

Abbey Nursery Day Care of Children

4 Thomas Street
Paisley
PA1 2RE

Telephone: 0141848 5700

Type of inspection:
Unannounced

Completed on:
5 March 2026

Service provided by:
RAM 204 Limited

Service provider number:
SP2008010093

Service no:
CS2008186651

About the service

Abbey Nursery provides a daycare of children service to a maximum of 90 children.

30 children 0 - under 2 years

20 children 2 - under 3 years

40 children 3 years to those not yet attending primary school.

At the time of inspection, 63 children were present.

The registered provider is RAM 204 Limited, which partners with Renfrewshire Council to provide funded places for eligible children aged two to five.

The service operates from premises located close to Paisley town centre, Renfrewshire. There are four playrooms, two on the lower level and two on the upper level. Children have access to two outdoor play areas. The service is near local amenities including schools, shops, and parks.

About the inspection

This was an unannounced inspection which took place on 3, 4 and 5 March 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 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 eight families through online questionnaires
- spoke with staff
- observed practice and daily life
- reviewed documents
- assessed core assurances, including the physical environment.

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, Children thrive and develop in quality spaces, and Children are supported to achieve.

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 were happy, confident and supported by kind and caring staff.
- The provider, manager and staff team demonstrated openness to advice and support, reflecting a clear capacity for change.
- While children experienced care in a welcoming environment that supported independence, several areas required attention, including cleanliness, maintenance and infection prevention and control.
- While children experienced positive elements of care, several important areas of practice require improvement.

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 thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate

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.

During the inspection, the provider, manager and staff team engaged positively and showed openness to advice and support. This reflected a strong commitment to improvement and clear capacity for change. The provider visited the setting daily to discuss priority areas, which helped identify actions promptly and supported the service to implement changes without delay. This collaborative approach demonstrated a shared focus on improving outcomes for children and families.

The service had experienced significant change since the previous inspection including substantial staff turnover. A family told us: "I see there has been lots of work to try and improve the service. I have lost quite a bit of confidence through the years, due to high staff turnover, but hopefully things are heading in the right direction and I believe the current manager is trying hard to improve the service."

We sought reassurance from the provider that the manager would receive sufficient time and support to make required improvements. We also recognised the ongoing support from the local authority, particularly through the early years teacher. We encouraged the service to use this support fully, seek guidance when needed and work collaboratively to strengthen leadership and practice.

We reviewed findings from the previous inspection and the identified areas for improvement. Several issues remained a concern, including medication templates, risk assessments and quality assurance. These procedures still required updating, indicating limited progress in addressing earlier improvement actions.

The service told us they had recently revisited their vision, values and aims with children, families and staff. However, we could not evidence stakeholder involvement. We would encourage the manager to record contributions more clearly in future, for example through consultation records or visual documentation. This would demonstrate meaningful participation and ensure the vision, values and aims reflect the wider community.

The current vision, values and aims focused on providing a safe, calm and nurturing environment, and encouraged children to be respectful, ambitious, inclusive and nurturing. Embedding these values consistently across practice would strengthen the nursery's culture and support children to demonstrate them in their interactions and learning.

The manager told us that staff engaged in self-evaluation tasks; however, this was informal and lacked clear focus. We suggested introducing more frequent and structured opportunities for staff to participate in self-evaluation. This would deepen their understanding of the process, encourage regular reflection and strengthen ownership of improvement. Embedding these opportunities in daily practice would help build a culture of collaboration and support improved outcomes for children (see area for improvement 1).

We would encourage the provider, manager and senior team to continue developing their leadership skills and those of the wider staff team. This would empower staff to take responsibility for their roles and contribute actively to ongoing improvement. Effective communication and regular monitoring would support consistency, identify development needs and recognise achievements.

We suggested that the manager implements clear roles and responsibilities to support effective delegation, strengthen accountability and promote distributed leadership. Embedding these approaches would foster a culture of trust, shared responsibility and positive professional relationships, helping to ensure high quality experiences for children.

An improvement plan was in place, focusing on staff development, play and learning and quality assurance. Although the plan was clearly documented, we could not evidence sufficient progress or impact on children's outcomes. Staff told us they had attended training and were reflective, but their knowledge of child development and national guidance was not consistently evident in practice.

We suggested that staff be given opportunities to visit other establishments, particularly local authority settings. Such visits would allow them to observe high quality practice, deepen their understanding of national guidance and see effective approaches to play and pedagogy. This would increase staff confidence, improve consistency and support better experiences for children.

Staff were safely recruited and all required checks were completed before they started. Staff were registered with the Scottish Social Services Council (SSSC). Management should monitor compliance with annual declarations to prevent staff being removed from the register. We suggested updating the induction checklist to reflect current best practice guidance, including the shared quality framework - A quality improvement framework for the early learning and childcare sectors, Health and Social Care Standards and the Early Learning and Childcare - National Induction Resource.

Staff participated in annual professional reviews. To support consistency and professional growth, we suggested introducing regular, formal one-to-one meetings with the manager. We also advised the provider to complete annual reviews with the manager, as formalising this process would strengthen accountability, clarify expectations and support leadership development.

Areas for improvement

1. To support continued best outcomes for children and families, the provider should develop and implement robust quality assurance systems. This should include but not be limited to:

- Implementing formal monitoring of staff practice and engagement to maintain high standards and support professional development.
- Implementing clear and robust roles and responsibilities with the leadership team.
- Ensuring regular staff involvement in the self-evaluation process, promoting reflective practice and continuous improvement.
- Conducting regular monitoring of the environment to maintain a safe and healthy setting for children.

- Updating and developing policies and procedures including child protection, administration of medication and complaints to reflect best practice guidance and current legislation.

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 thrive and develop in quality spaces 3 - Satisfactory / Adequate

Quality indicator: Children experience high quality spaces

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

Children experienced care in a welcoming environment that supported their independence and confidence in accessing most indoor play spaces. Staff explained that they were in the early stages of reviewing and adapting spaces to better reflect children's needs and interests. We would encourage the team to consider ways to make the environment more communication-friendly, such as using visual aids to support children with language and communication needs.

On the first day of inspection, we identified several areas within the indoor and outdoor environment that required attention. These included maintenance of the outdoor play area and indoor issues such as concerns about cleanliness, general interior defects and structural changes within the 3-5 toilet area. We discussed these concerns with the provider and manager, and they took immediate action. The provider responded promptly, and improvement plans were already underway during the inspection. As a result, we felt reassured that the necessary improvements would be made. We would encourage consideration of current research and best practice guidance, such as Space to Grow and Realising the Ambition, to support this improvement journey.

We also identified concerns relating to infection prevention and control. We recommended a deep clean across the environment, including areas accessed by staff. The environment was found to be cluttered and untidy which posed health and safety risks. We suggested that management communicate these messages promptly and effectively, while ensuring sensitivity and consideration for staff wellbeing. We suggested providing appropriate support and training to enable all staff to carry out their roles and responsibilities effectively. This approach would help ensure improvements are made and sustained (see area for improvement 1).

Monitoring by the leadership and staff team should remain a priority to ensure children's safety, with regular safety checks carried out appropriately and in a timely manner. While risk assessments and safety checks were observed during the inspection, these should be revisited to ensure completion is effective and consistent. Strengthening these processes will promote accountability and respect for the environment.

Areas for improvement

1. The provider should ensure that all areas within the nursery are cleaned and maintained to the highest standards to support good infection prevention and control practices. This should include, but not be limited to:

- Immediate attention to cleaning the premises, ensuring appropriate training is in place for relevant staff.
- Immediate attention to fixings and fixtures identified during inspection, both indoors and outdoors.
- Provision of relevant training in food handling and infection prevention and control.

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).

Children play and learn 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

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

Overall, children appeared happy and confident throughout the inspection, and we observed them approaching staff for engagement and comfort. However, at times our observations differed between the playrooms, particularly in relation to staff engagement and the quality of adult-child interactions. We suggested that ongoing development and effective role modelling should support this, which will ensure that children consistently experience warm, responsive, and high quality interactions across all playrooms.

During the inspection, the resources and experiences available did not vary greatly, which meant children were not as engaged or stimulated as they could have been. We did, however, observe a positive difference in the 3-5 room on the second day. Outdoor play flowed more effectively, which created more purposeful indoor learning and allowed children the time and space to sustain their play, make choices and follow their interests more naturally.

Staff told us they continued to develop indoor and outdoor learning areas to provide children with a rich and engaging environment. By enhancing these areas, staff will further support children's curiosity, creativity and imagination.

We observed an imbalance between adult-directed activities and freely chosen play experiences. Through our discussions, staff identified planning as a key focus, particularly in ensuring it is child-centred and leads to robust assessment information. Staff were in the early stages of developing their planning and will require time and continued support for this to become fully embedded.

Planning should continue to be developed to ensure there is breadth, depth and challenge across the curriculum, aligned with national guidance. This includes tracking children's next steps, documenting their voices and strengthening family engagement to create a more holistic and meaningful approach to learning.

We suggested the team increase opportunities for child-led, open-ended play where children can make decisions, explore their interests and lead their own learning. Ensuring a better balance will support children's independence, deepen engagement and promote richer learning experiences. Strengthening staff confidence in responsive and supportive interactions will further enhance this, helping children to extend their thinking, solve problems and develop skills across the curriculum.

We acknowledged the support of the early years teacher and observed early signs of development, with staff beginning to think more intentionally about provocations and how to support children's learning. By working alongside the teacher, facilitating ongoing staff development and using national guidance effectively, staff should continue to make planning more purposeful, consistent and responsive to children's interests and developmental needs (see area for improvement 1).

Staff were using floor books to document children's learning, however, the floor books appeared to be a collection of photographs and descriptions of the experiences offered. We advised the service, as it progresses in its development journey, to revisit the purpose of floor books and ensure they clearly evidence learning with direct links to Realising the Ambition, Curriculum for Excellence (CfE) and Children's Rights (UNCRC). Doing so will help staff and parents understand the value of play-based learning and how learning opportunities are embedded throughout daily practice. It will also demonstrate children's progress more clearly, highlight their voices and choices and show how staff intentionally plan for depth and challenge in learning.

Areas for improvement

1. To support children's holistic development and to strengthen the staff team's skills, knowledge and practice, the provider should implement a targeted and robust training and development programme. This programme should address identified gaps in practice and enable staff to build their competence across a range of contexts. This should include, but not be limited to:

- Child development: ensuring staff have a strong understanding of developmental stages and how to adapt experiences to meet individual needs.
- Meaningful observations and provocations: supporting staff to observe children effectively, use observations to inform high quality planning, and create engaging provocations that extend children's learning.
- Reflective practice: staff should reflect on training completed and clearly identify how this new learning will influence and improve their daily practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

Children are supported to achieve 3 - Satisfactory / Adequate

Quality indicator: Nurturing care and support

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

Overall, children were happy, confident and secure within the service. They experienced responsive care from staff, helping them feel welcomed, valued and supported. Staff were kind and respectful, contributing to a safe and welcoming environment. Families told us: "The staff are friendly and understand my child and their needs well and listen to my views about my child's care" and "Staff are very friendly and care about the children, I trust them to look after my child."

We suggested that the provider and manager facilitate and encourage further training in nurturing approaches and in supporting children with additional support needs. This should include understanding behaviour as communication and developing strategies for children who have English as an additional language. Such training will strengthen staff confidence and ensure interactions remain sensitive, responsive and developmentally appropriate.

We also suggested that senior staff take a more active leadership role by observing practice and offering guidance. Stronger direction would promote consistency, reassure staff in their roles and support high quality, nurturing experiences for children.

Mealtimes in the under three rooms were calm, relaxed and unhurried. Staff sat with children, chatted with them, and ensured safe eating practices. In the 3-5 room, however, mealtimes felt less relaxed, particularly during the first day of inspection. We suggested considering a rolling snack and lunch system to reduce interruptions to play and encourage a more natural, child led routine.

Children were encouraged to develop independence, for example by pouring drinks and serving their food. Staff provided praise, reassurance and appropriate support, demonstrating good awareness of children's preferences and dietary requirements.

We advised the provider to revisit the Setting the Table guidance to ensure all nutritional requirements were met, including offering more fruit and vegetables. A family told us: "My [child] is very fussy and eats very little of the nursery food, unfortunately. I feel there may be too many sugary puddings and not enough fruit and veg." We also discussed Food Standards Agency guidance on safe food preparation, particularly the correct cutting of foods to minimise choking risks. We further recommended implementing a more robust procedure for ensuring all hot foods are served at a safe temperature. This should involve clear systems for checking, monitoring and recording temperatures to minimise the risk of burns and ensure consistent, safe practice.

During sampling, we found that medication records still required improvement, and policies needed updating in line with current best practice - Management of medication in daycare and childminding services (Care Inspectorate, July 2025). Risk assessments and action plans for children with allergies, inhalers or emergency medication were still missing, despite being highlighted at the previous inspection (see area for improvement 1).

Personal care routines, including nappy changing, were carried out with dignity and respect. Staff supported children's independence in toileting, offering praise and reassurance. We suggested updating the policy and ensuring staff consistently follow cleaning procedures for changing stations and mats.

Safe sleep practices were observed in the under three rooms, with staff monitoring sleep areas and offering comfort.

Personal plans were in place for all children, and while some staff could explain how they supported children, we noted inconsistencies in both recording and practice. It was not always clear how staff planned for children's health, wellbeing, safety or learning. We advised the provider to streamline documentation and ensure a consistent approach across the service to secure positive outcomes. We suggested developing an A4 overview for each child documenting key information for example likes, dislikes, strategies and supports which would offer staff a quick accessible summary of children's individual needs. A family member told us: "I don't feel there is much time to discuss and plan, as I am usually asked to review plans at pick up, which is always hectic. I would appreciate more time and more suggestions from the carers."

Risk assessments and individual support plans should also be in place for children requiring additional support. The service was working with external agencies such as health visitors and speech and language therapists, contributing to positive outcomes. However, management must ensure risk assessments are in place and updated regularly, especially for medical needs and children with additional support needs.

Parental engagement was still developing. Staff had suggested the Dolly Parton's Imagination Library and Bookbug sessions, though these were not yet implemented. Existing communication methods included the family learning wall, parent information wall and a suggestion box. 'Grab and go' bags also showed consideration for parental wellbeing.

Going forward, we suggested the manager make fuller use of staff ideas and introduce more meaningful opportunities for parental involvement, such as stay and play sessions. This would strengthen relationships with families, helping parents feel valued and more actively involved in their children's experiences.

Areas for improvement

1. The provider should improve the systems for managing medication and completing risk assessments to ensure children's health, safety and wellbeing are fully protected. This should include, but not be limited to:

- Reviewing and updating the medication policy to ensure it aligns with current national guidance and reflects best practice.
- Implementing clear and robust systems for checking, recording, storing, and reviewing all medication held and administered within the service.
- Ensuring every child with a medical condition or allergy has an up-to-date, individualised risk assessment and action plan. These should be developed in partnership with families and relevant professionals to ensure information is accurate and comprehensive.
- Ensuring all staff understand and consistently follow procedures, with ongoing monitoring from management to ensure practice remains safe, reliable and responsive to children's needs.

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).

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 children's health and wellbeing, the provider should ensure that appropriate measures are in place to minimise the risk of the spread of infection. This should include but is not limited to, ensuring effective handwashing of staff and children, implementing regular cleaning processes, reviewing changing procedures to ensure they reflect best practice guidance, replacing all porous surfaces, and removing unnecessary clutter.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "My environment is secure and safe" (HSCS 5.19).

This area for improvement was made on 14 March 2024.

Action taken since then

Paperwork indicated that staff had completed training in infection prevention and control. Children and staff demonstrated good hand hygiene. However, to minimise the risk of spreading infection and to support children's health and wellbeing, staff should ensure that all areas used by children are kept clean and free from clutter. Senior leaders should continue to monitor and audit staff practice and encourage staff to reflect on and apply their training.

Therefore, this area for improvement has not been met and will be reframed as a new area for improvement. The new area for improvement is under Quality indicator: Children experience high quality spaces.

Previous area for improvement 2

To ensure improvements are highlighted and maintained, the provider should implement robust quality assurance processes that provide better outcomes for all. This should include but not be limited to monitoring of staff practice, providing constructive feedback to inform improvements, monitoring of children's records to ensure these fully reflect and meet the individual needs of children, and ensuring the appropriate monitoring of medication, following 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) and "I use a service and organisation that are well led and managed" (HSCS 4.23).

This area for improvement was made on 14 March 2024.

Action taken since then

The manager outlined their aspirations for formally introducing quality assurance and monitoring processes, and described how they intend for these to develop and become embedded over time. However, during the inspection, we were unable to evidence any robust quality assurance systems currently in place. We also

discussed the need for clear oversight of the senior team to ensure their practice is monitored effectively and that expected quality standards are consistently met.

Therefore, this area for improvement has not been met and will be reframed as a new area for improvement. The new area for improvement is under Quality indicator: Leadership and management of staff and resources.

Previous area for improvement 3

To support children's health and wellbeing and further develop and strengthen the staff team's skills, knowledge and experience. The manager should develop a targeted training programme to address gaps in staff practice and enable staff to develop their knowledge and skills in various contexts. This should include but not be limited to: The development of staff's knowledge and skills in child development, meaningful observations, and schematic play; staff should reflect on training completed and highlight what impact this will have on practice. Management should monitor this impact and provide constructive feedback, making improvements where appropriate.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which states that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

This area for improvement was made on 14 March 2024.

Action taken since then

An improvement plan was in place, focusing on staff development, play and learning and quality assurance. Although the plan was clearly documented, we were unable to see sufficient evidence of progress or measurable impact on improving outcomes for children. Staff told us they had participated in training and were reflective about their practice. However, in relation to child development and the application of national guidance, it was difficult to see this knowledge being consistently embedded in their day-to-day work.

Therefore, this area for improvement has not been met and will be reframed as a new area for improvement. The new area for improvement is under Quality Indicator: Playing, learning and developing.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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