St. Ninian's R C Primary School Nursery.
Day Care of Children

Dochart Terrace
Dundee
DD2 4HB

Telephone: 01382 435 904

Type of inspection:
Unannounced

Completed on:
22 May 2026

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Service no:
CS2003042587

About the service

St. Ninian's R C Primary School Nursery provides a daycare of children service in Dundee. The service are registered to provide care to a maximum of 54 children from the age of 2 years to those not yet attending primary school of whom a maximum of 15 children may be aged 2 years. The service currently have 41 children registered.

The nursery consists of two playrooms. Each playroom has access to toilets and changing facilities. Both playrooms have free flow access to outdoor play spaces.

About the inspection

This was an unannounced inspection which took place on 18 May 2026 between 08:46 and 17:15. Feedback was shared with the service on 19 May 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 complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

· spent time with 39 children using the service
· received nine completed questionnaires from families and spoke to three parents
· spoke with staff and the management team
· assessed core assurances, including the physical environment
· 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 leadership.

Key messages

• Staff knew children well and had developed positive relationships with them.

• Most children led their own play and learning and appeared confident to ask for support or further resources.

• Positive relationships had been formed with families which supported the effective sharing of information.

• Families were welcomed into the service and were invited in for stay and play sessions and a variety of workshops.

• Children's meal time experiences could be further developed to provide a relaxed experience where they do not have to wait for periods of time to be served their meals.

• The service's approach to quality assurance should be further developed to include medication audits and should incorporate the quality improvement framework to support them to improve outcomes for children.

• Staff should be mindful of the transition into group time sessions to ensure children's engagement in play is not interrupted.

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 and some aspects which could benefit from improvement.

The service had a clearly defined vision and values which were shared with the school. Parents were involved in a whole-school consultation to review and develop these. We observed that values including love and respect, were reflected in day-to-day practice. Staff demonstrated confidence in sharing how they supported positive outcomes for every child and family.

The current improvement plan focused on three key priorities. Staff reported being involved in progressing these priorities and used the plan as a working document. Moving forward, the improvement plan should be linked with 'A quality improvement framework for the early learning and childcare sectors: early learning and childcare.' This current framework document would support the service to further evidence and improve outcomes for children.

Quality assurance processes were in place which supported some development of staff practice, children's experiences and environments. The staff team demonstrated a positive and reflective approach, with a clear willingness to support change and improve outcomes for children. For example, staff had recently taken on leadership roles and were keen to share how they were taking ownership of these. Staff were involved in the self-evaluation of the service, for example, through the use of challenge questions. Actions were created from these self-evaluation processes which supported ongoing improvement. Auditing of accidents and incidents took place which identified patterns and supported staff to keep children safe. Audits of medication had not yet been implemented. This process would support the safe management of medication and would identify potential errors relating to documentation. (See area for improvement one).

Parents were meaningfully involved in consultations to support ongoing improvement within the setting. Feedback from these consultations were shared with families, for example, through displays within the cloakroom area. All families strongly agreed that they were involved in a meaningful way to help develop the service. This supported families to feel valued, respected and included.

Staff had engaged in a range of training opportunities to support their professional development. Training such as the Solihull Approach and supporting additional support needs, were highlighted as having an impact on knowledge and skills. Staff shared that these training opportunities had a positive impact on meeting children's needs.

The 'Early learning and childcare: national induction resource' was used to effectively support newly recruited staff into the setting. Staff shared that they felt well supported through the induction process. Regular review meetings contributed to a positive and supportive experience for new staff.

Areas for improvement

1. To promote consistent high-quality practice, the provider should ensure that quality assurance and self-evaluation processes are further developed. This should include, but is not limited to:

a) the improvement plan and self-evaluation processes being linked to and supported by 'A quality improvement framework for the early learning and childcare sectors: early learning and childcare';
b) a medication audit being developed and implemented to support the safe management of medication. This would support the service to identify discrepancies in medication documentation;
c) including chronologies within each child's personal plans to provide an overview of significant events in a child's life.

This is to ensure that care and support is consistent with 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.

Children were having fun during their play experiences. They interacted positively and collaborated with their peers while they played, explored and developed critical thinking skills. Children had opportunities to move between indoor and outdoor environments once the doors were opened. To further enhance this good practice, consideration could be given to providing access to outdoor play from the start of the day.

Most children were engaged in a variety of play and learning. This included being creative, constructing and modelling, developing imaginations in the mud kitchen and taking part in mini beast hunts. One parent shared, 'There is plenty to play with in the garden including a mud kitchen and covered area. The staff and kids also take care of plants which my child loves.' Staff supported children's play and learning effectively through questioning, introducing additional resources, and by encouraging independence and the development of life skills. To build on this, further opportunities could be provided to extend learning. For example, having access to water in the mud kitchen and ensuring tuff tray activities are well resourced. Children should also be encouraged and supported to transport resources freely between areas. These opportunities would promote deeper and more sustained play and learning.

Numeracy and literacy were well supported throughout the setting. Books were accessible in most areas. Story prompts, signs, and measuring tools were used effectively to support communication skills. Makaton signing and objects of reference were also evident. These should be used consistently throughout the service. Staff shared that they were in the process of developing visual timetables to support children's routines and transitions. These tools would enhance early communication skills including language development.

Group times took place throughout the day, with some providing meaningful learning opportunities for children. Some children became restless and unsettled when having to sit for prolonged periods of time. Moving forward, consideration should be given to offering children a choice in participation and reviewing the frequency and timing of these focused group times. This could support the staff team to minimise disruption to children's sustained play. These sessions could also be adapted to support smoother transitions, such as into mealtimes. (See area for improvement one).

Planning provided a balance of intentional and responsive learning experiences. Children's interests were considered and were used to extend learning. Planning was evaluated mid-way and at the end of each cycle. Floor books captured learning and included the child's voice. Extending this approach in the younger room would promote greater ownership of these books for children.

Children's progress was tracked twice a year which supported their development. While many observations identified learning and skills, there was scope to ensure all observations clearly captured this. Next steps were identified but some were very broad. These could be broken down into clearer and more specific targets to support progression. Developing a clearer overview of children's next steps would further strengthen tracking and continuity in learning.

Areas for improvement

1. To ensure children experience consistent high quality play and learning, the provider should ensure that interruptions to children's play are minimised. This would support children's engagement in play and would provide depth to play, learning and development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to achieve my potential in my education and employment if this is right for me' (HSCS 1.27).

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 and some aspects which could benefit from improvement.

Staff knew children well and had a good knowledge of their home life and individual needs. This supported staff to be nurturing and responsive. Interactions between staff and children were mostly warm, loving, and respectful. Children appeared confident and comfortable in approaching staff for comfort and reassurance. This included seeking out physical affection when needed. This ethos supported positive attachments and improved outcomes for all.

Medication was stored safely and securely and was easily accessible in an emergency. Consent forms were in place and regularly reviewed with parents. One discrepancy between a consent form and prescription label was identified; this should be reviewed and updated. Health care plans provided additional information to ensure staff could meet the health and wellbeing needs of children. An area for improvement has been made within leadership to reflect this.

Mealtimes generally supported independence, choice, and the development of life skills. Children were involved in setting up the tables, and staff engaged in positive interactions during meals. At times, children experienced waiting periods between courses, which led to restlessness and an increase in noise levels. Reviewing the organisation of mealtimes could help reduce waiting times and promote a calmer, more relaxed experience. In the younger room, the mealtime experience would benefit from further development to ensure a consistently nurturing and calm environment. At times, staff were task focused and supervision and interactions could have been developed. Management should monitor and review the mealtimes to provide a relaxed and calm experience to improve outcomes for children. (See area for improvement one).

Personal plans were in place for all children which supported staff to meet their needs. Support plans effectively outlined strategies and supports; however, the most up-to-date versions should always be accessible within playrooms. While most strategies were observed in practice, consistency could be developed to fully support progression. Management should consider the inclusion of chronologies within personal plans to record significant events in a child's life. These measures would further enhance the care and support for children and improve outcomes for all. An area for improvement has been made within leadership to reflect this.

Parents were welcomed into the setting at pick up times. This supported effective communication and the sharing of information. All parents shared that they were always welcomed into the setting and strongly agreed that they had positive relationships with staff. Digital communication tools, such as Seesaw, were also used to effectively communicate with parents. The service demonstrated a strong commitment to parental engagement. They provided a range of opportunities such as stay and play sessions, cooking workshops, Bookbug sessions, and creative activities. Parents shared positive feedback relating to these sessions. One parent shared, 'Yes stay and play days are great and the teachers are great at interacting with parents on these days as well as daily.' These opportunities supported families to feel included, valued and respected.

Areas for improvement

1. To support high-quality mealtime experiences, the provider should ensure that children are consistently offered a calm and relaxed environment, where they do not have to wait for extended periods before their meals are served.

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

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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