Nippers Nursery
Day Care of Children

Verdun Villa
18-19 Main Street
Dalmeny
South Queensferry
EH30 9TU

Telephone: 01313 191 778

Type of inspection:
Unannounced

Completed on:
12 September 2025

Service provided by:
Nippers Nursery Limited

Service provider number:
SP2003002939

Service no:
CS2003012042

About the service

Nippers nursery is situated in Dalmeny near South Queensferry in Edinburgh. The service is registered to provide a care service to a maximum of 52 children aged three months to primary school entry with a maximum of 20 children under two years. The service operates between the times of 07:30 to 18:00 hours. The service is in partnership with the local authority and provides funded places.

Th service comprises of two playrooms on the ground floor for children two years old and under. There is a large playroom on the first floor for children aged three to five years old. The ground floor has a nappy changing room and toilet facilities, and a separate sleep room. The first floor has toilet facilities and a nappy changing space. A kitchen is situated off the larger playroom that is used to prepare snacks; lunches are provided from an external company. There is a large outdoor garden space to the side of the building and the area is separated into three spaces for each playroom. There is a portable toilet outdoors for children to access when outdoors.

About the inspection

This was an unannounced inspection which took place on Tuesday, 9 September 2025 from 10:00 until 17:15 hours and Wednesday, 10 September 2025 from 09:15 until 15:30 hours. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with children using the service
- spoke with staff, manager and provider
- observed practice, daily routines and children's experiences
- reviewed documents in the service
- reviewed feedback we received from eight families through an online survey.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how the 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 experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

• Children were welcomed into the service by friendly and approachable staff.

• Children benefitted from playrooms being set up for their arrival with defined play spaces, and resources and activities that were of interest to them.

• Children would benefit from play spaces being reset throughout the session, to allow children space to play and to see what was available to them.

• Quality assurance approaches were beginning to impact positively on children's experiences.

• The service was responsive and actioned issues raised during the inspection, including sleep arrangements and nappy changing facilities.

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

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

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

How good is our care, play and learning? 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 1.1: Nurturing care and support.

Children experienced a service that was welcoming and nurturing. Staff used children's names to let them know that they were speaking to them. Children's permission was sought before carrying out care routines including wiping their face or changing their nappy. This let children know that they were valued and respected.

Personal plans were in place for all children and enabled staff to have the right information to care for children. Parents and staff explained that personal plans were reviewed with them at key points in the year including parents' night or sooner in response to changes. This meant that plans held up-to-date information and were reviewed in line with current guidance.

The storage and administration of medication was reflective of current guidance. Systems in place were known to staff across the service; this ensured a consistent approach to caring for children with medication. A flow chart providing a stepped approach to medication would ensure a quick response when the administration of medication has not been effective.

A separate sleep room for babies and a space for toddlers meant that their sleep time had minimal disruptions from external noise. Children had their own bedding, and cots were used by babies and sleep mats for toddlers. Comforters from home were available for children who needed them. This meant that children went to sleep comfortably. Children were asked if they wanted to sleep and their preferences were respected. The length of time children slept for was reflective of parents' requests and children's needs. Monitors were used to supervise children's sleeping. Following discussion during the inspection, the management team made adjustments to staff deployment to ensure a member of staff was present in the separate sleep room when children slept. This ensured that children were safe, and practice was reflective of current best practice guidance.

Mealtimes provided some opportunities for children to develop independence skills through setting the table, self-service of food and clearing away dishes. To enhance mealtime experiences further, there should be a more consistent approach to the routines; for example, the consistency of the serving area for children. This would mean they were confident in the process and routine. The serving areas in the rooms were small for a buffet style service and serving from dishes on the table could be more accessible for children. Children were encouraged to feed themselves in the younger rooms and were skilled and confident in this routine. Staff sat with children ensuring that they were supervised and safe as they ate. Children experienced positive interactions with staff during mealtimes. Some children's interactions were task focused, for example, being reminded to have a drink or put their dishes away. While other children had good social conversations that supported their social skills and engagement during mealtimes; for example, children discussed their favourite foods and spoke about what they liked doing at home. Further quality assurance of mealtimes will help to identify any gaps in practice and evaluate the quality of children's experiences.

Staff were able to talk through child protection procedures and what to do if there were concerns about a

child's wellbeing. Photographs and contact information was displayed of the service's child protection officers and external services contact details. This meant that staff and parents could view the display and the procedures for their information.

Quality indicator 1.3: Play and learning.

Children had fun and were engaged in the activities available to them, including sand, water, playdough and mark making. Children engaged with open-ended resources, including block play, and were able to explore their schematic play through rolling, transporting and connecting. Two children explored the properties of magnets, one using them to connect and the other used the magnetic force to pull and collect other magnetic objects. This meant that the resources available enabled children to lead through own learning and to be curious about how to use them.

Effective communication and questions from some staff provided children with new language and understanding. For example, in the toddler room, the textures of some balls were described to children. Time was given for children to touch and feel and hear the word repeated to them.

Approaches to planning had been changed and were beginning to influence child-centred planning. For example, children had requested for caterpillars to watch them change into a butterfly. Staff planned for children by being responsive to their interests and evaluations were beginning to be used to plan for future experiences.

Children's experiences and learning were recorded in floor books and provided children with an opportunity to look through and revisit previous experiences. Recording children's comments in the floor books would capture children's ideas and learning over time. A digital platform was used to share information from nursery with home. Some parents engaged with this and equally shared celebrations and experiences from home. This strengthened the relationships and enabled parents, staff and children to share and reflect together.

Outdoors provided children with play opportunities to learn in nature through growing and planting. Some children had dug out a trough in the dirt and filled it up with water as they watched the flow of water. This was a focus for several days allowing the children to develop their play and continue with their plans over time. This meant that children could lead their own play. The outdoor space could be further enhanced with children having more frequent access to it and for areas to be developed further. For example, the nature areas could be developed with the children in response to the seasonal changes.

There were opportunities for children to visit local places, including sessions at the library and walks to local places. This meant that children were connected to their community and their place in it.

How good is our setting? 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 2.2: Children experience high quality facilities.

The rooms were well ventilated and comfortable for children to play in. Quiet spaces were available in each

of the rooms, including tents, soft cushions and blankets. This meant children could seek out quiet spaces freely and feel comfortable in them.

Play spaces were set up for children arriving, with defined areas to let children know what was available to them and to create a predictable environment each day. This let children know that they were valued and helped them to be engaged and not overwhelmed. Areas should be reset during the session so that children can continue to access spaces fully (see area for improvement 1).

The positioning of furniture and equipment was at the correct height and stage of development for children. For example, there was floor space for babies to crawl and toddlers to lay on the floor as they played. Loose parts and open-ended resources allowed children to explore play. Staff were respectful of the environment and role modelled the looking after and tidying away of resources. This meant that children could copy and learn how to care for their environment.

Displays were attractively presented with photographs that children and parents could look at. Interactive displays, including the emotions display, enabled children to play and explore emotions and stories at their own pace. Children's experiences could be further enhanced through more play provocations and interactive displays to promote curiosity and inspire play.

Children benefitted from a large outdoor area, with each playroom having allocated sectioned garden space. This meant that all children could access the garden at the same time safely. There was flexibility with older children spending time with younger children. This meant that children and staff had the opportunity to get to know each other as a whole nursery. In each garden area, there were spaces for shelter from the changing weather and space for quieter activities.

Children were familiar with infection, prevention and control routines, including hand washing, and were reminded at points throughout the session. There were times when this was compromised for younger children with water bottles being used by other children and nappies not being stored in a sealed container or bag. Staff were responsive to this being raised and remedied this.

Nappy changing facilities were not reflective of current guidance; however, the service were responsive in discussing solutions. These should include ensuring that children's dignity and respect during nappy changing is prioritised.

Areas for improvement

1. To support children's choices and play opportunities, the provider should ensure that play areas are reset when needed. Spaces should be inviting for children to play and create in. This should include indoor and outdoor spaces.

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 for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

How good is our leadership? 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 3.1: Quality assurance and improvements are led well.

Quality assurance systems were in place and directed by a calendar plan across the year. This meant that tasks were distributed across the year, making it manageable to work through. Leaders spoke confidently about how systems were implemented. Tool kits were used to support self-evaluation including the CIRCLE framework Up, up and away and the Early years framework. This meant that self-evaluation was informed by current practice documents. Quality assurance could be strengthened further with focussed areas of self-evaluations. For example, the quality of practice, interactions and provision experienced by children to identify training needs and resources as part of improvement planning.

An improvement plan was in place and displayed for staff and parents to view. Staff were aware of the improvement plan and shared that it was discussed at team meetings. Documents of the month provided staff with the opportunity to discuss and reflect on the document and their practice. As a result, staff were engaging with current practice guidance and documents.

Questionnaires were used to gather the thoughts and opinions of parents and children. Responses were collated and made available to parents. This lets parents know that their opinions matter and are responded to. Parents' evening was planned for and provided an opportunity for staff and parents to celebrate their children and to identify any supports a child may need. Stay and plays on a weekend have provided another opportunity for parents to spend time in the nursery with their child.

How good is our staff team? 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 4.3: Staff deployment.

Overall, staff were deployed effectively across the service ensuring there were enough staff to care for children. Staff communicated well letting each other know where they were and if a task took them away from their area. The use of two-way radios meant that staff could communicate to each other across the service and when groups of children were outdoors. This meant that staff could follow children's movements when they played outdoors and to bring additional resources outdoors in response to children's play.

Room leads were seen giving direction and managing the times of breaks in response to what children needed at the time. For example, for some playrooms breaks started before lunch and other playrooms afterwards. This meant that enough staff were present and available to meet the needs of children.

Absences were managed through staff cover from Nippers Kirkliston. This meant that staff were familiar with each other, the service and often the children. This helped to ensure minimal disruption to continuity of care.

Appraisals were in place and new staff were mentored and inducted using an induction framework. This ensured that expectations and responsibilities were discussed and shared with new staff. This meant that new staff were familiar with the values and ethos of the service. Staff explained that being mentored was a positive experience and increased their confidence enabling them to take on additional tasks.

Complaints

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

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good

How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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