting improvements. One parent told us that "teachers are brilliant with the children, lots of different activities for the children to do." These experiences supported children's creativity, critical thinking and communication skills.

Children benefited from opportunities to direct their own play and showed high levels of engagement across the environment. They used resources imaginatively, including loose parts and fabrics, to support role play and storytelling. This contributed to children developing confidence, creativity and a sense of ownership over their play. One child shared "It's great fun." However, there were occasions where children were discouraged from transporting resources between areas of the playroom.

This limited opportunities for creative exploration and reduced the flexibility of the learning environment. Where it is safe to do so, staff should support children to move and use resources more freely to further promote autonomy, creativity and a play-based approach.

Children experienced calm, well managed transitions between indoor and outdoor environments. Staff prepared in advance and engaged positively with children, providing reassurance and encouragement. As a result, children moved confidently between spaces and approached outdoor play with enthusiasm. This supported their emotional wellbeing, sense of security and readiness to engage in active play and learning. One child shared they enjoyed "going outside lots and lots."

Interactions between staff and children were warm, responsive and supportive. Staff were present across the environment, engaging with children at their level, joining in play, reading stories and offering encouragement. Children were praised and their achievements were recognised, helping to build confidence and promote positive relationships. Staff responded sensitively to children's needs, supporting them to feel safe, respected and valued within the setting. To strengthen outcomes further, staff should continue to develop their approaches to extending children's thinking during play, supporting deeper learning and sustained engagement.

Planning approaches reflected an understanding of the importance of responding to children's interests and supporting progression in learning. In the 3-5 room, intentional planning focused on key areas such as literacy, numeracy and health and wellbeing. Floor books were used to capture children's interests and inform planning, supporting a more responsive approach. While this was a positive feature, further development is required to ensure greater consistency in how planning is recorded, evaluated and implemented across the staff team. Strengthening expectations around the use of area planning and evaluations would support a more coherent approach to children's learning.

Observations of children's learning were recorded through online journals and shared with families, supporting parental engagement. However, inconsistencies were identified in the frequency and quality of observations, including gaps in entries and limited use of next steps to inform planning. Strengthening the consistency and quality of observations would support more accurate tracking of children's progress and ensure that planning is effectively informed by individual needs.

Children's learning was supported through a broad range of experiences, with opportunities to develop key skills across the curriculum. Tracking processes, including baseline assessments and review points, supported staff to monitor progress over time. Children and families were further supported through opportunities to engage in learning, including shared events and planned consultations, helping to strengthen partnerships and continuity.

Children also benefited from links with the local community, including intergenerational experiences, which enriched their learning and supported their sense of belonging within the wider community.

Children are supported to achieve — 4 - Good

QIs inspected: Nurturing care and support.

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 experienced warm, nurturing care from staff who were responsive to their emotional needs. Across

the service, staff interactions were caring and respectful, with strengths observed within the younger age groups. Staff used a calm, gentle approach, positioning themselves at children's level and engaging in meaningful conversations. This supported children's communication and emotional wellbeing, helping them feel secure and valued.

Staff demonstrated an understanding of children's emotional needs, responding compassionately during times of distress and using appropriate strategies such as reassurance, emotional language and redirection. This supported children in developing emotional regulation skills and contributed positively to their overall wellbeing.

Care routines were generally supportive of children's individual needs and promoted independence. Mealtimes were sociable and relaxed, allowing children time to communicate, build relationships and develop social skills. Children were encouraged to take part in routines such as pouring drinks, serving food and clearing away, supporting their growing confidence and independence. Positive improvements were evident during the inspection, with staff increasingly engaging with children during these routines and adapting practice to enhance children's experiences. These changes contributed to a calmer environment and improved opportunities for children to participate fully in daily routines.

Inconsistent infection prevention and control practices were identified, which may compromise children's health and wellbeing; however, these were addressed promptly during the inspection. Hand hygiene procedures were not always followed consistently by staff or children, and some aspects of personal care and food handling did not reflect best practice. In nappy changing areas, the organisation and storage of equipment did not fully support safe and hygienic practice. Continued attention is required to ensure children are consistently protected from avoidable risks and experience safe, high-quality care. (See area for improvement 1)

Personal plans were in place and supported staff to meet children's individual needs. Plans reflected relevant information about children's care and development, helping to guide practice. To strengthen this further, records should be consistently reviewed, updated, dated and signed. This would ensure that all information remains current and accessible, enabling staff to respond effectively to children's changing needs and support positive outcomes.
Medication procedures were generally well managed, with appropriate systems in place to support children's health needs. To maintain high standards, records should be reviewed regularly to ensure information remains accurate and up to date, supporting safe administration and oversight.

Families provided mixed feedback about how effectively the service supported children's care and wellbeing, particularly in relation to communication and consistency of practice. Parents spoken to during the inspection described staff as approachable, supportive and responsive to their children's needs. They reported feeling well informed and involved in decisions about their child's care, contributing to a sense of trust and partnership. Engagement with families, including communication and shared learning opportunities, supported continuity of care and strengthened children's experiences. However, feedback gathered through questionnaires highlighted some inconsistencies in communication and confidence in aspects of care and safety. While parents remained positive about individual staff members, these findings indicate a need to improve consistency in communication and practice across the service. One parent shared "communication could be a bit more clear as I feel like it's a case of putting them in and picking them back up with little information as to what my child has done that day etc: I feel like I need to be the one asking every time I pick them up." Another parent sharing they would benefit from "better communication from staff to parents." Strengthening approaches to gathering and responding to family feedback will help ensure that all views are considered and contribute to ongoing service improvement.

Areas for improvement

1. To promote consistent high-quality care, the service should further strengthen infection prevention and control practices, with a focus on embedding effective hand hygiene routines.

This should include ensuring staff and children consistently follow handwashing procedures at key times, alongside improvements to personal care, food handling, and nappy changing environments. Monitoring processes should evidence sustained improvement and impact on outcomes for children.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state:
'I am protected from infection because staff take appropriate precautions' (HSCS 1.35) and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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	4 - Good
Nurturing care and support	4 - Good

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