

# Heriot Early Learning and Childcare Class Day Care of Children

Heriot Primary School  
Heriot Avenue  
Foxbar  
Paisley  
PA2 0DS

Telephone: 03003 000 158

**Type of inspection:**  
Unannounced

**Completed on:**  
8 October 2025

**Service provided by:**  
Renfrewshire Council

**Service provider number:**  
SP2003003388

**Service no:**  
CS2003014758

## About the service

Heriot Early Learning and Childcare Class is registered to provide a care service to a maximum of 40 children aged 3 years to those not yet attending primary school. The service is provided by Renfrewshire Council from premises within the grounds of Heriot Primary School in the Foxbar area of Renfrewshire.

Children have access to a large playroom, two secure outdoor play areas and use of the school lunch hall.

## About the inspection

This was an unannounced inspection which took place on 6 and 7 October 2025. 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 12 families through online questionnaires
- spoke with eight staff
- 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, no improvements were identified relating to core assurances.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning.

This included reviewing the following aspects:

- Staff deployment.
- Safety of the physical environment, indoors and outdoors.
- The quality of personal plans and how well children's needs are being met.
- Children's engagement with the experiences provided in their setting.

## Key messages

- Relationships between children and adults were strong, with children treated with warmth, compassion, and respect.
- Staff were attuned to children's emotional needs and responded with sensitivity and care.
- Planning approaches were flexible, responsive, and rooted in children's interests.
- Staff demonstrated a strong understanding of child development and applied this knowledge effectively in practice.
- Indoor spaces were designed to empower children to engage actively in play and learning, offering opportunities for exploration and creativity.
- The service should consider ways to enhance the outdoor environment so it provides the same level of variety, challenge, and engagement as indoor spaces.
- The provider should continue to support the service to ensure that planned strategies for children are fully embedded and lead to sustained improvements in continuity of care, staff deployment, and staff wellbeing.

## 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 thrive and develop in quality spaces	4 - Good
Children play and learn	5 - Very 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

### Leadership and management of staff and resources

We evaluated this quality indicator as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

The service had a shared vision, values and aims with the associated primary school. The vision "a school where everyone's learning" was supported by values and aims. While these were well established, the team had begun to consider revisiting them to better reflect the current priorities of the early learning and childcare (ELC) setting, particularly around inclusion. We would encourage the head teacher to continue with these plans in partnership with staff, parents and children. This will ensure the values, vision and aims reflect the current needs of children their families and informs staff practice.

Leadership of the ELC class had been delegated to the depute head teacher, working closely with the senior early learning and childcare officer and early years graduate. While roles and responsibilities were still being clarified following team changes, this work had supported leadership capacity and accountability since the last inspection.

A quality assurance calendar was in place, though some tasks, such as auditing accidents and incidents, had been delayed due to staff absences. The early years graduate and senior early learning and childcare officer's protected time to contribute to quality assurance and improvement planning was often disrupted, limiting opportunities to fully carry out these responsibilities. Completing all quality assurance tasks consistently will further strengthen outcomes for children.

A self-evaluation cycle was in place, and the service had begun to evaluate its practice against the new shared quality improvement framework. Staff were encouraged to become increasingly familiar with the framework as they progressed through their self-evaluation cycles. This demonstrated a commitment to continuous improvement.

There was a shared culture of learning and development. Staff were involved in reflective practice, which was mainly informal. The head teacher had discussed plans to implement a system to ensure that reflections were actioned where appropriate with weekly monitoring forms were being introduced to support this process.

The views of families had been gathered and used to inform improvement planning. For example, staff had used the 'two stars and a wish' approach to gather feedback on mealtimes. This ensured that the voices of families were heard and that the needs of the community were considered.

Staff reported that they felt well supported by the senior leadership team. New staff had been supported by the whole team, and a mentor had been allocated during the induction process. A checklist had been used to guide induction. The service was encouraged to adopt the national induction resource to further support new staff and enable existing staff to reflect on their practice during supervision and appraisal.

Observations of staff practice had been undertaken by the senior leadership team three times per year, with feedback provided to the team. The service was encouraged to continue enhancing this process to ensure improvements were sustained and that high-quality care and learning remained central to the nursery's ethos.

### Staff skills, knowledge, values and deployment

We evaluated this quality indicator as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Staff interactions with children were consistently warm, respectful and nurturing. Staff demonstrated a strong understanding of child development and applied this knowledge effectively in their practice. The team understood and implemented play pedagogy appropriate to the age and stage of the children.

Staff reflected on their practice and were open to feedback and improvement. They upheld professional values, demonstrating respect, inclusion and care. All staff held current professional registration and were familiar with the Scottish Social Services Council's Codes of Practice, which they followed in daily practice.

Ongoing professional learning was tailored to individual and service needs. Staff accessed training in key areas such as safeguarding, trauma-informed practice, and the United Nations Convention on the Rights of the Child (UNCRC). While scheduling and staffing pressures occasionally limited access to some sessions, staff remained committed to professional development. Professional development included reflective elements which meant that training had an impact on practice.

Staff confidently applied relevant legislation, guidance and policy in their work. However, due to current staffing pressures, staff reported they did not have the time or capacity to take forward leadership or championship roles, although they expressed a strong desire to do so. This meant that staff wellbeing was affected, which could impact the consistency of care.

Minimum staff-to-child ratios were consistently maintained, supporting children's safety and wellbeing throughout the day. Staff demonstrated a strong awareness of children's individual and changing needs and communicated effectively to manage coverage across the setting. One parent told us, 'Everyone is very welcoming, kind and inclusive. Lots of the staff have gone out of their way to find ways to help us and support our child with additional needs,' and 'Staff need more support for children with additional support needs.' Despite ongoing pressures from staff shortages and the high level of support required by some children, particularly around emotional regulation, staff worked collaboratively and with commitment to prioritise children's wellbeing. Their positive team ethos contributed to a caring and nurturing environment for children.

Staff deployment was managed effectively to meet the needs of the service; however, current arrangements limited opportunities for staff to take forward leadership or champion roles. Breaks and non-contact time were planned carefully to maintain ratios, but this sometimes reduced opportunities for reflection, professional dialogue, and meaningful engagement in planning and development. This affected staff wellbeing, as it restricted their ability to develop skills, take responsibility, and feel professionally fulfilled.

Despite these pressures, staff remained committed to getting it right for every child and worked collaboratively to ensure children's needs were met as consistently as possible. Managers recognised these challenges and were exploring ways to support staff in developing leadership capacity, sustaining high-quality practice, and maintaining wellbeing.

Absence cover arrangements were in place and helped to maintain positive experiences for children, particularly during transitions such as mealtimes and outdoor play. Staff adapted their approaches to ensure children remained well supported. Managers acknowledged that there was still scope to strengthen consistency in the implementation of strategies from children's personal plans. We would encourage the manager and staff to continue with the plans that were in place to support this.

By the end of the inspection, the provider had taken positive steps to support the service in ensuring that children received the right help at the right time. These actions demonstrated a commitment to improvement; however, the impact of these measures were not yet fully evident in practice. At the last inspection, we asked the provider to continue working closely with the service to ensure that planned strategies were fully embedded and led to sustained improvements in staff deployment, staff wellbeing, and the quality of care delivered. Therefore, this area for improvement was not met and will remain in place.

## Children thrive and develop in quality spaces 4 - Good

### Children experience high quality spaces

We evaluated this quality indicator as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Children had access to a large, well-resourced playroom with free-flow access to outdoor areas. The service made best use of available resources to create, sustain and enhance a motivating learning environment. Indoor spaces were designed to empower children to actively engage in play and learning, with opportunities for exploration and creativity.

Children were confident in directing their own play, with staff responding effectively to their interests and choices. For example, a child-led activity using pom poms encouraged creativity and sustained engagement. Loose parts play was well embedded indoors, with areas such as the house corner and playdough station inspiring imaginative and purposeful play.

Staff recognised the importance of daily outdoor play and understood its positive impact on children's learning and wellbeing. They supported children to engage in sensory and exploratory experiences such as making fruit cocktails, playdough pizzas, and cutting vegetables, which promoted curiosity and imagination.

While outdoor play was valued and regularly accessed, the outdoor space and resources could be further developed to provide richer and more varied learning experiences. One parent told us, 'There could be better outdoor facilities.' The service should consider ways to enhance the outdoor environment so that it offers the same level of variety, challenge, and engagement as indoors. This should include expanding loose parts play opportunities and ensuring resources reflect children's interests and developmental needs (see area for improvement 1).

Children's safety was supported through daily risk checks, monitored by a senior member of staff. Staff were vigilant in supervising children as they moved between spaces, including transitions to the lunchroom. Risk assessments were in place for all areas and regular activities. Staff and children followed effective infection prevention and control (IPC) measures, including handwashing at key points throughout the day. Cleaning routines were evident, and all staff took responsibility for maintaining a safe and hygienic environment. This meant that children were cared for in a safe and well-maintained environment.

Accidents and incidents were recorded by staff and signed by parents at the end of each session, with head injury monitoring reflecting good practice. However, auditing of accident and incident records had not been completed due to the absence of a senior member of staff. Staff had identified blind spots within the playroom and were aware of the need to address these. CCTV and mirrors are due to be installed to further improve visibility of the outdoor area.

A secure entry and exit system was in place, and parents were able to enter the playroom to collect their children. Staff noted that noise levels could be overwhelming for some children, and this was being monitored to ensure the environment remained calm and supportive.

### Areas for improvement

1. To further enhance children's learning and wellbeing, the provider and manager should review and develop the outdoor environment to provide a wider range of engaging and challenging play experiences. Monitoring systems should be in place to ensure outdoor play opportunities are varied, accessible, and responsive to children's interests and developmental needs.

This should include, but is not limited to:

- Expanding loose parts play and other open-ended resources to encourage creativity, problem-solving, and curiosity.
- Introducing new outdoor resources and activities that reflect children's current interests and developmental stages.
- Establishing systems to monitor, evaluate, and adapt outdoor resources and activities to reflect children's interests and learning priorities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I experience high-quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and 'I can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors' (HSCS 1.25).

## Children play and learn 5 - Very Good

### Playing learning and developing

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this heading as very good.

Children were highly engaged and motivated in their play and learning. They demonstrated confidence in initiating and leading their own ideas, which staff supported skilfully and sensitively. Indoors, children had rich opportunities to develop a wide range of skills through imaginative, physical, sensory, and cooperative play. These experiences contributed positively to their emotional security, confidence, and sense of achievement.

Children explored natural, open-ended materials within the indoor environment, which promoted curiosity and sustained engagement. Staff were beginning to extend similar opportunities outdoors, supporting continuity in learning across spaces. Children moved freely between indoor and outdoor areas, following their interests and directing their own play. This flexibility supported independence, choice, and creativity.

Interactions between staff and children were consistently warm, respectful, and responsive. Staff listened actively and used skilled questioning to extend children's thinking and language. Their strong understanding of child development, schematic play, and play pedagogy enabled them to adapt support effectively to meet individual needs. At times staff were required to manage emotional needs or respond to incidents, which led to interruptions in planned experiences. Although these were handled sensitively, it did compromise the overall quality of some experiences.

There was a well-balanced mix of child-initiated and adult-led experiences. Activities such as bead-making and baking were thoughtfully extended to promote literacy, numeracy, and creativity over time. Planning was flexible, responsive, and rooted in children's interests. Observations were recorded through 'Seesaw' and individual learning journals, providing rich insights into progress, achievements, and interests. Children took pride in their journals, using them to revisit previous learning and share their experiences with inspectors. These high-quality journals effectively informed next steps and were increasingly linked to Curriculum for Excellence outcomes, supporting continuity and progression across the setting.

Assessment approaches were aligned with national guidance and reflected children's developmental stages. The Early Years Graduate played a valuable role in supporting staff to set literacy and numeracy targets, ensuring consistency in tracking progress. The use of the Renfrewshire tracking toolkit promoted a shared understanding of children's targets across the team, supporting effective assessment, planning, and continuity in learning.

Parents had regular opportunities to review wellbeing targets and contribute to next steps. One parent told us, 'The nursery are great with communication. Whether that's telling you some areas to improve on or letting me know how well my child is doing in some areas too.' The service had begun to streamline documentation to maintain a clear focus on progression and challenge, supporting efficient and meaningful planning. Staff demonstrated a strong commitment to continuous improvement and were reflective in their practice.



## Children are supported to achieve 4 - Good

### Nurturing Care and Support

We evaluated this heading as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Children were consistently treated with warmth, compassion and respect. Staff were attuned to children's emotional needs and responded with sensitivity and care. Secure attachments between children and staff were evident, contributing to a strong sense of emotional safety and wellbeing.

Staff had created an inclusive atmosphere where children felt safe, seen and valued. At times, it was challenging to provide the right support at the right time for children who became emotionally dysregulated. The provider should continue to consistently review the support needs of children to ensure timely and appropriate supports are in place (see area for improvement 1 under Staff skills, values, knowledge and deployment).

Care routines were generally flexible and adapted to meet individual needs. However, mealtimes had been impacted by a kitchen refurbishment. While staff were aware of the importance of high-quality mealtime experiences, some routines appeared task-oriented, for example, a child being changed while still eating. The service was aware of these issues and reported that the new kitchen would be operational within a few weeks.

Mealtimes were nutritious and prepared with consideration for dietary needs and allergies. However, the service is encouraged to revisit the Setting the Table guidance to ensure that food, snacks and baking experiences remain nutritionally sound and support children in developing healthy eating habits.

Transitions were planned and managed well. Staff used strategies such as countdowns, visual aids, and Makaton to support children's movement between spaces and activities. Individualised approaches were evident, including extended transitions for children who required additional support.

Children's health and wellbeing needs were supported through effective personal planning. Plans adopted a strength-based approach, highlighting children's capabilities while sensitively identifying areas requiring additional support. Monitoring took place using wellbeing indicators to track achievements and identify health and wellbeing targets, which were agreed in partnership with families.

One-page profiles provided key information and strategies to support consistent practice across the team. Staff demonstrated a clear understanding of children's needs and next steps. However, not all strategies and actions outlined in personal plans were consistently fulfilled. For example, intense support and close supervision for children were not always achievable due to staffing pressures.

Strong, respectful relationships with families were a clear strength of the service. Staff and parents spoke positively about the inclusive atmosphere and effective communication. Families were welcomed into the setting at drop-off and collection times, allowing for informal check-ins and discussions about their child's day. As a result, families felt included and informed, and children remained connected to their setting through strong home to nursery relationships.

Families had opportunities to participate in stay-and-play sessions and initiatives such as the Heriot Happy Café, which helped strengthen their connection to the nursery. Parents and grandparents were actively involved in the life of the setting, contributing to a sense of community and shared responsibility for children's wellbeing.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 31 October 2024, children must be cared for in a safe and well-maintained environment. Maintenance of the building and repairs must be carried out to ensure that children experience a high-quality environment. The provider must, at a minimum, ensure there are plans in place to install nappy changing area.

This is to comply with Regulation 10 (2)(a)(d) (fitness of premises) of the Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

**This requirement was made on 14 June 2025.**

#### Action taken on previous requirement

Since the last inspection, the provider has extended the building, enabling the installation of a new nappy changing area. This new facility meets current guidance and legislative requirements, ensuring children are cared for in a safe and suitable environment.

Additionally, uneven surfaces and potential hazards have been removed from the outdoor space, creating a safer environment for children. Attention should now focus on further resourcing and developing this area to maximise its use and benefit for the children.

**Met - within timescales**

## 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 keep children safe and healthy, management should review the storage and recording of medication procedures and ensure medication is audited, in line with current guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This area for improvement was made on 14 June 2024.**

#### Action taken since then

We found that medication was stored appropriately and records kept were in line with current guidance. Audits of the service's medication procedures were part of the ongoing quality assurance processes, which were effective at ensuring best practice.

This area for improvement has been met.

#### Previous area for improvement 2

To ensure children experience high quality outdoor facilities and are able to play and learn in a safe environment that meets their needs and choices, the provider must ensure the premises are safe, well maintained, clean and tidy at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well- maintained premises, furnishings and equipment' (HSCS 5.22).

**This area for improvement was made on 14 June 2024.**

#### Action taken since then

Since the last inspection the provider has made improvements to ensure the garden space is now safe and accessible to children. There are plans in place to install CCTV and mirrors to ensure effective supervision when outdoors, particularly focusing on blind spots.

We would now encourage the provider to turn their attention to ensuring the outdoor space is well resourced to further ensure the provision of high quality outdoor experiences for children. We have made an area for improvement regarding this under the heading children thrive and develop in quality spaces.

This area for improvement has been met.

#### Previous area for improvement 3

To improve the continuity of care and better outcomes for children, the provider should review the current system in place to support individual children and the consistency of the staff team.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 4.15); and 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

**This area for improvement was made on 14 June 2024.**

#### Action taken since then

By the end of the inspection, the provider had taken positive steps to support the service in ensuring that children received the right help at the right time. These actions demonstrated a commitment to improvement; however, the impact of these measures were not yet fully evident in practice. At the last inspection, we asked the provider to continue working closely with the service to ensure that planned strategies were fully embedded and led to sustained improvements in staff deployment, staff wellbeing, and the quality of care delivered.

This area for improvement has not been met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good
Staff skills, knowledge, values and deployment	4 - Good
Children thrive and develop in quality spaces	4 - Good
Children experience high quality spaces	4 - Good
Children play and learn	5 - Very Good
Playing, learning and developing	5 - Very Good
Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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