

# Duns Primary School Nursery Day Care of Children

Duns Primary School  
Langtongate  
Duns  
TD11 3AG

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**Type of inspection:**  
Unannounced

**Completed on:**  
17 March 2026

**Service provided by:**  
Scottish Borders Council

**Service provider number:**  
SP2003001976

**Service no:**  
CS2003016103

## About the service

Duns Primary School Nursery is registered to provide a day care of children service to a maximum of 80 children at any one time aged from 2 years to not yet of an age to attend primary school. whom no more than 10 are under 3 years old.

The Early Learning and Childcare setting (ELC) is situated within Duns Primary School. The school is on the outskirts of the town of Duns in the Scottish Borders. The setting is split across two playrooms with access to toilets, nappy-changing and an outdoor play space. One playroom includes a kitchen area for snack preparation and meals are served in either the playroom or the school dinner hall.

## About the inspection

This was an unannounced inspection which took place on 11 March 2026 between 9:30 and 17:00 hours. 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.

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. We have reported where improvements are necessary throughout the report.

In making our evaluations of the service we:

- spoke/spent time with several children across the day
- reviewed comments made by two families who use the service
- assessed core assurances, including the physical environment
- spoke with staff, the leadership team and local authority early years teacher
- observed staff practice and daily experiences for children
- reviewed documents.

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 and some were engaged in their play and learning.
- The service's vision, values and aims were not clearly reflected in daily practice and should be reviewed.
- Quality assurance and self-evaluation processes require further development to support ongoing improvement.
- Strategies identified within children's personal plans should be followed consistently and their impact monitored and evaluated.
- The layout of the playrooms requires consideration to better support children's experiences.
- The toilet area should no longer be used as a corridor, as this compromises privacy and infection prevention and control systems.

**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	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## Leadership 3 - Satisfactory / Adequate

We evaluated this key question as satisfactory/adequate, where strengths only just outweighed weaknesses

### Quality Indicator: Leadership and management of staff and resources

The vision, values and aims were not evident in daily practice or displayed throughout the nursery. To strengthen outcomes, we encouraged the service to review the design and ongoing evaluation of its vision, values and aims. This process should actively involve families and staff, demonstrating a commitment to meaningful participation and shared ownership.

The revised vision, values and aims should be meaningfully informed by children's rights, interests, curiosity, needs and preferences. Ensuring this alignment will help embed them into everyday practice and create a coherent, child-centred ethos across the nursery.

There were opportunities for staff to share ideas and they had begun to review national guidance and best practice documents. However, this work had not yet had a measurable impact on self-evaluation processes or on driving improvement forward. Leaders should strengthen these processes to ensure they were continuous and clearly focused on improving service quality and outcomes for children. This should include identifying strengths and areas for improvement in a systematic way. Staff practice should be monitored closely to ensure children consistently experience high quality, nurturing and caring interactions (**see area for improvement one**).

Some aspects of quality assurance and auditing were in place. Accident and incident records were reviewed to identify trends, and staff had started to evaluate quality of play spaces, with notable changes made within the Lammermuir room. However, more robust and systematic monitoring and auditing across the service would support sustained and continuous improvement. Leaders acknowledged this and identified it as a key area for development moving forward. Attention should be paid to configuration of the physical environment, creating high quality play spaces and quality of Interactions. Further attention was needed around planning for play, observations and tracking learning, personal plans and medication procedures.

Staff expressed that the lack of a consistent team and the ongoing reliance on supply staff had created significant challenges within the setting. Recruitment was ongoing and leaders had identified protected time for the room senior to be off the floor. To support the development of team working leaders should revisit staff roles, responsibilities and values. Consideration should also be given to distributing leadership roles across the team to build collective capacity. This would support leadership to strengthen and ensure children consistently experience high quality care, play and learning in line with current best practice guidance.

There had been recent changes to leadership within the setting. The deputy head had just started in their role as manager of the setting. They had attended team meetings and carried out professional development reviews with some staff, others were planned soon. They had met to discuss and develop an action plan, which had already identified many of the issues raised during the inspection. Staff commented on previous gaps in support provided by the leadership team. However, they did acknowledge the positive improvements that had occurred since the deputy began providing support to the setting.

## Areas for improvement

1. To promote consistent high quality practice the service should ensure that quality assurance and self-evaluation processes are further developed. This should include the monitoring of medication, personal plans, staff practice, interactions, spaces and children's experiences. These should be meaningful, evaluated and highlight the impact on outcomes for children and families

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

We evaluated this key question as satisfactory/adequate, where strengths only just outweighed weaknesses.

### Quality indicator: Children thrive and develop in quality spaces

This heading has been included in the inspection due to concerns regarding the configuration of the playrooms and the corridor containing the toilet facilities.

The Lammermuir room felt warm and welcoming. It benefited from direct access to the outdoor area, as well as a kitchen space and cloakroom. Areas were clearly defined and most children used the space confidently. Staff had begun reviewing the learning environment and had made some initial changes to improve children's experiences.

The Cheviot room was a large space with high level windows, which meant that children could not see outdoors and limited their connection with the natural environment. The physical environment in the Cheviot room was not welcoming, well-resourced or arranged to give children the message they mattered. Most children were seen to be enjoying their play and moving around confidently, however the use of the room needed some further consideration to ensure staffing and organisation met the needs of children. Free flow access to the outdoor play space was available and while some confident children had independently accessed outdoor play, monitoring had been inconsistent. This meant there was limited evidence that all children had benefited from regular outdoor experiences. Children also had to access the Lammermuir room to receive snack, which resulted in additional transitions and movement through shared spaces (**see area for improvement one**).

To support children's wellbeing, privacy and dignity, the service should stop using the toilet area as a corridor or thoroughfare. The current practice increased footfall through a space intended for personal care. Leaders should review how the setting is organised to ensure that access routes do not pass through this area.

In addition, the height and design of the partitions between the toilet cubicles should be reviewed to ensure they provide an adequate level of privacy for all children. Partitions should be of sufficient height to prevent children feeling exposed or overlooked when using the facilities. Improving the physical layout and privacy measures in the toilet area would promote children's dignity, privacy and comfort. This should be in line with best practice expectations for early learning and childcare environments (**see area for improvement two**).

While procedures were in place to support effective infection prevention and control, the nappy changing area and some toilet facilities were not cleaned to an acceptable standard. The floor in the changing area had visible dirt and debris, which increased the risk of cross contamination and did not support a hygienic environment for children.

There were also ongoing maintenance issues that impacted the organisation and safe operation of the setting. The large shed/garage door required repair, resulting in staff transporting resources through the main corridor. In addition, the interior of the shed/garage was observed to be untidy and disorganised, which limited its suitability for safe storage and efficient access to resources. Leaders should ensure that cleaning routines, monitoring systems and environmental maintenance were strengthened. This would provide children with a clean, safe and well organised environment.

## Areas for improvement

1. To support children to consistently experience a safe, well-designed environment that supported privacy, dignity and high-quality play and learning. The service should review the configuration of the playrooms. Attention should be paid to creating warm, welcoming and richly resourced spaces. This would promote positive learning experiences, improve movement between spaces and support effective supervision. National guidance such as Space to Grow and Realising the Ambition (RtA) should inform this work.

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)

2. To support children's wellbeing, privacy, and dignity, the service should stop using the toilet area as a corridor. In addition, the height of the partitions between toilet cubicles should be reviewed to ensure they provide sufficient privacy for children when using this space.

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)

## Children play and learn 3 - Satisfactory / Adequate

We evaluated this key question as satisfactory/adequate, where strengths only just outweighed weaknesses.

### Quality Indicator: Playing, learning and developing

Most children enjoyed playing with resources and toys suitable for their age and stage of development. Some staff were familiar with schemas and there was a use of real life and natural resources in areas such as the home corner. Staff were reviewing and working on the play environment. Some areas of the Cheviot room playroom had limited resources to interest and sustain children's learning. Staff should consider developing further opportunities for learning in language, literacy and numeracy across both playrooms and the outdoor area.

Although the environment was, overall, well-resourced and planning and learning journals evidenced activities, the quality of play was not high. Consideration should be given to ensuring that all children were suitably challenged to explore and learn. While some staff demonstrated effective use of shared, sustained thinking to extend children's learning, further development is required to ensure consistency across the team. Staff should be mindful of allowing children sufficient time to explore and engage with resources before intervening or offering support. This would promote greater independence, encourage problem-solving and support children to develop confidence in their own abilities.

Outdoor play should be recognised as an integral part of the learning environment and incorporated into the planning of activities. This would support increased opportunities for numeracy and broader learning experiences within the outdoor area. Although children made use of the reading den, there were missed opportunities to extend learning in the mud kitchen, which required significant improvement. Leaders should observe and review staff interactions to ensure they were effective to support and extend children's learning.

In the Cheviot room, several areas of play were not aligned to the planned experiences. There was limited evidence or assessment to demonstrate the rationale, learning intentions or outcomes of these responsive experiences. For example, the activity involving children who had created farm books lacked information regarding its origin, the learning taking place and how staff would extend this learning. A Showbie floor book was used to share information with families about recent play and experiences. Although visually appealing, it was not clear how effectively it engaged children or supported meaningful family involvement.

Planning was identified as a key area for review, and staff were working to develop and improve this aspect of practice. This remains at an early stage of development. It would be beneficial to review the current approach to ensure that planning was being used effectively. Staff should clearly evaluate and record the learning that takes place as a result of planned activities. This would support a clearer understanding of how activities progressed and reflected the planned learning intentions (**see area for improvement one**).

The current use of digital formats appears to limit the immediacy and responsiveness of planning. Planning should be a shared responsibility across the team; however, although staff reported that a planning meeting had taken place the previous evening, no amendments had been made to the plan. Consideration is needed to ensure clear ownership of planning and to strengthen staff accountability.

Observations recorded on Showbie often included next steps; however, it was unclear whether children were progressing towards or achieved these due to the volume of next steps and limited evaluative evidence. While staff were using trackers, there was insufficient evidence to demonstrate how milestones were being met. Senior leaders were aware of this and currently supporting staff to strengthen approaches to assessment and tracking.

## Areas for improvement

1. Children's play learning experiences should be supported by good quality interactions to extend thinking, creativity and curiosity. Staff should plan experiences to support different stages in children's play and ensure there are well organised and resourced spaces indoors and outdoors.

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

"As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling" (HSCS 1.30)

"As a child, I play outdoors every day and regularly explore a natural environment" (HSCS 1.32)

## Children are supported to achieve 4 - Good

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

### Quality Indicator: Nurturing care and support

Children were generally happy, settled and engaged in play, initiated their own ideas and were supported to make choices. Most staff recognised and celebrated children's efforts and achievements, helping build confidence. Some staff used warm, kind approaches that contributed positively to children's wellbeing. Children sought comfort from staff when needed and enjoyed shared moments such as cuddles and story time. There were occasions when staff interactions were observed to be abrupt or loud. One parent commented that interactions with staff were not always positive. This should be monitored closely to ensure that interactions with children and their families remain calm, respectful and nurturing. This would support children to feel safe, secure and enable parents to approach and communicate purposefully with staff.

Transitions were supported through gathering children into key worker groups. More consideration was needed around the purpose, structure and quality of these times to ensure they supported children's learning and emotional security. Aids to support children who required help with routines were clearly recorded in personal plans; however, these strategies were not observed in practice. Staff should ensure that agreed supports were implemented consistently to meet children's individual needs. Children who required space to self-regulate had access to designated areas. While dens had been created, these were positioned within the cloakroom and appeared to be an afterthought rather than a planned element of the environment. Staff should develop more purposeful, nurturing and intentionally designed spaces that support children in exploring self-regulation and understanding their emotions.

Children had personal plans in place and these were reviewed regularly. Several children also had Care Plan+ documents that clearly identified strategies to support their individual needs.

Staff should review how they implement agreed strategies, such as signing and visual supports. There was limited evidence of consistent use or evaluation of these approaches. To improve outcomes, staff should ensure strategies were applied consistently, monitored and evaluated. This would provide records showing the effectiveness and inform ongoing updates to personal plans and support children to feel safe, secure and included.

The area for improvement identified at the previous inspection has been met. However, a new area for improvement will be added to ensure that staff consistently evaluate the impact of support strategies on children's experiences (**see area for improvement one**).

Staff commented that some children appeared tired; however, they did not offer opportunities for children to rest. Suitable resources, such as beds and designated quiet areas, were available within the playrooms but rest was not routinely offered or encouraged. A parent commented that their child could sleep but it was only supported by some staff. Staff should be more responsive to children's cues and remind them that they can rest when needed, ensuring their wellbeing and comfort were consistently supported.

Staff were appropriately trained and indicated they were confident in the procedures to follow if they had a concern about a child's safety or wellbeing. To strengthen safeguarding practice, we asked that relevant

information is shared routinely between staff and the Child Protection Officer (CPO). This would support a coordinated approach and ensure effective, joined up working to support and keep children safe.

Children's medication and health needs were identified and some medication was stored within the setting. The service acknowledged that one medication plan had not been fully completed; but advised that the outstanding documentation would be finalised promptly. The service should ensure that medication procedures follow the Care Inspectorate guidance, 'Management of medication in day care of children and childminding services'. This should include reviewing medication plans every three months and maintaining an up to date audit of all medication stored within the service.

Mealtimes were under review, and the service had plans to increase the resources available to support a family style lunch experience. At the time of the visit, some children had lunch in the dining hall while others ate in the Lammermuir playroom. Overall, mealtimes were relaxed and unhurried, with staff sitting alongside children to offer appropriate support and supervision.

Snack time successfully promoted children's independence, with opportunities to pour drinks, spread toppings, and make choices about their food. The service should continue to support families regarding lunch box content, in line with the guidance outlined in Setting the Table.

Currently, snack was held in the Lammermuir room. Consideration should be given to providing snack in the Cheviot room, where there is ample space and where children could be more actively involved in contributing to the snack routine.

Whilst families had some opportunities to provide feedback through face to face discussions, Showbie and previous stay and play sessions. Further development was required. The service should explore a wider range of methods to meaningfully engage with parents and gather their views. Capturing children's voices should also be central to the service's ongoing improvement. The service should consider appropriate and effective strategies to ensure children's ideas, experiences and preferences meaningfully inform future development.

### Areas for improvement

1. To improve outcomes for children, staff should ensure that agreed strategies were consistently followed, monitored and evaluated. Clear records should show the effectiveness of support and inform ongoing updates to personal plans. This will support children to feel safe, secure and included.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15)

## 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 ensure that children's care and support needs are met the service should further develop a recording system to hold information about children in one place. This information should include strategies for support which are in place and the outcomes of that support. Information held in personal plans should be updated at least once every six months to ensure is accurate and relevant.

This is consistent with Health and Social Care Standard 1.15 'My personal plan (sometimes referred to as my care plan) is right for me.'

**This area for improvement was made on 20 May 2019.**

#### Action taken since then

Information is available for staff, strategies are recorded and available for staff. Discussions take place at team meetings about children and their needs. Personal plans are updated regularly.

This area for improvement is 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	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	4 - Good
Nurturing care and support	4 - Good

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