Laurieston Day Nursery
Day Care of Children

310 Cumberland Street
Glasgow
G5 0SS

Telephone: 01414 292 480

Type of inspection:
Unannounced

Completed on:
3 September 2026

Service provided by:
Glasgow City Council

Service provider number:
SP2003003390

Service no:
CS2006125288

About the service

Laurieston Day Nursery is provided by Glasgow City Council. The service is registered to provide a care service to a maximum of 53 children aged between birth and five years. The service is located in the Gorbals area of Glasgow and is close to schools, shops and transport links. The service operates from a single storey building, with secure outdoor space. Children are cared for over three playrooms.

About the inspection

This was an unannounced inspection which took place on 1 and 2 September 2026. Feedback was shared with the acting manager, acting depute and Glasgow City Council area manager on 3 September 2026. The inspection was carried out by two inspectors from the Care Inspectorate.

There were 34 children present on the first day of our inspection, and 37 on the second day.

To prepare for the inspection we reviewed information about this service. This included, registration information, information submitted by the service and intelligence. In making our evaluations of the service we:

- spoke with children using the service
- received electronic feedback from 11 families whose children attended the service
- received electronic feedback from three 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, one area for improvement was identified relating to core assurances.

Key messages

- Children, families and staff helped shape a new vision, values and aims that better reflected the nursery community.
- Quality assurance and self-evaluation processes were not yet robust enough to consistently drive improvement or demonstrate impact on outcomes for children.
- Children were engaged in a wide range of stimulating play experiences supported by warm, responsive staff interactions.
- Opportunities remained to strengthen transitions and the use of observations to evidence progress and inform next steps in learning.
- Children experienced warm, nurturing care and positive relationships with staff, supporting their wellbeing, independence and sense of security.
- Personal planning and medication management required greater consistency to ensure children's individual needs were fully understood, reviewed and safely met.

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

Quality indicator: Leadership and management of staff and resources

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

The service had made positive progress in reviewing its vision, values and aims. The previous vision, values and aims had been developed by staff and no longer fully reflected the views of the wider nursery community. Initial efforts to gather feedback from families through digital consultation had not secured meaningful participation from parents and carers. In response, the service adapted their approach and engaged directly with families through informal conversations. This resulted in significantly greater participation and demonstrated a responsive and flexible approach to consultation.

Children, families and staff were given some opportunities to contribute their views. Children were consulted about their experiences in the nursery and what changes they would like to see, ensuring their voices were included in the process. Feedback was collated and analysed to identify common themes, which informed the development of a new set of vision, values and aims. As a result, the service had established a more representative and shared vision which was displayed throughout the nursery and reflected the ethos, aspirations and priorities of the nursery community.

The management team described a period of challenge due to staff absence, staffing changes and periods of management absence. They felt these factors had reduced the capacity available to undertake monitoring and quality assurance activities and had affected the consistency of oversight across the service. We agreed that monitoring and quality assurance arrangements were not yet sufficiently embedded across key areas of practice.

There was limited evidence of monitoring in relation to personal plans, children's progress, maintenance, health and safety and staff practice. While some monitoring activity had taken place, it was not always evaluative in nature and did not consistently identify areas for improvement, measure progress or demonstrate the impact of actions taken. As a result, the service was unable to clearly evidence how information gathered through monitoring had been used to drive improvement, support consistency of practice or improve outcomes for children.

The service was at an early stage in developing self-evaluation. The manager outlined plans to strengthen this through participation in the local authority quality assurance programme and through greater involvement of staff in reflective practice and improvement planning. At the time of inspection, self-evaluation had largely been completed by the manager, with limited involvement from staff. Evaluation documentation focused primarily on intended developments rather than critically evaluating current practice and the impact of improvements already made. There remained scope to strengthen self-evaluation by involving staff more fully and using a wider range of evidence to demonstrate improvements for children and families.

Staff spoke positively about their experiences of working within the service. Newly appointed staff reported that they had been made to feel welcome and supported by both colleagues and the management team. They described receiving an induction which included key health and safety information, and some had been provided with access to the national induction resource. However, this had not yet been fully embedded into practice. Staff told us that planned supervision meetings and informal support discussions had not always taken place due to management and staff absence. As a result, opportunities for reflection, professional support and accountability had not always been consistent.

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 experienced a broad range of play and learning opportunities which supported their developing independence, creativity and curiosity. Resources were accessible and encouraged children to make choices, solve problems and lead their own learning. Opportunities for construction, role play, sensory exploration, loose parts play, water play and mark making were available across the nursery. Children were observed using their imagination, developing mathematical language and engaging positively with their peers during self-directed play.

The environment had been thoughtfully arranged to support communication, literacy and emotional wellbeing. Children had access to a cosy book area, visual supports, communication passports and a calm space where they could rest and regulate their emotions. Staff had drawn on Sensory Profile training and information gathered from parents to adapt the environment and better meet children's individual sensory needs. Staff were able to describe how training had increased their understanding of children's individual needs and strengthened their confidence in creating a nurturing and inclusive environment.

Positive interactions were evident throughout the inspection. Staff actively participated in children's play, used open-ended questioning and extended children's language, thinking and problem-solving skills. In the younger age groups, staff were warm, responsive and attuned to children's verbal and non-verbal communication. Stories, songs and everyday conversations were used effectively to promote language development. Children were encouraged to share their ideas, recall previous experiences and pursue their interests.

Children accessed resources independently and confidently across the playrooms. Staff demonstrated a good understanding of children's interests and schemas and used these to inform interactions and resource provision. In the 3-5 room, staff had consulted with children using floor books to gather their views about favourite areas of the playroom. This helped children contribute to decisions about their environment and supported them to feel that their opinions were valued.

Most children were engaged in meaningful play and learning experiences throughout the session. However, at times the environment within the 3-5 room became busy and unsettled, particularly during transitions. This reduced opportunities for some children to sustain their play and engagement. We observed some children wandering without purpose and others becoming dysregulated. During these periods, children would have benefited from clearer direction, smaller group experiences and more intentional support from staff.

Children benefited from access to a stimulating and well-resourced outdoor environment which promoted curiosity, exploration and active learning, although opportunities for babies were more limited. Areas including a mud kitchen, sand play, storytelling spaces and sensory experiences encouraged children to investigate, create and lead their own play. Opportunities to plant and grow, alongside systems for collecting rainwater, supported children's understanding of sustainability and caring for their environment.

Children had ample space to move freely and participate in both child-led and adult-supported experiences. Staff responded positively to children's interests, extending play opportunities and encouraging participation from others. This supported children's social skills, cooperation and enjoyment of outdoor play.

While the outdoor environment offered a wide range of meaningful learning experiences, children had fewer opportunities to access resources and experiences within their local community. As a result, opportunities to strengthen connections with the wider community and extend learning beyond the nursery had not yet been fully developed.

The service was undergoing a period of transition in relation to planning for individual children's learning, including the introduction of a new online platform for recording observations and next steps. Staff were at varying stages of confidence in using the system, resulting in inconsistencies in the quality of observations. While observations recorded children's participation in experiences, they did not always provide sufficient detail to clearly demonstrate progress, identify learning over time or inform meaningful next steps. As a result, it was not always evident how observations were being used to support and extend children's 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 and some aspects which could benefit from improvement.

Most children were happy, settled and engaged in play. They demonstrated increasing independence and positive interactions with their peers both indoors and outdoors. Staff were warm, caring and responsive in their interactions with children. They provided sensitive support when children became distressed and worked in partnership with families to support children's emotional wellbeing.

The management team told us that transition arrangements for children starting the service or moving between playrooms had improved. However, our observations indicated that transitions were not always planned and supported in ways that met children's individual needs. We observed one child becoming distressed and requiring significant support to help them settle and regulate their emotions. We also observed a child attending a settling visit who experienced limited positive engagement from staff, reducing opportunities to build relationships and develop confidence within the setting. These experiences had the potential to impact children's emotional wellbeing, sense of security and ability to make successful transitions.

At times, the level of support required for children experiencing distress reduced staff capacity to engage more broadly with other children. Periods of increased noise and activity also resulted in an environment that could be overwhelming for some children and affected opportunities for sustained engagement in play and learning. Some children would have benefited from more targeted support and a calmer, more predictable environment.

Mealtimes were positive and relaxed experiences. Children were encouraged to develop independence and self-help skills, while staff used conversations effectively to extend learning and social interaction. Children's cultural, medical and dietary requirements were recognised and respected, contributing to an inclusive experience.

Staff demonstrated an awareness of children's healthcare needs and were able to describe the support children required. However, inconsistencies were identified in medication storage, labelling and staff understanding of procedures. Uncertainty regarding the location of emergency medication created a potential risk that it may not be readily accessible when needed. We discussed these issues with the management team and identified the need to strengthen medication management systems. An area for improvement has been made under the leadership and management section of this report.

Children who became tired were supported with warmth and sensitivity. Staff provided cuddles, blankets and opportunities to rest in quieter areas of the playrooms. Children appeared secure in their relationships with staff and readily sought comfort and reassurance when required.

We observed two children falling asleep during the inspection. Staff remained attentive to their needs, providing reassurance, monitoring them appropriately and ensuring their comfort. One staff member sensitively supported a sleeping child while simultaneously engaging another child in a story, helping to maintain a calm and nurturing atmosphere. Staff demonstrated a good understanding of individual children's routines and recognised when short periods of rest were sufficient to support wellbeing.

Sampling of personal plans found that key information was generally recorded and there was evidence of communication with parents and planning to support transitions. However, the quality and consistency of plans varied. Some records contained missing dates, incomplete consent information and reviews that were not up to date. This reduced the effectiveness of personal planning as a tool to support consistent care and to demonstrate that children's needs were regularly reviewed and appropriately met.

Although staff demonstrated a good understanding of children's individual needs and were observed using supportive strategies appropriately, these were not always reflected within personal plans. As a result, there was not always a clear link between identified needs, planned interventions and the support children received in practice. We also identified incident records that had not been signed by parents. Overall, personal planning processes required further development to ensure records were consistently reviewed, updated and accurately reflected children's current needs and support arrangements.

Staff responded promptly and kindly to children's personal care needs. However, the changing area did not consistently provide an environment that was clean, warm, comfortable and respectful of children's dignity. The area was cold and was not maintained to the standard expected. In addition, a shower curtain was being used to provide privacy during personal care routines. This was ineffective in promoting dignity and presented a potential risk of cross-contamination. While staff interactions during personal care were nurturing and responsive, improvements to the environment were still required to ensure children consistently experienced safe, comfortable and dignified personal care. An area for improvement has been made in relation to changing facilities.

Areas for improvement

1. To ensure that children's personal care needs are met with privacy and dignity, and minimise the spread of infection the provider should improve toilet and changing facilities for children. This should include but is not limited to ensuring children are changed in an area that provides privacy. Ensuring changing areas are clean and well maintained.

This is to ensure the service complies with the Health and Social Care standards (HSCS) which state: "If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected". (HSCS 1.4)

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 high-quality play and learning, the manager and provider should ensure staff access and apply relevant training.

This should include, but not be limited to, deepening understanding of child development, theory, and practice including making quality observations, assessing progress, and using this to inform planning.

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

This area for improvement was made on 18 November 2025.

Action taken since then

The service had supported staff to access training and professional learning opportunities. This included engagement with quality improvement and language and communication programmes, alongside consultation on observations, planning and assessment. Guidance had been developed to support staff practice in these areas.

However, the impact of this learning was not yet consistently evident in practice. The service was in a period of transition with planning and assessment processes, and there was variation in the quality of observations recorded by staff. Some observations lacked sufficient detail to demonstrate children's progress, assess learning effectively or clearly identify meaningful next steps. As a result, it was not always evident how knowledge of child development and assessment was being used to consistently inform individual learning plans and support children's progress. Further work was required to embed learning from training and ensure it led to consistently high-quality play, learning and assessment experiences for children.

Previous area for improvement 2

To ensure children's individual care needs are consistently met, the provider and manager should improve the quality of personal care routines.

This should include but not be limited to ensuring staff are attentive and responsive to children's physical and emotional needs, and that changing areas are clean, warm, and respectful environments.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS):

"If I require personal care, this is carried out in a dignified way, with my privacy respected." (HSCS 1.4)

"I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation." (HSCS 4.11)

This area for improvement was made on 18 November 2025.

Action taken since then

Staff responded promptly to children's physical and emotional needs, offering reassurance, comfort and support when required. Children appeared secure in their relationships with staff, who consistently demonstrated warmth and kindness during personal care routines. This represented positive progress in ensuring children's individual care needs were met in a respectful and responsive manner.

A separate area for improvement has been made regarding the cleanliness and safety of the changing area to further improve the quality of the care environment.

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	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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.gov.scot

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