

# St Margaret's Early Learning and Childcare Class Day Care of Children

St Margaret's Primary School  
Quarrelton Road  
Johnstone  
PA5 8RX

Telephone: 03003 000 185

**Type of inspection:**  
Unannounced

**Completed on:**  
29 January 2026

**Service provided by:**  
Renfrewshire Council

**Service provider number:**  
SP2003003388

**Service no:**  
CS2003014775

## About the service

St Margaret's Early Learning and Childcare Class operates from an annex building within St Margaret's Primary School. The accommodation offers two age-defined playrooms as well as a dining hall and fully enclosed outdoor play areas accessed from the playrooms.

The service is registered to provide a care service to a maximum of 87 children, 15 children aged from two to under three years and 72 children aged from three years to those not yet attending school. The service provider is Renfrewshire Council.

## About the inspection

This was an unannounced inspection which took place on Wednesday 28th January and Thursday 29th January 2026. We gave inspection feedback to the management team on Thursday 29th January 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 registration information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with some of the children
- reviewed survey responses from 10 parents and 20 staff
- spoke with the manager and staff
- observed practice and staff interactions with children
- 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.

This information will be anonymised and analysed to help inform our future work with services.

## Key messages

- Children experienced warm and caring interactions from staff who knew them well. As a result, they felt safe and secure.
- Personal plans were in place for all children, containing key information that supported their health, safety and wellbeing needs. The service should consider ways to further streamline these.
- Staff should further develop some play areas to offer more opportunities for schematic and creative play indoors.
- Some quality assurance procedures were in place, however these require to be developed and implemented to ensure systematic and robust quality assurance processes.
- Planning and learning journals captured children's experiences and interests. Further developing these would strengthen the link between observations, assessment and next steps.
- Children and families benefitted from a nurturing approach that fostered positive relationships.

## 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

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.

A clear vision was in place with a focus on happy, secure and independent children; we could see this reflected in practice during our inspection. The service demonstrated a strong commitment to play, recognising it as fundamental to children's learning, development and wellbeing. Management demonstrated a clear commitment to communicating their vision with families through different formats such as QR codes and the service handbook. This helped families become aware of what they could expect from the setting. We suggested reviewing the vision to ensure it continues to reflect the evolving needs of the service, children, and families and is reflective of current strengths such as family engagement.

The leadership team engaged positively during the inspection, demonstrating open, transparent, and reflective practice. They showed a clear understanding of areas requiring development, welcomed advice and support, which showed their commitment to improvement and their capacity for change.

The service had recently undergone changes in the management structure, and had acknowledged the impact this had on roles and responsibilities and the support available to staff within the playroom. They had begun to implement improvements such as the deputy head teacher providing guidance and support to staff, a review of play spaces and the creation of support tools for staff. The service should continue to progress these priorities to embed and sustain improvements as part of its ongoing self-evaluation process.

Most families shared that they felt they were involved in the service in a meaningful way. One parent commented "we are regularly asked for feedback" and another shared "I have been given the opportunity to be part of the parent teachers association". The service used a range of methods to engage with families, such as daily chats, newsletters, emails, digital platforms and informative noticeboards. This ensured that families felt valued and could access information through their preferred mode of communication.

An improvement plan had been developed with a focus on literacy and early vocabulary development. We could see some progress with a literacy rich environment and the implementation of initiatives such as Dolly Parton's Imagination Library and a breakfast book club. We discussed with the leadership team the need to review the plan to ensure it reflected the under-three provision. This will ensure that improvement priorities are inclusive of all age groups.

A quality assurance calendar had been developed and some monitoring had taken place, such as playroom observations and profile monitoring. The service shared their plans for the development of play spaces and acknowledged where some spaces would benefit from further development. Audits were in place for reviews of accidents and incidents, medication and risk assessments. However, these require further development along with reviews of policies to more fully align with best practice guidance and to better reflect the indoor and outdoor environments, experiences and resources provided. Strengthening these systems would help address gaps identified during the inspection and contribute to improved outcomes for children and families. (see area for improvement 1).

Regular team meetings supported clear, open communication across the service and provided valuable opportunities for dialogue, reflective practice and ongoing learning and development. Staff told us "We have regular staff meetings to discuss any concerns, challenges or workloads pressures". The management team promoted an open door ethos, fostering a culture of trust and collaboration where staff felt supported, valued, and encouraged to seek guidance. One staff member shared "They advocate for an open-door approach, I feel free to voice any worries or difficulties I may be having".

Staff reported feeling well supported by the management team and described the service as feeling like an "extended family." Staff told us "The management team are very supportive. They are always at hand to talk to and give advice" and another shared "We have a fantastic management team who are approachable and caring". This positive working culture fosters high staff morale and collaboration, supporting positive outcomes for children.

### Areas for improvement

1. To ensure children experience consistently high quality care and learning, the provider should continue to develop and implement systematic and robust quality assurance processes. This should include but not limited to effective monitoring of practice, deployment of staff and frequent reviewing of policies and procedures against the most up to date best practice guidance.

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

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 happy, having fun and enjoying their play. They confidently led their own learning, exploring the play spaces, and participated in a variety of developmentally-appropriate experiences that encouraged curiosity, creativity and imagination.

A range of opportunities were provided that supported the development of their language, literacy and numeracy skills. Storytelling and singing were included in daily routines. A variety of mark making materials promoted children's early writing skills. Environmental print, including signs and magazines, helped children to recognise and become familiar with letters. Children were also exposed to mathematical language through jigsaw play, baking bread and using money at the Buttercup Café event. As a result, children were supported to develop key early language, literacy and numeracy skills through meaningful play experiences.

Children in the 3-5 playroom engaged enthusiastically in the home corner, using real materials and food items such as utensils, pots, pans and vegetables to extend their ideas. Structured physical games allowed children to develop gross motor skills, coordination and balance while also practising listening and taking turns. In the art area, children used loose parts to create pictures with gems and glue, supporting creativity. The block area was popular, with children building and constructing collaboratively. These experiences supported children's physical, social, communication, problem-solving and creative skills.

Younger children in the 2-3 years playroom engaged in a variety of experiences, including puzzles, blocks for building, a climbing frame and stories with props. Most children chose to play outdoors on the first day of inspection and enjoyed exploring the mud kitchen transporting mud in buckets and mark making using paint and chalk. These approaches encouraged early language development, problem-solving, and independence, while fostering social skills and confidence.

Planning processes were responsive and intentional. For under-threes, a floor book was at the early stages of documenting children's experiences. We suggested using National practice guidance "Realising the Ambition" to strengthen planning and reviewing indoor spaces to increase opportunities for schematic and creative play. For children over three, staff captured children's voices through floor books to inform experiences. A new planning sheet had recently been implemented to support the set-up of play spaces. We discussed with the management how planning could be further developed to clearly link children's interests, progress and next steps within an ongoing cycle and to ensure experiences and play spaces are inviting and offer breadth, depth and challenge.

Play and learning experiences were enriched through links with the local community. Staff spoke positively about links with the local care home. One staff member shared "We have a great link with inter generational care homes and visit regularly and they visit us" and another shared "We've built strong partnerships with families and the local community, leading to high parent satisfaction and active involvement in children's learning journeys." These experiences strengthened children's connection to their community.

We observed, at times, staff deployment and aspects of the playroom layout limited sustained engagement. At certain points throughout the day, staff became task-orientated, which reduced opportunities to extend learning, provide appropriate challenge and consistent interactions. The management team were aware this was an area for development and had plans to review this.

Outdoor play formed a key part of children's learning. One parent shared "They're always out playing" and another commented "The Nursery has a very well equipped garden which the children have access to throughout the day". Staff planned areas of interest that promoted creativity, curiosity and imagination. Children explored sand, foam and water, engaged in mark making with chalk and paint, and developed imaginative play in the mud kitchen using real food. Free-flow access supported independence and enabled children to make choices about their play. As a result, children developed confidence, independence and a strong sense of wellbeing.

**Children are supported to achieve** 4 - Good

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 team created a warm and welcoming atmosphere, with relationships described as close and family-like. Parents' survey feedback reflected this positive ethos and comments included "The staff are all really friendly and caring" and another shared "Staff are always extremely supportive".

Children experienced nurturing, respectful interactions and staff demonstrated a strong knowledge of individual needs, confidently explaining how they supported each child. For example, when a child who had been absent from nursery became unsettled, staff recognised the need for reassurance and provided time in a cosy space to support self-regulation, responding with sensitivity and compassion. As a result, children felt safe, secure and ready to re-engage in their learning.

Children in the 2-3 playroom were provided with appropriate opportunities for rest and sleep. Individual mats, sheets, blankets and comforters were used, and a staff member remained present to offer calm reassurance as children settled. Sleep monitoring records were maintained to ensure supervision and safety. We discussed that the 3-5 playroom would benefit from an area for children to sleep or rest. This will ensure children's comfort, safety and wellbeing are supported during sleep times.

Mealtimes were calm and unhurried, with staff mostly sitting with children, engaging in conversation, and ensuring safety. Children in the 3-5 room developed independence by pouring drinks, serving food, and clearing their plates. Staff offered appropriate praise and encouragement. This promoted wellbeing, confidence, and self-help skills. Opportunities were discussed to further support independence in the 2-3 room such as children self-serving. We suggested the use of aprons to help protect children's clothing so they can feel comfortable, confident and respected as they fully engage in develop their self-feeding skills.

Procedures were in place to meet dietary requirements, including bespoke menus, individual risk assessments, and allergen checks. We discussed enhancing these procedures by including each child's individual signs and symptoms on the allergy overview sheet and ensuring lunchtime support staff feel confident and well prepared to support children safely with their allergies. This will further safeguard children's health and wellbeing.

Personal plans were created collaboratively with families and captured children's health, safety, and wellbeing needs. Staff were able to confidently discuss the care and support needs of the individual children in their care. We discussed with management the need to streamline personal plans to ensure information is easily accessible. The leadership team were open to these suggestions and agreed to explore ways to simplify systems to support positive outcomes for children.

Staff were committed to involving families and creating a nurturing nursery community, with opportunities such as come share my learning, Bookbug sessions and the Buttercup Café soup kitchen. One parent commented "The nursery involve parents as much as possible and parents are regularly invited to attend learning sessions" and another parent shared "The nursery have days of parents coming in to share learning, days to chat about child's development and read through their folders".

We observed the Buttercup Café in operation and noted the wide-ranging benefits it provides. Children were serving, taking orders, and handling money, developing social, communication, and numeracy skills. Families spent quality time alongside their children, which helped them feel included, valued, and connected to their learning, while children gained confidence, independence, and a sense of achievement through meaningful, real-life experiences.

Medication was stored safely, and records had been updated since the last inspection; however, these should be further developed to reflect the most current guidance. Health care plans were in place for children, and we discussed reviewing these to ensure a consistent approach, as formats currently varied. The management team should review monitoring procedures to promote consistency and best practice across the service. This was an area for improvement at the last inspection and will be repeated.

## 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

Management to review medication templates, policy and processes in line with best practice guidance and should refer to "The Management of Medication in Daycare and Childminding Services" which details the information required.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS.4.11)

and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

**This area for improvement was made on 21 February 2017.**

#### Action taken since then

Medication forms require review and updating to ensure they are in line with current guidance.

A number of medication records were incomplete or inconsistently completed, indicating the need for improved accuracy and consistency in documentation.

The Medication Policy requires review and updating to ensure it reflects current guidance and best practice.

The medication review procedure should be reviewed and strengthened to ensure clear, consistent processes are in place.

**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
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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