Lockerbie Nursery
Day Care of Children

Lockerbie Primary School
Glasgow Road
Lockerbie
DG11 2AT

Telephone: 01576 205 180

Type of inspection:
Unannounced

Completed on:
3 September 2026

Service provided by:
Dumfries & Galloway Council

Service provider number:
SP2003003501

Service no:
CS2003015499

About the service

Lockerbie Nursery is registered to provide a daycare service for up to 60 children who are not yet attending primary school, of whom no more than 10 may be aged between two and three years at any one time.

The nursery is located within the Lockerbie Primary School campus and operates from two playrooms, one of which is also used for snack and lunchtime experiences. The main playroom has direct access to adjoining toilet facilities. Children also benefitted from direct access to a large, enclosed outdoor play space.

About the inspection

This was an unannounced which took place on 1 and 3 September 2026 between 10:30 and 17:30. 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 using the service
- spoke with staff and the management team
- observed practice and daily life
- reviewed documents
- assessed core assurances.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported on this in the heading Leadership.

Key messages

Staff were kind, caring and responsive to children's needs, supporting positive relationships and children's wellbeing.

Children were happy, settled and confident, and were supported to make choices and lead their own play.

Staff wellbeing and professional learning were valued, contributing to a positive team culture.

New mealtime routines were being introduced and were not yet fully embedded. As a result, they were not consistently calm, nurturing or well organised, and infection prevention and control practices should be improvement.

Quality assurance and self-evaluation processes were in place, however, these had not been consistently revisited to monitor progress, evaluate impact and support a continuous cycle of improvement in a timely way.

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

Quality Indicator: Leadership and management of staff and resources

We evaluated this quality indicator as good, where there were important strengths within the setting's work; however, some aspects could have benefited from improvement.

The service had recently reviewed its vision, values and aims in consultation with children, families and staff, demonstrating a positive commitment to collaborative working. Staff consistently demonstrated these values in practice through their responsive and nurturing interactions with children. As a result, children benefited from a welcoming environment where they were safe, happy, secure and valued.

Staff had begun to engage with the Care Inspectorate and Education Scotland's (2025) 'A Quality Improvement Framework for the Early Learning and Childcare Sectors: Early Learning and Childcare.' Some self-evaluation activities had been undertaken with staff reflecting on their leadership responsibilities to identify strengths and areas for development. To strengthen existing processes, we suggested using the challenge questions within the framework to promote professional dialogue and support more robust self-evaluation. This would help staff develop a shared understanding of high-quality practice and support a more systematic approach to evaluating practice.

The leadership team had developed a quality assurance calendar which outlined planned monitoring activities across key aspects of the service, including playroom observations, audits of accidents and incidents, and reviews of care plans and planning documentation. Whilst this provided a structure for quality assurance activities, monitoring had not been completed consistently and there was limited evidence of recent monitoring activity. The leadership team advised us that ongoing staff absences, and the need to provide additional operational support within the playrooms had impacted their ability to complete some planned monitoring activities. Monitoring records varied in quality and some lacked sufficient detail, including dates, identified actions and evaluation of impact. As a result, it was not always possible to determine whether identified improvements had been implemented, sustained or resulted in better outcomes for children. Although some improvements had been made following playroom audits, quality assurance processes were not yet sufficiently robust or consistently implemented to support a continuous cycle of improvement (area for improvement 1).

The service had accurately identified areas for development within its improvement plan and had allocated staff responsibilities to strengthen leadership at all levels and enhance staff knowledge, skills and understanding of improvement planning. This demonstrated a commitment to building leadership capacity across the setting. To further enhance this process, greater emphasis could be placed on reviewing the impact of actions taken and using this information to inform future priorities. This would help ensure that improvement activities remain outcome-focused and lead to positive experiences for children.

The leadership team demonstrated a commitment to supporting staff wellbeing. One-to-one reviews provided staff with opportunities to discuss concerns and identify training and development needs. As a result, staff felt listened to, valued and supported in their role. Opportunities existed to strengthen this process further by recording agreed actions as specific and measurable, enabling progress to be monitored and reviewed more effectively.

Feedback from some parents indicated that staff absence had impacted their child's experience. One parent

commented, "Staff absence can affect child days at nursery" and another stated, "I think having more staff would have supported my child's transition. Staff were spread thin and couldn't play with them much." This highlighted the challenges associated with reduced staffing levels and reinforced the importance of ongoing workforce planning and support to help maintain positive outcomes for children.

Areas for improvement

1. To secure positive outcomes for children and support continuous improvement, the leadership team should strengthen its quality assurance and self-evaluation processes to ensure they effectively identify strengths, areas for development and lead to meaningful change. This should include, but not be limited to, undertaking more detailed audits of key areas such as medication, accidents and incidents. Where monitoring activities identify areas for improvement, the management team should ensure that actions are clearly recorded, implemented within agreed timescales and reviewed to evaluate their impact and confirm that improvements have been sustained.

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

We evaluated this quality indicator as good, where there were important strengths within the setting's work; however, some aspects could have benefited from improvement.

Children were happy, settled and had access to a range of resources which enabled them to make independent play choices. Staff were kind, caring and responsive in their interactions, helping to build positive relationships with children. Staff engaged with children at their level to promote communication, play and learning. As a result, children were comfortable, confident and secure in seeking support and benefited from a nurturing environment where they could play, learn and develop at their own pace.

Children had access to a range of resources and experiences across the indoor and outdoor environments. However, resources were not always presented in an inviting or purposeful way, and learning intentions were not consistently evident. As a result, children frequently moved between areas and opportunities to sustain, deepen and extend their play were sometimes missed. The leadership team told us that staffing pressures and the absence of core staff responsible for preparing the playroom had affected how some resources and learning experiences were presented. Whilst some improvements were evident during the second day of the inspection, a more consistent approach to the use of provocations would further support higher levels of engagement, promote sustained thinking and nurture children's emerging interests. Provocations are carefully planned experiences designed to spark children's curiosity, encourage investigation and build on their interests.

Staff frequently moved between areas throughout the day. As a result, routines were not always consistent or predictable for children, which impacted the quality of engagement and continuity of learning experiences. Staff were not always available to support children to revisit previous learning, consolidate developing skills and build on their interests. We discussed reviewing staff deployment to enable staff to remain in areas for longer periods. This would provide children with greater consistency and support their learning and development more effectively over time.

Staff practice outdoors supported children's independence through encouragement with dressing and the development of self-help skills. However, staff were often positioned at a distance to supervise the large outdoor environment, which reduced opportunities for meaningful interactions with children. Staff frequently used closed questions, which limited opportunities for children to think critically and deepen their engagement in play. As a result, children did not consistently benefit from high-quality interactions that supported their ongoing development.

Observations detailing children's progress and learning were shared through the online platform, 'Learning Journals.' Most observations identified skills children had developed and demonstrated progression in learning. An inconsistent approach to target setting limited the service's ability to demonstrate how children's learning, support and progression were being effectively planned for over time. The leadership team informed us that training had been provided to support more meaningful target setting and that this would be revisited with the staff team. We discussed the importance of monitoring the quality and impact of children's targets to ensure they effectively support their ongoing learning and development.

Planning processes had recently been reviewed to reflect the introduction of a combined two to five-year-old playroom and the differing developmental needs of children across age groups. Staff were adapting to these changes and were developing their confidence in planning for a wider range of developmental stages and learning needs. Further professional learning was identified within the setting's improvement plan and should support staff to provide experiences that meet the differing needs of children across the age range, ensuring children are appropriately supported, challenged and able to make progress in their learning and development.

Children are supported to achieve 4 - Good

Quality Indicator: Nurturing care and support

We evaluated this quality indicator as good, where there were important strengths within the setting's work; however, some aspects could have benefited from improvement.

Children had established positive relationships with the core staff team. Parents told us, "the staff are so lovely and very nurturing" and "staff are very friendly." Staff's warm and caring approach helped children to feel secure and confident within the setting. As a result, children were comfortable seeking support and reassurance.

Families were informed of upcoming events through newsletters, updates on Learning Journals and were given opportunities to attend planned stay-and-play sessions. This supported their involvement in their child's day. However, daily communication at drop-off and collection times was limited and parent feedback suggested that this process could be improved. Comments included, "I would like better communication" and "Communication can sometimes be poor due to how busy it can be, but I think the structure around drop-offs and pick-ups improving would help this." The quality of information shared with parents varied. Some families received detailed information about their child's day, including meals, personal care and activities they had enjoyed, while others received more limited feedback. This meant opportunities to share important information about children's experiences, wellbeing and changing needs were reduced, and parents were not always consistently informed about their child's day.

Families were welcomed into the entrance hallway of the setting. We discussed the importance of routinely welcoming parents into the playroom to promote positive relationships and strengthen partnerships

between families and staff. This would support the sharing of meaningful information about children's wellbeing, care and experiences, helping to ensure children receive consistent support between home and the setting.

All children had a personal plan, and appropriate information had been gathered at enrolment to support their individual needs. Almost all families who responded to our questionnaire agreed that they were involved in the development and review of their child's plan. Opportunities remained to further strengthen the quality of personal planning by ensuring support strategies are clearly identified and that plans are regularly reviewed and evaluated to reflect children's changing needs. This would help ensure support remains responsive, relevant and effective in promoting children's wellbeing.

Medication was stored securely; however, inconsistencies were identified within medication records. For example, there were not always two staff signatures where required, some children's dates of birth had been recorded incorrectly, and children's medical needs, including accurate signs and symptoms, had not been recorded consistently. As a result, records did not always provide a clear and reliable account of children's healthcare needs, increasing the risk of errors. The provider responded promptly to our feedback and had taken steps to address and rectify the identified recording issues before the inspection concluded.

Mealtime routines had recently been adapted to support the introduction of a dedicated lunch room. Staff were continuing to adjust to the new arrangements and were not consistently clear about their roles and responsibilities within the routine. This resulted in mealtimes that were not always well organised and led to increased noise levels, inconsistencies in practice, and periods where children were not adequately supported or supervised. Children were not always clear about expectations, with inconsistencies in the self-registration process and arrangements for queuing to be served contributing to confusion. In addition, staff did not consistently follow effective infection prevention and control practices, including appropriate hand hygiene and the safe management of food containers and crockery. As a result, children did not consistently experience safe, calm and nurturing mealtimes that promoted their wellbeing (area for improvement 1).

Areas for improvement

1. To ensure children benefit from positive mealtime experiences that support their wellbeing, the service should develop a consistent approach to snack and lunch routines. This should include, but not be limited to, effective organisation of the environment, clear and predictable expectations for children, a consistent approach to self-registration, and robust infection prevention and control practices. This will help create mealtimes that are calm, nurturing and safe, while promoting children's independence, wellbeing and enjoyment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible" (HSCS 1.35).

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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