First Nursery and After School Care
Day Care of Children

Kingsland Square
Peebles
EH45 8EZ

Telephone: 01721 724 395

Type of inspection:
Unannounced

Completed on:
12 June 2026

Service provided by:
First Nursery Limited

Service provider number:
SP2003002002

Service no:
CS2003009287

About the service

First Nursery and After School Care is registered to provide a care service to a maximum of 87 children at any one time aged between 12 months and those attending primary school, no more than 11 children are under the age of 2 years, no more than 18 children are aged 2 to under 3 years and no more than 24 children are attending primary school.

The setting is located close to local primary schools, parks, woodland areas and other community amenities, supporting access to a range of learning experiences beyond the nursery. Early learning and childcare is provided across three playrooms: the Manor room for children aged 0-2 years, the Leithen room for children aged 2-3 years and the Tweed room for children aged 3-5 years.

Each playroom has direct access to its own veranda area. In addition, there is a large garden space available for all age groups, offering extended opportunities for outdoor learning, exploration and active play.

After school care is provided within a hall located in the local primary school.

About the inspection

This was an unannounced inspection which took place on Monday 8 June 2026 between 09:30 and 17:00 and Tuesday 9 June 2026 between 09:30 and 17:00. 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 attending during our visits
- spoke with staff, management and provider
- considered feedback from ten families through an online questionnaire
- considered feedback from three staff through an online questionnaire
- observed practice and daily life
- reviewed documents.

Key messages

- The setting had made progress in developing a shared vision and improving staff morale, teamwork and environments. However, the vision, values and aims needed further work to reflect the wider ethos and shared expectations of children, families and staff.
- While improvements were evident, leadership should now focus on strengthening communication, transparency and engagement with staff and families to build greater consistency, trust and involvement across the setting.
- Children experienced positive, engaging learning opportunities across the setting, supported by caring staff and improving environments.
- Planning and observation approaches need to be more consistent and clearly focused on individual learning to fully support children's progress, alongside further development of environments to maximise engagement for all children.
- Children experienced warm, nurturing care from staff who knew them well, supporting strong attachments, emotional wellbeing and a sense of security.
- There was a need to improve consistency in responsive care, daily routines and personal planning, ensuring children's individual needs and wellbeing cues are always recognised and acted on promptly.

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.

Quality indicator: Leadership and management of staff and resources

Leaders across the setting had begun to develop a clearer vision, values and aims, which were increasingly shared with children, families and staff. There was some evidence that children, families and staff had been involved in shaping the direction of the setting, including through mind maps, team discussions and family feedback. However, while these approaches supported initial consultation and a growing sense of ownership, the vision, values and aims were still developing and at present, some aspects placed a stronger emphasis on expectations of children's behaviour. Further work was needed to ensure they more fully reflected the wider ethos of the setting and clearly set out shared expectations for children, families and staff, particularly in relation to communication, relationships and partnership working.

Leaders and staff demonstrated growing confidence in self-evaluation and reflective practice, with improvement activity increasingly focused on outcomes for children. A range of quality assurance approaches, including audits, training and action planning, were used to support ongoing improvement. Staff reflected on changes to planning, environments and routines, showing increased ownership of practice and a focus on more intentional, responsive experiences. There was evidence of continued professional learning and collaboration across the setting, supporting safer care practices and more consistent approaches.

Across the setting, staff generally described leaders as visible and approachable, with many highlighting supportive leadership. Monthly staff meetings provided regular opportunities for dialogue and reflection, enabling practitioners to contribute to improvement. As a result, staff morale had improved, with many practitioners reporting that they felt more valued and supported in their roles. This contributed positively to the overall ethos and to children's experiences.

Staff reported that improved deployment had reduced pressure and supported more nurturing, responsive interactions. A strong team ethos and collaborative working were evident, with staff reflecting that changes to environments and planning had improved children's engagement and wellbeing. Staff remained committed to improvement, identifying better staffing arrangements, skill mix and strong knowledge of children and families as key strengths supporting continuity of care. Overall, staff described a setting that was continuing to improve, with increased confidence, stronger teamwork and a clear focus on children's wellbeing, alongside recognising the need to further strengthen communication, consistency and trust in leadership.

Feedback from families about staffing and resources was more mixed. While some families felt confident in staffing levels, others expressed concerns about whether there were consistently enough staff available, particularly during busier periods. A few highlighted worries about increasing numbers of children without additional support, impacting opportunities for one-to-one interaction. There were also comments that greater consultation around staffing ratios and changes would be beneficial. More generally, families' feedback suggested that experiences were positive overall, with many valuing the caring ethos, strong relationships and welcoming atmosphere within the setting, while also identifying opportunities to strengthen communication and involvement.

The provider and leaders acknowledged both staff and family feedback and agreed to strengthen communication across the setting. Discussions took place around increasing opportunities to engage with families and staff, listen to their views and ensure decisions are inclusive, well-informed and reflective of the needs of the whole setting, while building trust, consistency and positive relationships.

Overall, improvements made since the last inspection, had led to positive outcomes for children. Children experienced calmer, more nurturing environments where staff felt increasingly confident and supported. Improved teamwork, staffing arrangements and greater consistency contributed to more secure and responsive care. However, there remained scope to further strengthen leadership in embedding a consistently open, transparent and trusting culture, ensuring all staff and families feel fully informed, involved and valued (see area for improvement one).

Areas for improvement

1.
To support continued improvement, the provider should strengthen leadership and management to promote a culture of trust, openness and effective communication. This will support staff and families to feel valued, included and confident in leadership, resulting in stronger relationships and improved outcomes across the setting.

In particular, but not restricted to, the provider should:
- Improve communication systems to ensure information is shared clearly, consistently and timeously with staff and families.
- Ensure staff and families are meaningfully involved in decisions and changes that affect them.
- Promote professional, respectful and inclusive leadership approaches.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

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.

Quality indicator: Playing, learning and developing.

Children across the setting were settled, engaged and actively involved in a range of play and learning experiences. These generally reflected their interests, curiosity and stage of development, contributing positively to their enjoyment and wellbeing. Families spoke positively, with comments such as, "They get up to lots of fun" and "My child obviously has a great day at nursery." Others highlighted experiences including, "Outdoor play, craft activities, reading and make believe." Children valued friendships within the setting and spoke positively about their experiences, with one child sharing, "My friends", when asked what they liked about coming to the nursery. This reflected the importance children placed on relationships and a sense of belonging.

In the Manor room, younger children participated in sensory and exploratory experiences such as water play, planting activities and caring for dolls. They also accessed regular community experiences which supported their awareness of the world around them. Staff supported early communication, independence and social

development through responsive interactions during play and daily routines. For example, staff encouraged children to engage in simple conversations and supported turn-taking during shared activities. However, children in this room would benefit from more cosy, nurturing spaces for rest and quiet play, alongside a broader range of developmentally appropriate and challenging experiences to meet the needs of all age groups within the room.

In the Leithen room, children were highly engaged in a range of meaningful experiences. They participated in group activities such as storytelling and counting games, where they confidently identified animals, recognised letters and discussed size. Staff supported co-operative play and developing social skills, for example through encouraging turn-taking and sharing. Children explored life cycles through activities such as observing caterpillars and engaged in outdoor learning experiences, including walks to observe ducks and waterfalls. These opportunities supported children's curiosity, early literacy and knowledge of the natural world.

In the Tweed room, children accessed a variety of experiences including role play, creative activities, construction and music. Children were confident and enthusiastic in their play. One child proudly shared a robot costume they had created, while others spoke about enjoying drawing, writing and making maps. Staff supported learning through meaningful interactions, encouraging imagination and extending children's thinking. While recent changes to the environment had created more defined areas, some spaces, particularly creative and sensory areas, were not yet fully developed and appeared less inviting. This resulted in uneven use of the environment. Further development of these areas, improving organisation, accessibility and presentation, would support more consistent engagement and ensure the space was used to its full potential.

Within the after school care provision, children independently chose activities such as games, puzzles and physical play, showing strong teamwork and communication. They worked well together, shared ideas and supported each other, demonstrating clear friendships and a strong sense of belonging. Staff joined in naturally with the play, strengthening relationships and enriching children's experiences. Children were confident and comfortable leading their own play, helping them feel valued, included and secure.

Children across the setting benefited from outdoor learning, outings and physical play. Many children spoke positively about gym sessions, with one sharing, "I like running", demonstrating enjoyment in active experiences which supported their physical development and wellbeing. Each playroom also had access to a veranda area, providing ongoing opportunities for outdoor play and there was clear awareness that these spaces would continue to be developed to further enhance children's experiences. We discussed the importance of ensuring children having more consistent access to the larger garden, as this provided a wider range of experiences and open space for children to run freely, explore and engage in more active play. A few families identified opportunities to further extend experiences, particularly through increased outdoor learning and trips.

Planning and observation approaches were developing and increasingly reflected children's interests. Staff used digital observations and group planning and children's voices were beginning to be captured. Staff described planning as child-led, using, "Open ended activities".
However, approaches were not yet consistent across the setting. In some areas, planning for play was at an early stage and did not clearly demonstrate impact on learning. Observations and next steps were not always specific or followed through, limiting evidence of progress. Some planning reflected routine activities rather than clear learning intentions. Families also reported they did not always feel fully involved in planning. To support continued improvement, this area for improvement from the previous inspection has been carried forward (see area for improvement one).

Areas for improvement

1. To support children's progress and high-quality, responsive learning, planning and observation approaches should be developed. These approaches should be used consistently by all practitioners across the setting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable to my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

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.

Quality Indicator: Nurturing Care and support.

Warm, nurturing relationships were a positive feature across the setting. Staff showed a good understanding of children's individual wellbeing needs and, in most cases, responded with care, sensitivity and warmth. Children appeared comfortable seeking comfort and reassurance, demonstrating secure and trusting relationships with staff. Families strongly reflected this, sharing comments such as, "The staff are so caring and affectionate", "Such a wonderful staff team overall. Everybody goes above and beyond" and "They treat the children as their own and always ensure the best care is being provided". Families also reported high levels of satisfaction with care overall and described an environment that had a, "Friendly atmosphere" and being, "Safe, secure and well-maintained", with staff always nearby to support children.

Across the setting, staff interactions were generally supportive and encouraging. There were opportunities, however, to strengthen practice further. For example, when children were upset, staff sometimes reassured them by saying they were, "Okay" without acknowledging their feelings more fully. Supporting staff to consistently validate children's emotions would enhance interactions, helping children to feel understood and further supporting their emotional development.

In the Manor room, staff provided calm, responsive care. Children were comforted through cuddles, soothing language and close attention to their cues. Staff recognised signs of tiredness and adapted routines to meet individual needs. Flexible sleep arrangements and regular checks supported children's safety and wellbeing and sibling relationships were supported positively.

In the Leithen room, children confidently approached staff for comfort and reassurance. Staff were emotionally attuned, using warm language and recognising both verbal and non-verbal cues. Children demonstrated empathy towards one another. While nurturing interactions were evident, children's privacy during toileting was not always consistently supported.

In the Tweed room, staff demonstrated strong knowledge of children and worked collaboratively to meet their needs. Interactions were warm and supported children's confidence and engagement, resulting in children who were settled, secure and actively involved in their play and learning.

Within the out-of-school provision, children appeared relaxed and confident, with staff promoting inclusion, teamwork and positive relationships. Many children had previously attended the nursery and the presence of familiar staff supported continuity of care, helping children feel secure and settled.

Mealtimes supported safety, independence and learning, with staff encouraging choice and social interaction. In the Manor room, experiences were calm and nurturing. In other areas, organisation of routines sometimes led to extended waiting times and reduced opportunities for relaxed engagement. There were also occasions where children's wellbeing cues, such as tiredness, were not responded to promptly. Reviewing mealtime routines would support more responsive care.

Personal planning supported children's wellbeing, with staff demonstrating strong knowledge of children's individual needs and family circumstances. Systems such as chronologies and care plans were in place and contributed to continuity of care and a personalised approach. While there were some inconsistencies in updating and recording, these systems supported staff to identify needs and respond appropriately. There were further opportunities to strengthen practice by ensuring information is consistently reviewed, followed up and recorded clearly, alongside using strengths-based language to better reflect children's abilities and progress.

Families spoke positively about the care provided, with comments such as, "Nothing is ever too much of a hassle". Positive relationships with families were evident, with staff within rooms providing open communication and partnership working. Families were welcomed into the setting at drop-off and collection times and communication was supported through a range of approaches including digital updates, photographs, messages, observations and informal conversations. Staff were responsive to family needs, for example by sharing reassurance photographs following difficult drop-offs.

Opportunities for involvement included parent evenings, family events, newsletters and community-based experiences such as seasonal events and outings. Families were also involved in transition planning and review meetings, supporting a personalised approach to care. As a result, children benefited from partnerships between home and staff in the setting.

While relationships were strong with key workers and staff in the playrooms, some families identified opportunities to improve communication and involvement. The provider and leaders acknowledged this feedback and agreed to take steps to strengthen communication and increase opportunities for meaningful family engagement. This would support families to feel more informed, involved and confident in the setting, further strengthening relationships and contributing positively to children's wellbeing and sense of security.

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 promote a shared understanding of the setting's ethos, the provider and leaders should revisit the setting's vision, values and aims with children, families and staff. This should include agreeing achievable priorities and ensuring these are embedded in day-to-day practice so children experience care and learning aligned with the setting's ethos.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 26 November 2025.

Action taken since then

Leaders had taken positive steps to revisit the setting's vision, values and aims with children, families and staff. There was evidence of consultation and increased awareness across the setting and early work had been undertaken to identify priorities and begin linking these to practice. In particular, the focus on what the vision, values and aims mean for children within the playrooms had supported improvements in children's experiences and day-to-day interactions.

However, moving forward, the next step is to build on this work to ensure the vision, values and aims fully reflect the wider ethos of the setting. This should include strengthening how they set out shared expectations for families and staff, particularly in relation to communication, relationships and partnership working. Leaders should continue to engage with families and staff to develop a clearer, shared understanding of what the vision, values and aims mean in practice and how these shape the culture of the setting.

By embedding this more fully, the setting would support a consistent, inclusive ethos where children, families and staff feel valued and clear about expectations, ensuring the vision, values and aims are not only understood but lived in everyday practice.

This area for improvement is met.

Previous area for improvement 2

To support reflective practice and shared ownership of improvement, the provider and leaders should ensure staff are more meaningfully involved in self-evaluation and improvement planning. This would support reflective practice, shared ownership of improvement and greater consistency across the team.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 26 November 2025.

Action taken since then

Leaders had made progress in involving staff in self-evaluation and improvement planning. Inspection evidence showed that staff increasingly felt a sense of shared ownership and growing confidence in reflective practice.

Leaders had introduced approaches such as spaces audits, enabling staff to evaluate their own environments and identify areas for improvement. This supported a shift from manager-led change to greater staff autonomy. Staff contributed ideas, including resource requests and environmental improvements, which were acted upon, demonstrating that their views were valued.

A more collaborative approach to quality assurance was evident, with leadership roles clearly defined. Regular one-to-one meetings and staff discussions supported reflection and professional development. Leaders also responded to staff feedback by providing guidance and training to strengthen confidence in areas such as observations and planning.

Staff morale and confidence had improved, with most staff reporting that they felt more supported and involved in decision making. This contributed to calmer environments, improved teamwork and greater consistency across the setting.

Overall, these developments demonstrated that staff were meaningfully involved in self-evaluation and improvement planning. This supported shared ownership, stronger teamwork and more consistent experiences for children across the setting.

This area for improvement is met.

Previous area for improvement 3

To strengthen leadership oversight and continuous improvement, the provider and leadership team should develop a collaborative approach to quality assurance, with clear roles and expectations. This will strengthen leadership oversight and support continuous improvement across the setting.

This is to ensure 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).

This area for improvement was made on 26 November 2025.

Action taken since then

Leaders had made clear progress in developing a more structured and collaborative approach to quality assurance. Inspection evidence demonstrated improved leadership oversight, clearer delegation of responsibilities and stronger systems to support continuous improvement.

Roles and responsibilities had been reviewed and clarified, with updated job descriptions providing greater accountability. Staff spoke positively about these changes, reporting that they felt less stretched and more able to focus on their individual roles.

Leadership capacity had also improved following staffing and structural changes. Increased support and improved deployment had created more protected management time, allowing leaders to focus on quality assurance, reflection and staff development. This represented a shift from previous reactive approaches towards more planned and purposeful improvement work.

Quality assurance processes were more structured and responsive. Audits, including those linked to allergy procedures, had been introduced to strengthen oversight and improve consistency. Leaders reviewed routines and environments to support safer and more consistent experiences for children. Staff reported that clearer systems supported confidence and organisation.

A more collaborative approach to improvement planning was evident. Leaders reflected on existing systems and adapted these to better suit the needs of the setting, including developing a revised quality assurance calendar to support ongoing monitoring and sustainability.

Overall, inspection findings demonstrated strengthened leadership oversight, with staff describing improved support, clearer guidance and increased opportunities for professional reflection. This contributed to calmer environments, improved teamwork and more consistent experiences for children.

This area for improvement is met.

Previous area for improvement 4

To support children's progress and high-quality, responsive learning, planning and observation approaches should be developed. These approaches should be used consistently by all practitioners across the setting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable to my age and stage, which stimulate my natural curiosity, learning and creativity (HSCS 2.27).

This area for improvement was made on 26 November 2025.

Action taken since then

Leaders and staff demonstrated that planning and observation approaches were becoming more responsive and intentional, with an increasing focus on children's interests and developmental progress.

Staff were beginning to use observations, floor books and tracking tools to inform planning and examples were evident of children's interests shaping experiences, such as sensory play, life cycle learning and outdoor exploration.

In some areas, staff reflected on how changes to planning had improved children's focus and engagement and systems such as weekly planning and digital observations were supporting greater consistency. However, practice remained variable across the setting. In particular, planning in some areas was at an early stage of development, with limited evidence of how observations, next steps and responsive planning were consistently linked.

Recording of transitions and follow-up on next steps was not always consistent, and some planning reflected routines rather than clear learning intentions. While assessment approaches supported children's development, further work was needed to ensure consistency, progression and clearer evidence of children's learning over time.

Overall, progress had been made, however, planning and observation approaches were not yet fully embedded or consistently applied across the setting and further improvement was needed.

This area for improvement is not met.

Previous area for improvement 5

To meet children's health needs, the provider and leaders should improve medication processes to ensure relevant information is gathered to administer medicine safely and reviewed with families every three months or earlier if needed.

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

This area for improvement was made on 26 November 2025.

Action taken since then

Leaders had made clear progress in strengthening medication procedures to support children's health needs and ensure safe practice. Systems were in place to support safe administration, with medication stored appropriately in clearly labelled containers, including children's details and instructions for use. Care plans and consent forms generally provided clear information on purpose and symptoms.

During the inspection, a small number of inconsistencies were identified within medication records, including differences between prescribed guidance and parental consent and minor recording errors such as missing signatures or incorrect details. These were promptly identified and addressed, with staff following up with families to ensure information was accurate and aligned.

Evidence showed that medication reviews were taking place at least every three months, supporting up-to-date consent and ensuring children's health needs were monitored effectively. Leaders had also embedded quality assurance processes, including regular checks and audits, to identify and address any gaps in practice.

Overall, children's health needs were supported through safe and effective medication procedures. While minor areas for improvement were identified, there was clear evidence of strengthened systems, improved staff awareness and effective leadership oversight.

This area for improvement is met.

Previous area for improvement 6

To keep children safe and prevent them from being given foods that they are allergic to, the provider and leaders should review and strengthen procedures for managing dietary requirements. This should include implementing consistent measures across all rooms and ensuring staff fully follow updated procedures.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

This area for improvement was made on 26 November 2025.

Action taken since then

Leaders had taken clear action to strengthen procedures for managing children's dietary requirements and allergies across the setting. Since previous incidents, safer and more consistent systems had been introduced, including clearer guidance for staff, regular allergy audits and improved oversight of practice.

Leaders described how audit processes and quality assurance systems supported reflection, identified gaps and improved consistency across rooms. Children's files contained detailed allergy and care information and staff, including the nursery cook, demonstrated increased awareness of children's dietary needs alongside clearer routines for food preparation and serving. Staff reported that improved guidance and structure had helped them feel more confident in their practice and key policies were accessible electronically to support consistency.

During the inspection, staff were observed checking allergy information during the serving process. Leadership oversight had also improved, with monitoring systems supporting more consistent practice and allowing leaders to identify and respond to areas for development.

Overall, children were benefitting from safer and more consistent approaches to allergy management. Although these systems should continue to be embedded to ensure consistency in practice, sufficient progress had been made to demonstrate improvement.

However, feedback indicated that some families continued to have concerns. The setting should continue to work closely with families to provide reassurance and build confidence in the strengthened procedures.

This area for improvement is met.

Complaints

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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