

Early learning and childcare (ELC) setting shared inspection report

St Joseph's RC Primary School Nursery Class

The City of Edinburgh Council
3 March 2026

In October 2025, a team of inspectors from Education Scotland and the Care Inspectorate visited St Joseph's RC Primary School Nursery Class. During our visit, we talked to parents/carers and children and worked closely with the headteacher and staff.

Key inspection findings

- Children who are kind, happy and respectful. They welcome visitors warmly to the nursery.
- Staff support smooth transitions for children and families, enabling children to settle quickly and feel confident to explore their nursery.
- Staff provide a range of ways for parents to become actively involved in the nursery. They plan cooking classes, stay and play sessions and home visits. Parents feel more connected to the nursery community and to each other, fostering stronger relationships and awareness of different festivals, cultures and traditions.
- The local authority needs to support the staff to improve the quality of learning and teaching for all children. Staff must become more responsive to children during play, using accurate observations and interactions to extend their thinking and deepen their learning. They should ensure children are motivated, curious, and able to learn well through play.
- Senior leadership must actively prioritise the cultivation of warm, nurturing, and responsive relationships to ensure children's needs are fully met. Although staffing ratios meet minimum requirements, current practice does not align with the expectations of the Safer Staffing (Scotland) Act 2019, resulting in unmet developmental and emotional needs for children.
- Senior leadership must implement robust and continuous quality assurance systems to drive improvement and accountability. Staff must be equipped through effective induction, ongoing training, and regular supervision to ensure consistent, high-quality care and support for children.
- The head teacher should take prompt actions to support staff to improve approaches to planning for children who require additional support with their learning and wellbeing. Children's plans should include a clear focus on how they

will be supported to overcome barriers and make progress across all aspects of their learning. Plans need to include the views of children and families and be regularly reviewed and monitored.

- The headteacher needs to support staff to develop a stronger understanding of what children should achieve in early literacy and numeracy. They should establish a robust system for tracking children's progress across the Curriculum for Excellence, identifying individual achievements and accurate next steps for learning.

HM Inspectors and the Care Inspectorate gathered evidence to enable us to evaluate the setting's work using four quality indicators from [the Quality improvement framework for the early learning and childcare sectors](#).

Quality Indicator	Evaluation
Leadership and management of staff and resources	weak
Learning, teaching and assessment	weak
Nurturing, care and support	weak
Children's progress	weak

Summary of inspection findings

Key contextual Information

St. Joseph's R.C. Primary School Nursery Class offers early learning and childcare (ELC) for children from the age of two years until they start school. It is situated within St Joseph's R.C. Primary School in The City of Edinburgh Council. The nursery is registered to provide a service for a maximum of 39 children at any one time. The headteacher is the named manager of the service and is supported by a deputy headteacher. In addition, there are two early years officers (EYO), six early years practitioners (EYP), two early years assistants (EYA) and one early years domestic (EYD). The setting offers term time places between the hours of 8:45 am and 3:15 pm Monday to Thursday and 8:30 am to 12:30 pm on Friday.

St Joseph's Primary and ELC share a campus with another primary school and ELC. Within the nursery, there is a designated playroom for children aged two to three years and two playrooms for children over three years. There is direct access from the larger playroom to a large enclosed outdoor space where all children can play together. All children have opportunities to visit the school gym hall weekly.

Leadership:

Leadership and Management of Staff and Resources

Leadership and management were not effective in ensuring positive outcomes for children and families. While staff described feeling supported and having good relationships with colleagues, this did not translate into strong practice or sustained improvement. For example, while induction processes were in place for new staff, they lacked evaluation and would benefit from being aligned with the National Induction Resource. This would support staff in the delivery of high-quality care.

Staff accessed training, including Froebel methods and medical conditions, and some were motivated to pursue further qualifications. However, training was not consistently evaluated or embedded, limiting its impact on children's experiences and wellbeing. Staff told us about opportunities they had to attend staff yoga sessions within the school, which they found supportive of their health and wellbeing.

Children did not consistently experience safe, well-managed care. Families could not be assured that risks were identified and addressed promptly, or that leadership was driving improvements to enhance children's learning and wellbeing. For example, the designated fire escape route was locked which meant it was difficult to exit the area in the event of a fire. We acknowledged that the intention of locking the gate was to prevent children leaving the area whilst they were playing outside. However, this highlighted management's limited understanding of risk assessment, safety protocols, and safeguarding responsibilities.

Self-evaluation and quality assurance processes were weak. Monitoring was limited to three formal visits per year, and informal observations lacked focus. This meant significant issues—such as poor infection control, medication errors, and inconsistent safeguarding knowledge had not been identified or addressed. Serious

incidents, including hospital admissions and safeguarding concerns had not been shared with the Care Inspectorate. This indicated a lack of understanding of regulatory responsibilities and missed opportunities to evaluate the care provided to children. These gaps placed children at risk and reduced families' confidence in the service. (See requirement 1)

Policies and procedures were not robust or consistently implemented to support delivery of safe and consistent care. For example, the child protection policy lacked sufficient detail to support staff to undertake their safeguarding role. The complaints procedure did not include information to support families to make informed choices with regards to how they can complain and to whom. Medication guidance was unclear, and asthma charters lacked individualised information to support safe administration. (See area for improvement 1) On the first day of inspection we found that children's medication was not clearly labelled. This meant that there was a potential for unsafe practice. When this was raised with the leadership team, they took steps to address this.

The service had introduced initiatives such as culture days and a free food partnership with a local supermarket. This supported families beyond the setting. Staff told us about occasions they had supported parents to access funding to support their individual family needs.

Requirements

Requirement 1: Leadership and Management of Staff and Resources

By 1 March 2026, the provider must ensure that robust monitoring and evaluating processes are implemented effectively to ensure children's health, safety and wellbeing.

To do this, the provider must, at a minimum:

- a. implement regular, focused monitoring and evaluation of practice to identify and address improvements required;*
- b. evaluate the training and ongoing support needs of staff to ensure they understand the role they play in safeguarding children, including child protection and infection prevention and control;*
- c. ensure serious incidents, including hospital admissions and safeguarding concerns, are notified to the Care Inspectorate in line with regulatory requirements;*

This is to comply with:

- Section 7(1)(a) and Section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019*
- Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)*

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

- "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)*
- "My care and support meets my needs and is right for me." (HSCS 1.19)*

Areas for improvement

To ensure that staff have clear guidance to provide high quality care for children. The provider should review and update key policies and procedures to reflect current

legislation and best practice. This should include, but is not limited to, the child protection and complaints procedures.

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

Children play and learn: Learning, teaching and assessment

There are significant weaknesses in the quality of learning, teaching, and assessment. Staff must take prompt action to improve how they plan learning, interact with children, and assess progress to ensure positive outcomes for all children.

Children arrive at nursery happy and ready to learn. They care for their friends and eagerly greet them and staff. However, the majority quickly lose focus in the experiences provided. Most children wander without purpose, avoid joining activities, or repeatedly seek direction from staff. A few children sit passively and watch others without engaging. The head teacher and staff should urgently review and improve the quality of learning opportunities available to all children. They should ensure resources better reflect the wide range of skills and learning needs of children and that experiences promote communication and language development. Staff should strengthen their approach to gathering and using children's views to shape the design of learning experiences. By incorporating these insights into planning for children's learning, they can create more purposeful, engaging opportunities that meet diverse needs of each child. This will help foster positive attitudes to learning and support the development of resilience, confidence, and independence.

All staff are friendly and caring towards children. However, they do not consistently respond in ways that actively engage children in meaningful learning. While there are a few examples of responsive interactions, these are not yet embedded across the team. Almost all children are not sufficiently challenged or motivated by the majority of staff interactions. They often miss opportunities to build on children's interests, offer greater challenge, and extend play to deepen learning. Staff plan around monthly themes and rely on the voices of only a few children, which leads to experiences that are largely adult directed. Staff should achieve a better balance of responsive and adult-led planning by focusing more on children's views and experiences to shape learning across the curriculum. This will help ensure all children access rich, meaningful opportunities to be curious, creative, and motivated by exciting relevant interactions, experiences and spaces. Staff should also continue to develop approaches that help children understand and exercise their rights. This work is at an early stage but is essential to promoting children's involvement in decision-making and ensuring their voices are heard within the setting.

Staff have not yet embedded digital technologies in play and as a result, children have limited access. Children rarely have opportunities to explore digital technologies in ways that support creativity, problem-solving, communication, or early literacy and numeracy. As a result, they miss out on purposeful digital experiences that reflect real-life contexts. Improving access to appropriate digital resources should now be a priority to make digital learning a regular and enriching part of play.

Staff carry out brief observations of children during play and record these with photographs and short comments in online learning journals. However almost all observations describe children's activities rather than the skills they are learning. This limits staff ability to plan for and respond to children's needs, especially those requiring additional support. Staff now need to identify children's significant learning and use it to guide future interactions, provoke children's thinking, and plan purposeful experiences across the curriculum. This should ensure all children experience relevant personalised learning that supports their progress.

Children are supported to achieve: Nurturing care and support

Significant weaknesses in care practices and planning impacted children's wellbeing and experiences. Children were frequently dismissed and their initiations for interactions ignored. We observed periods where children were not engaged or acknowledged, limiting emotional security and opportunities for connection. Very young children were asked to locate other members of staff, by themselves, in order that their needs could be met. Missed opportunities for meaningful interaction reduced children's sense of belonging and confidence.

Children received nutritious snacks and meals, promoting their health. Staff were developing their approach to supporting children to be independent during meal and snack times. For example, by supporting children to choose the food they wanted to eat. However, children's independence was not consistently promoted. Mealtimes were adult-directed, reducing autonomy. For example, staff directed children's spoons when self-serving, taking away children's ability to develop an understanding of portion control. There were also occasions during snack time where children were not fully supervised when eating which compromised their safety.

The environment lacked comfort and cosiness, and excessively cold room temperatures, particularly in the cocoon room, were not addressed by staff to ensure children's wellbeing. In addition, we asked the provider and leadership team to consider how children could continue to freely access the outdoor environment whilst ensuring that the heat in the playroom remained ambient. These environmental factors did not support a nurturing atmosphere or children's right to feel safe and comfortable.

Personal plans were in place but were not consistently updated or reflective of individual needs. For example, children who were toilet trained, still had toilet training identified as a key target. Plans lacked the voice of the child and family, reducing their effectiveness in supporting health, safety, and wellbeing.

Infection prevention and control practices were poor. We observed children playing with playdoh and eating at the same time. Nappy changing areas were used as storage spaces and children could access the tumble dryer area and the hot dishwasher without appropriate supervision. This compromised children's health, wellbeing and safety.

Requirements

Requirement 2: Nurturing Care and Support

By 1 March 2026, the provider must ensure that children experience nurturing, responsive care and support that promotes their health, safety, wellbeing, and rights.

To do this, the provider must, at a minimum:

- a. ensure staff interactions are warm, responsive, and promote children's emotional security and independence throughout the day.*
- b. review and adapt the environment to provide comfort and safety,*
- c. implement robust infection prevention and control practices in line with national guidance, including safe storage of personal items and appropriate use of nappy changing and laundry areas;*

This is to comply with:

- Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)*

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

- "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)*
- "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)*

Areas for improvement

To ensure that children's needs are consistently met the provider should ensure that children's personal plans are current, individualised, and co-created with families, reflecting children's needs, wishes, and voices.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My personal 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) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17)

Children are supported to achieve: Children's progress

There are significant weaknesses in securing children's progress. All children, including those with barriers to their learning, are not yet making the progress of which they are capable.

Staff do not yet gather assessment information that clearly identifies how children are progressing in their learning. Information available often lacks depth and accuracy or focus on skills children are learning or their achievements. This impacts the effectiveness of assessment information to plan children's next steps and track their progress across the early level of Curriculum for Excellence. The head teacher should implement their planned actions to strengthen staff confidence to use assessment tools and accurately track all children's progress. This should enable staff to provide timely and appropriate support, ensuring all children make progress in their learning and development.

Children are not making sufficient progress in early language, communication, or mathematical skills. A minority demonstrate emerging abilities through play, chatting

with peers, sharing ideas, and enjoying stories and songs. A few children choose mark-making to express their ideas. All children need regular opportunities to build pre-reading and writing skills, including rhyme, syllable awareness, and phonological activities. Staff should provide meaningful contexts to motivate emergent writers. A minority of children show interest in counting, shapes, and puzzles, but the quality of these experiences do not yet deepen understanding of number, pattern, or problem-solving. All children need access to high-quality, real-life experiences such as writing signs, measuring ingredients, and exploring numbers outdoors. These should support children to develop essential early language, literacy, and numeracy skills needed to access a broader curriculum and achieve their full learning potential.

In health and wellbeing, children are making satisfactory progress. The majority of children take turns and cooperate well when using resources. A few children develop hand control through activities like using modelling dough and drawing. They draw themselves carefully, taking time to create their self-portraits. Most children benefit from energetic adult-led experiences during weekly visits to the gym and sports week which help develop their physical skills. They enjoy eating together at snack and lunch, trying new foods and talking to their friends. Staff should ensure that all children have daily access to energetic outdoor play to support their physical development.

Children's achievements are not yet consistently recognised, valued, or used to inform learning. While they record some successes in learning journals, staff do not have a systematic approach to gathering or using information from home. As a result, almost all children have limited opportunities to reflect on their progress, celebrate accomplishments, or apply their learning in meaningful ways. A more consistent and inclusive approach to valuing achievements would help children feel proud of their efforts and more engaged in their learning journey.

Staff organise events such as stay-and-play sessions, culture days, and cooking classes to celebrate diversity and introduce children to different traditions. These activities help a few children and families feel more connected to the setting. Staff should develop their understanding of effective strategies to close the poverty-related attainment gap. They need to use relevant data to plan approaches that reduce barriers and meet the diverse needs of children and families. Staff should also evaluate the impact of these strategies to ensure they lead to improved outcomes for every child.

Safeguarding(HMI)

Following the inspection the education authority, working with the ELC setting, have taken forward areas for improvement in safeguarding which required urgent action. Inspectors have reviewed information relating to these areas for improvement. Inspectors are satisfied with the response taken by the education authority body and do not require any further information.

Outcome of inspection

Our inspection findings show that the setting needs time to make the necessary improvements. We will liaise with the provider and The City of Edinburgh Council regarding the setting's capacity to improve. We will discuss with The City of Edinburgh Council the details of this inspection. Both Care Inspectorate and HMIE will return to carry out a shared further inspection of the ELC setting within one year of the inspection. This will focus on the requirements and areas for improvement. The Care Inspectorate will continue to maintain contact with the service provider and manager to support improvement and seek assurance that the requirements are being met.

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