Angela Elizabeth Nursery
Day Care of Children

The School House
Bonnington Road
Wilkieston
Kirknewton
EH27 8BD

Telephone: 01313 331 949

Type of inspection:
Unannounced

Completed on:
15 July 2026

Service provided by:
A.E.N. Limited

Service provider number:
SP2003002926

Service no:
CS2003012029

About the service

Angela Elizabeth Nursery is a daycare of children service that operates from a detached, two-storey property located within Wilkieston, West Lothian. It registered to provide a care service to a maximum of 105 children, not yet attending primary school at any one time. Care is provided across four play rooms, with access to large, secure garden spaces and a portacabin. The service is close to local amenities, such as parks, shops and local green spaces.

About the inspection

This was an unannounced inspection which took place on Tuesday 14 July 2026 between 10:00 and 18:15 and on Wednesday 15 July 2026 between the times of 07:30 and 12:30. We gave feedback to the service in the afternoon of the second day. The inspection was carried out by three 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 information gathered since the last inspection.

In making our evaluations of the service we:

- spent time with children in all rooms, spoke in person with four family members and received 26 responses to our electronic questionnaire
- spoke with staff and members of the leadership team
- observed practice and children's experiences, and how they were supported with their care, play and routines
- reviewed documents.

Key messages

- Staff knew families well and had built strong, meaningful relationships with them which enabled effective communication.
- Children were happy and engaged as they played with their friends in a warm and inclusive environment.
- Children experienced a good range of play and learning opportunities indoors, outdoors and through outings to the forest.
- Following recent changes, there was a need to clarify leadership roles and responsibilities.
- Staff should strengthen child-led play by reducing unnecessary interruptions and reviewing transitions and group experiences.

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 key question as good, where several strengths impacted on positive outcomes for children.

Quality Indicator: Leadership and management of staff and resources

The service had a clear vision, values and aims, which provided a helpful foundation for staff practice. These should continue to be embedded as staff were at different stages in their confidence and familiarity with them. In addition, there had been recent changes to the roles and responsibilities of the leadership team. These should be further implemented so that staff are clear about the remits in place. Promoting a shared approach for everyday practice, routines and interactions with children and families should develop shared values across the team. (See area for improvement 1).

Good use of national and local guidance supported improvement through self-evaluation and quality assurance processes. Leaders gathered feedback from children and families, monitored aspects of staff practice and used improvement planning to identify priorities. This showed a positive commitment to self-evaluation. To improve further, leaders should strengthen the improvement cycle by ensuring actions are followed up, progress recorded and the impact on children's experiences evaluated. Families should also receive clearer feedback about how their views influenced change.

A range of audits monitored key aspects of the service which assessed performance and identified areas for professional development. While this demonstrated a proactive approach to improvement, the process could be further strengthened. For example, engaging staff in professional discussion could promote reflective practice and agreeing next steps. This should help staff to take more ownership to develop their skills and knowledge. Individual and team knowledge could be strengthened if staff developed a clearer understanding of effective practice. Outcomes for children could be enhanced from a staff team who used their learning to provide quality experiences. To support sustained improvement, the quality assurance measures should be embedded at all levels. Measuring outcomes from monitoring should make the process more meaningful. For example, using audits to identify patterns, learning and any required action would enable staff to receive feedback and support to make changes. Leaders should be able to measure how improvements were making a difference to practice and to outcomes for children.

Some staff were positive about contributing ideas to develop the service. This demonstrated that they were reflective and motivated to improve children's experiences. Leaders should continue to encourage staff to explore, develop and implement their ideas. This would contribute to staff feeling valued, strengthen distributed leadership and support improvements that were meaningful for children.

Safer recruitment procedures were followed when recruiting staff. Leaders should continue to strengthen these by ensuring references were requested from impartial parties when staff were recruited externally. This would provide additional assurance that recruitment processes ensured children's safety and wellbeing.

Processes were in place to mentor and support new staff, including use of the National Induction Resource. Staff spoke confidently about their mentoring experiences and said this helped them feel supported in their roles. This contributed to staff confidence and helped promote consistency in children's care and learning experiences.

Areas for improvement

1. To promote the development of the service, the remits of the leadership team should be clarified and embedded in practice.

This is to ensure 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) and;

"My care and support is consistent and stable because people work together well. (HSCS:3.19).

Children play and learn 4 - Good

We evaluated this key question as good, where several strengths impacted on positive outcomes for children.

Quality Indicator: Playing, learning and developing.

Children experienced a good range of play and learning opportunities across the service. Children were busy, happy and engaged in play indoors and outdoors. They accessed a range of resources which supported their interests, curiosity and developing skills. Staff planned experiences linked to children's interests and these were reflected in daily planning, displays and information shared with families. This helped children feel listened to and supported their involvement in shaping aspects of their play and learning. Parents shared, "The nursery is segmented in different areas by age, activity and interests. It is impressive, well-maintained and incredibly thoughtful towards children's needs. It's one of my favourite things about the nursery."

Most staff interacted positively with children, using praise and encouragement to support confidence, communication and engagement. For example, staff joined children as they explored mark making and books. These opportunities were used well to engage children and promote language, literacy and numeracy through play. Interactions in the baby room were particularly warm, responsive and nurturing. Children benefited from access to resources that supported curiosity, developing skills and enjoyment.

Pre-school children had opportunities to regularly visit the forest. This supported their confidence, active learning and exploration of the natural environment. To maximise the impact of these experiences, staff would benefit from further Forest Kindergarten training. This would support a more consistent approach across the week and help staff develop shared expectations for children's outdoor play and learning. There was scope to improve how these experiences were meaningfully recorded to demonstrate children's learning. Staff had thought about developing the use of floor books for this. They should be encouraged to develop this as a way of planning experiences and opportunities for children. It would help children revisit their experiences, reflect on their learning and strengthen links between nursery and forest experiences.

A range of planned opportunities were available in each room. These experiences supported enjoyment and learning for many children. However, staff should continue to be mindful of children's age, stage of development and individual preferences when planning group experiences. At times, group experiences and transitions interrupted children's play or reduced opportunities for children to make meaningful choices.

The service should review the pace of the day to support longer periods of uninterrupted play, particularly outdoors. Strengthening the balance between adult-planned experiences and child-led play would support children to have greater independence, creativity and control over their learning. (See area for improvement 1.)

Planning was responsive to children's interests which influenced the provision in the playrooms. Children's voices were captured well in displays and were used to influence plans. Not all staff were confident with the planning processes. They should be supported to develop their skills and knowledge, so they can increase their contribution to child-centred planning. This should enable them to plan experiences that support children to make progress in their learning and development. Children shared they liked "Playing outside with the bikes." And "I like playing, going to forest school, helping with my friends. I like the activities my teachers do with me."

Learning journals supported staff to record and celebrate aspects of children's experiences, progress and achievements. These included photographs and observations, and some entries meaningfully captured the context of children's learning and development. This helped staff recognise children's interests, skills and achievements and share these with families. However, the quality and manageability of observations and next steps was not yet consistent. Some children had several next steps recorded. This made it more difficult for staff to identify priorities, track progress effectively and demonstrate how children's learning was being built on over time. Leaders and staff should review this approach so that observations and next steps are more focused, significant and manageable. This would help ensure children's progress and achievements are clearly evidenced and used more effectively to support responsive planning.

Areas for improvement

1. To enable children to play and learn at their own pace, staff should review the pace of the day and minimise interruptions. As part of this they should consider how transitions are managed and the purpose of group times.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials." (HSCS:1.31).

Children are supported to achieve 4 - Good

We evaluated this key question as good, where several strengths impacted on positive outcomes for children.

Quality Indicator: Nurturing care and support

Staff knew children and families well, welcomed them into the service and shared information about children's routines and experiences. This enabled continuity of care and helped children feel secure and settled.

As a result, children experienced warm, caring and respectful interactions from most staff. To improve further, leaders should continue to support individual staff members to develop their practice in respect of nurturing approaches. This should help foster children's wellbeing through consistent, warm and responsive care. Parents shared that, "The staff are brilliant. Kind, friendly and knowledgeable. My children know they are safe and look forward to seeing the staff every day."

We saw that staff were responsive to children's emotional wellbeing, changing needs and non-verbal communication. Approaches to personal care were carried out in a respectful and caring way. Children's privacy and dignity were generally respected during personal care routines. One area for further improvement is supporting children's dignity, privacy and respect when more than one child requires changing at the same time. Introducing additional privacy measures, such as a screen between changing areas in the baby room would address this. It should help ensure children experience greater privacy and comfort during personal care routines.

Mealtimes were generally a positive experiences for children. They were supported to develop independence as they helped set tables, chose crockery, served themselves and poured drinks. Staff sat with children, supported independent feeding and encouraged children to make choices. In some rooms, the pace and organisation of the mealtime routine reduced the quality of some children's experiences. Staff should review the current routine and identify how they can reduce waiting times and create calmer, more sociable experiences. This would help children enjoy mealtimes as a nurturing part of the day. (See area for improvement 1).

Personal plans were in place for children and supported staff to understand children's wellbeing needs. Plans were reviewed in consultation with families, which helped promote partnership working and supported continuity of care. To strengthen this further, staff should ensure all parts of children's plans are reviewed and updated consistently. Confirming that all documentation is dated and clearly linked, would help staff track children's progress and changing needs.

Children's wellbeing was supported through opportunities for sleep and rest which reflected their individual routines. Appropriate use was made of mats and cots across playrooms. Leaders should continue to ensure that sleep spaces, including outdoor sleep areas, were free from potential risks. For example, making sure that mesh nets fitted cots securely. Maintaining this oversight would help ensure children were safe, comfortable and well supported during rest routines.

Systems were in place for the storage, review and administration of medication. To ensure these systems fully supported children's health and wellbeing, leaders should strengthen consistency in medication reviews. In line with guidance, services should review all consent every three months or at the start of a new term. They should check that the medication is still required and that the dose has not changed. This would provide stronger assurance that children's healthcare needs were being met safely and consistently. (See area for improvement 2).

Families told us that communication was a strength of the service. They spoke positively about the effective use of the app and home links to share information. For example, children's learning shared between home and nursery, enabled staff to support children's interests. Families of younger children particularly valued how routines were recorded and shared, which helped them understand their child's day. Families told us staff were, "Very welcoming and communicative. On first name terms. Give feedback, answer our questions and always share highlights or concerns from the day." While there were opportunities for parent's involvement, staff recognised that some approaches were more successful than others. Moving forward, they should continue to reflect on different ways that could encourage wider family engagement.

Areas for improvement

1. To improve the lunch time routine for children, staff should review the current process, considering children's experiences. They should reflect on elements of the current routine and reduce the waiting time before children can begin eating.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences respected." (HSCS:1.340).

2. To support children's continued health and wellbeing, the provider should strengthen the quality assurance system for the administration of medication. They should ensure reviews are carried out in line with current guidance and confirm the accuracy of information gathered.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I need medication, I am able to have as much control as possible." (HSCS: 2.23) and;

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS: 4.19).

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 continued health and wellbeing, the provider should review the medication systems, to ensure all relevant information is gathered for each medication held and administration of medication is recorded fully. Medication held should be stored appropriately to ensure children's safety.

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

This area for improvement was made on 27 February 2025.

Action taken since then

The service had procedures in place to ensure all relevant information was gathered and recorded for each medication held within the service. Medication was stored appropriately and securely, promoting children's health, wellbeing and safety.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.scot.

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.scot

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.