Thrive Childcare and Education. Corner House - The Grange
Day Care of Children

13 Minto Street
Edinburgh
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Telephone: 01316 683 300

Type of inspection:
Unannounced

Completed on:
2 October 2026

Service provided by:
Strawberry Hill Nurseries Limited

Service provider number:
SP2003003548

Service no:
CS2003015684

HAPPY TO TRANSLATE

About the service

Thrive Childcare and Education Corner House - The Grange is registered to provide a daycare of children service to a maximum of 100 children between the ages of 3 months and entry into primary school, of whom a maximum of 28 children are aged 3 months to 2 years.

The service is based in the south-side of Edinburgh, located on a busy main road, close to local amenities and public transport links. The service has multiple playrooms across three floors. Babies and toddler playrooms are based across the ground floor of the building, with an additional playroom located on the second floor. Older children use the playrooms on the top floor of the building. There are nappy changing facilities on the ground level and toilets across all floors. Children have access to gardens at the front and rear of the property.

About the inspection

This was an unannounced inspection which took place on 29 September 2026 between 08:30 and 18:00 and on the 30 September 2026 between 09:00 and 14:15. Three Inspectors carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included, registration information, information submitted by the service and intelligence gathered since registration.

In making our evaluations of the service we:

- spoke with children and a family using the service
- considered feedback from 2 families through an online questionnaire
- considered feedback from 4 staff through an online questionnaire
- observed practice and daily life
- reviewed documents relating to the care of children and the management of the service.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary within 'Leadership' and 'Children are supported to achieve' headings.

Key messages

- Children were happy, settled and engaged, benefiting from improving play-based learning experiences that supported their development, creativity and wellbeing.
- Leaders demonstrated a commitment to improvement, although further work was needed in self-evaluation processes including the involvement of children, staff and families.
- Recent staff stability, continued training and developing leadership roles were strengthening practice and outcomes for children.
- Further work was needed to strengthen staff deployment in the service.
- Children experienced warm, nurturing care and strong relationships with staff, which supported their safety, emotional wellbeing, confidence and sense of belonging.
- Further development of interactions, planning, assessment and learning environments was needed to strengthen children's choice, engagement, progression and outcomes.
- Strengthening the consistency in medication records, personal planning, mealtime practices and infection prevention and control would ensure positive outcomes were sustained for all children.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

Leadership	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Children are supported to achieve	3 - Satisfactory / Adequate

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

Leadership 3 - Satisfactory / Adequate

We evaluated different parts of this heading as good and adequate/satisfactory, with an overall evaluation of adequate, where strengths in this aspect of work just outweigh the weaknesses.

Quality indicator: Leadership and management of staff and resources

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.

The service demonstrated a commitment to embedding vision, values and aims in the service. Staff and families actively shaped the values of learning through play, respect and inclusion, partnerships with families, confidence and resilience. These values were beginning to be embedded in practice and were regularly reflected upon at team meetings. Children benefited from play-based learning experiences that supported their development. Regular stay-and-play sessions and newsletters strengthened partnerships with families, enhancing communication and shared understanding of children's experiences and progress. Overall, the developed values were beginning to embed a consistent approach across the service.

Leaders had begun developing the use of a self-evaluation floorbook to record reflections linked to the Quality Improvement Framework. They had identified priorities to enhance staff skills, knowledge and induction, demonstrating a commitment to improvement. Other actions identified, including the introduction of shared ratio monitoring sheets, had been implemented to support effective staff deployment. However, the impact of identified improvements was not yet clearly evidenced in the floorbook through implementation, monitoring and evaluation. Staff and family involvement in self-evaluation was limited, reducing opportunities for meaningful participation in service development. Further engagement with children, families and staff would strengthen self-evaluation processes and more clearly demonstrate they informed change and improved outcomes for children and families.

Quality assurance processes supported regular monitoring and improvement, with audits leading to some positive changes. For example, Mealtime audits had led to some positive changes in the toddler room, including stronger staff interactions and increased child involvement in meal preparation. The service continued to audit medication, mealtimes, planning and personal plans and continued to identify areas for improvement. Audits should be continued with a focus on but not limited to developing medication reviews, mealtime experiences, acknowledgement of accidents and incidents, personal plans and interactions. While appropriate actions had been identified, strengthening accountability, timescales, audit records and protected management time would further support sustained improvement and better evidence positive outcomes for children and families.

An improvement plan supported ongoing development. Progress was evident in strengthening staff skills and knowledge, improving learning environments and promoting shared leadership. Room leads had taken on greater responsibility for supporting colleagues, while changes to the preschool provision enhanced the learning environment and improved staff deployment, resulting in better support for children. High staff turnover meant workforce development remained a key priority. However, staff involvement in developing the new improvement plan had been limited, and priorities were not yet fully understood or owned across the team. Strengthening communication, participation and leadership opportunities would support greater ownership of improvement priorities and help sustain positive outcomes for children and families.

Risk assessments were in place for most areas of the service, including playrooms and regular outings, helping to support children's safety and wellbeing. Records showed that risk assessments had been reviewed and updated. However, the baby room risk assessment had not been updated recently and did not fully identify or address all potential hazards such as dangling plants from shelves and cables for lights. When this was highlighted staff took appropriate action to reduce risks. Overall, risk assessment processes were established and generally supported safe care and support. Further review of the baby room environment would strengthen ability to identify and minimise risks proactively, helping to ensure children could continue to explore and play safely.

Accidents and incidents were recorded appropriately on a digital platform and regularly analysed by leaders to identify trends and support service improvement. However, monitoring arrangements for sharing reports with families were not sufficiently robust, with a lot of records remaining unacknowledged. Although information was routinely shared verbally, this increased the risk of important information being missed and could present a safeguarding concern. Strengthening systems to ensure accident and incident reports were consistently shared and formally acknowledged by families would further promote children's safety and wellbeing.

Leaders demonstrated effective leadership through robust safer recruitment. Induction processes effectively supported staff to develop their knowledge of policies, procedures and best practice guidance. Regular check-ins during the first three months of employment provided additional support, and staff spoke positively about leaders' approachable and responsive approach. Overall, staff felt well supported which positively impacted outcomes for children.

Quality indicator: Staff skills, knowledge, values and deployment.

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

High staff turnover had meant that developing and maintaining staff knowledge and skills remained a key priority. Newly appointed room leads demonstrated an understanding of children's development and identified opportunities to improve children's experiences. For example, plans to introduce greater free-flow access between toddler rooms aimed to enhance children's engagement, choice, and learning opportunities, supporting better outcomes for children. A motivated and collaborative staff team was emerging despite recent staffing challenges. Further embedding leadership responsibilities, reflective practice, self-evaluation, and improvement planning would support staff to apply their skills consistently and drive continued improvements for children and families.

Staff accessed regular training through a digital platform. In addition some in house training had been delivered. For example, child development and early brain development training was delivered at the start of the year for most staff. In response to ongoing staff changes, this training was revisited during recent team meeting to ensure consistent knowledge across the team. This demonstrated leaders' commitment to ensuring staff had the knowledge required to meet children's needs. There was an opportunity to strengthen the impact of training by using their reflective evaluation processes to help staff consider how their learning had influenced their practice. Further and continued exploration of national guidance, such as Realising the Ambition and The Voice of the Infant, would support the continued development of staff interactions, knowledge and confidence. Overall, the service had prioritised child development training and was taking appropriate steps to strengthen staff practice. However, training plans should be continued to upskill and develop their newly evolving staff team. The previous area for improvement had been met (see area for improvement 1 in 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Arrangements to monitor staffing levels and deployment were in place. The use of a consistent pool of supply staff had supported children and families to build trusting relationships during what had been significant periods of staff change. Families commented, "The nursery has had a few ups and downs. There were frequent staff changes", "However, a lot has changed in the last two months, for the better, the staff team is stable and stays within the same groups". While staffing levels were generally sufficient and families reported improvements in team stability, there were occasions where staff deployment could have been better organised to maximise support for children. During mealtimes staff became task-focused and opportunities for engagement and supervision were missed. Ensuring staff are deployed to prioritise children's engagement and wellbeing during routines would improve the quality of children's experiences. In addition, strengthening communication systems in the service such as effective use of walkie talkies and ensuring staff understand expectations around leaving rooms would help maintain effective supervision and responsiveness. The previous area for improvement has not been met and will be re-written to include ensuring effective staff deployment during mealtimes. (see area for improvement 1)

Areas for improvement

1. To promote consistently positive experiences for all children, the provider should support the management team to effectively review the deployment of staff responsively across the day and when forward planning. Staff should be available in appropriate numbers to meet the varying needs of all children. This should include but not limited to effective supervision and deployment during mealtimes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me'. (HSCS 1.19) and 'My needs are met by the right number of people. (HSCS 3.15)'.

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 were happy, settled, and actively engaged in play throughout the inspection. Families reporting noticeable improvements in the quality of play-based learning and children's development. They commented, "(play and learn) has changed recently. You can see that they are doing more, that the children are learning a lot through play and developing. Previously, this was less visible" and "My child is invited to use their imagination and build on that to develop their skills".

Preschool rooms provided a range of engaging experiences that supported children's learning, creativity and exploration. Staff used intentional planning to extend children's interests, for example through a water play experience incorporating pipettes and autumn materials collected during a recent walk. In the baby room, children accessed a variety of sensory and exploratory experiences, including stories, songs, creative activities and sensory play. There were opportunities to further promote choice and independence by ensuring babies could freely access experiences, such as sand play, and choose whether to participate in planned activities. Leaders recognised the need to further develop the toddler environment, where the use of one playroom had limited children's access to space and resources. Responsive action was taken during the inspection to improve the underused room and increase access to experiences such as sand, water, art and craft activities. Further development of the toddler environment, including daily access to both rooms and a review of resources, would strengthen opportunities for play, curiosity, exploration and sustained engagement. Overall, most children benefited from positive learning experiences; however, enhancing access to environments, resources and adult support would further improve children's choice, engagement and outcomes.

Children benefited from regular outdoor play and meaningful community experiences that supported their wellbeing, learning and understanding of the wider world. One family commented, "I also like the fact that the children have started going out to places other than just the garden". While outdoor environments provided opportunities for physical play, exploration and creativity, access for babies and toddlers was limited by a rota system during garden redevelopment, reducing opportunities for outdoor play and choice. Some outdoor areas and resources were underused and did not fully promote curiosity, engagement and learning. Leaders had recognised these areas and had plans in place to further develop the environment. Planned improvements, alongside greater opportunities for children to choose when to access outdoor play would further strengthen children's engagement, independence, learning and wellbeing.

The quality of interactions varied across the service. In the preschool rooms, staff used open-ended questioning and meaningful conversations to extend children's thinking, language and problem-solving skills. This supported confidence, engagement and positive learning outcomes. In younger rooms, songs and rhymes promoted enjoyment and participation. However, interactions often focused on routines and transitions rather than extending play and learning. During some experiences, particularly mealtimes and conflict resolution, opportunities to promote meaningful engagement, communication and emotional understanding were missed. Further development of responsive interaction skills, informed by best practice guidance, would help ensure interactions consistently supported children's language, thinking, wellbeing and overall development. (see area for improvement 1)

Intentional and responsive planning processes were in place. Staff demonstrated an understanding of how to extend children's interests and development through learning experiences that supported engagement and learning. However, staffing changes had affected the consistency of planning, implementation and evaluation in some rooms. Floorbooks were in place and captured some of the learning experiences carried out. However they had not been consistently maintained or made accessible to children, limiting their effectiveness in supporting reflection, learning and family engagement. Overall, staff demonstrated an understanding of intentional planning and provided some meaningful extensions to children's interests and development. Further work was needed to ensure planning was implemented consistently, evaluated for impact, informed by clear observations, and effectively involved children and families in the learning journey.

Observations of learning were shared through a digital platform. This supported communication with families and provided evidence of children's experiences and development. Families commented, "a dedicated key worker who takes care of them, pays attention to their progress, and reports it back to us as parents". A new observation format had been introduced to improve the visibility of next steps in learning, demonstrating a commitment to strengthening assessment practice. However, this approach was not yet consistently embedded. While developmental and curriculum tracking systems were in place, assessments relied heavily on professional judgement and were not always supported by sufficient observational evidence. As a result, progression over time and identified next steps were not always clearly demonstrated. Overall, progress had been made in improving planning for play and learning, but greater consistency in observation, assessment, tracking and evaluation was needed to ensure learning experiences remained responsive to individual needs and effectively monitored children's progress. The previous area for improvement relating to child-centred planning and assessment remains. (see area for improvement 2 in 'What the service has done to meet any areas for improvement we made at or since the last inspection')

Areas for improvement

1. To ensure children consistently experience high-quality interactions that support their engagement, learning and wellbeing, leaders should support staff to reflect on and implement best practice guidance for developing responsive interactions with babies and young children.

This should include but not limited to,

- Reflecting on guidance such as Scottish government ‘Realising the Ambition’ and ‘The Voice of the Infant’ to strengthen their understanding of responsive interactions.
- Developing approaches would help ensure interactions consistently support children's language development, wellbeing and overall outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me'. (HSCS 1.19) and People have time to support and care for me and to speak with me (HSCS 3.16)

Children are supported to achieve 3 - Satisfactory / Adequate

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

Quality indicator: Nurturing care and support

Staff were warm, caring and responsive, helping children feel safe, secure and valued. Families spoke positively about the welcoming and nurturing care provided and children demonstrated strong relationships with staff and were relaxed and confident in their care. Improved staff consistency and a growing understanding of attachment had supported children to develop secure relationships with key workers, strengthening their sense of belonging and emotional wellbeing. Staff responded sensitively to children requiring additional reassurance, and babies who were new to the service benefited from nurturing interactions that supported trust and confidence. To further enhance outcomes, leaders should consider staff deployment during daily tasks to maximise consistency with familiar caregivers during settling-in periods. The previous area for improvement had been met. (see area for improvement 4 in 'What the service has done to meet any areas for improvement we made at or since the last inspection')

Room-to-room transitions were planned to meet individual children's needs. There were opportunities for children to visit new rooms and become familiar with staff, routines and environments before moving. This supported children to experience smooth, positive transitions and promoted confidence, attachments and emotional wellbeing. To further strengthen practice, transition arrangements should be clearly recorded in personal plans and agreed with families. There was also an opportunity to enhance younger babies' experiences by reducing unnecessary interruptions during routines, particularly mealtimes. This would create calmer, more consistent experiences that supported children's security, engagement and wellbeing.

Safe sleep procedures were in place and supported children's safety, comfort and wellbeing. Staff remained with sleeping children, completed regular sleep checks and followed individual sleep routines, providing consistency and reassurance. Older children had access to quiet spaces for rest, with opportunities to further promote independence through accessible blankets and rest mats. Overall, arrangements supported children's wellbeing and provided positive opportunities for rest and relaxation.

Staff demonstrated a clear understanding of their safeguarding responsibilities and were confident in recognising and responding to child protection concerns. A child protection policy was in place to guide practice. Updating policy documentation and strengthening the recording systems of child protection information would further enhance the service's safeguarding practice and support positive outcomes for children.

Medication was stored appropriately in labelled containers. However, reviews of medication records were not always completed consistently to ensure information remained current to reflect children's health needs. Medication administration records were not always fully completed, including evidence of parental acknowledgement, and some staff were unclear about medication storage locations. In addition, some medical support plans needed strengthened with further detail to guide practice. More consistent reviews, accurate record keeping, clear support plans and ongoing quality assurance would further strengthen safe and effective support for children's individual healthcare needs.

Mealtime experiences varied across the service and needed further development to consistently promote children's wellbeing, engagement and safety. In the baby room, delays in food service, extended waiting times and staff deployment challenges reduced opportunities for close supervision, meaningful interaction and responsive support. Positive improvements were evident in the toddler room, where children were encouraged to develop independence through self-serving opportunities and mealtimes were generally relaxed with developing interactions. In the 3-4 room further consideration was needed to the food presentation and temperature due food sitting for prolonged periods. Whilst the service shared they offered alternatives further support for children who ate little could be offered. Experiences in the 4-5 room were positive, with effective supervision, promotion of independence and management of dietary needs. Further refinement of mealtime routines, staff deployment, supervision, hand hygiene practices and interactions was needed to strengthen the quality of children's experiences. This would help ensure mealtimes were safe, nurturing and enjoyable opportunities for learning, socialisation and wellbeing. (see area for improvement 1 under the leadership heading)

Staff supported children's personal care needs with dignity and respect, promoting choice, independence and wellbeing through nurturing interactions. While personal care experiences were positive overall, infection prevention and control practices were not always implemented consistently, with some areas of the environment needing additional cleaning and maintenance. There was inconsistencies in hand hygiene practices for both children and staff. Whilst it was positive that issues identified during the inspection were addressed promptly such as cleaning of window surfaces at children's levels. Further attention to environmental cleanliness in some areas, hand hygiene and infection prevention and control practices would strengthen children's safety, health and wellbeing (see area for improvement one)

Personal plans were developed in partnership with families. They recorded children's individual needs, interests and preferences when a child started in the service, supporting a personalised approach to care and learning. Recent staff training and planned audits demonstrated a commitment to improvement. However, reviews were not always completed within required timescales, increasing the risk that plans did not accurately reflect children's changing needs. Where additional support needs were identified, plans did not always evidence family involvement or provide clear strategies to guide practice. While some progress had been made, further work was needed to ensure personal plans were regularly reviewed, fully reflected children's needs, and provided clear support strategies to support positive outcomes. The previous area for improvement around personal plans had not yet been met and will be amended to include the need to review personal plans. (see area for improvement 2)

Connections with families had strengthened, supported by leaders' ongoing efforts to evaluate and improve communication methods. Monthly newsletters, regular informal discussions and stay-and-play sessions helped families feel welcomed, informed and involved in their child's experiences. Families reported significant improvements in communication and relationships following a period of staffing instability, highlighting increased confidence in the service and better communication around changes. Stay-and-play sessions provided valuable opportunities to build relationships and gather feedback, demonstrating a commitment to partnership working and continuous improvement. As a result, families experienced a greater sense of involvement and shared understanding of their child's care, learning and development.

Areas for improvement

1. The service should strengthen infection prevention and control practices to help reduce the risk of infection transmission and promote a safe environment for children, staff and visitors. This should include, but not be limited to:

- implementing effective hand hygiene practices and monitoring compliance
- ensuring the environment is continuously maintained in a clean and hygienic condition.
- supporting staff to follow and support infection prevention and control procedures consistently in line with current guidance.

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) and I experience an environment that is well looked after with clean, tidy and well maintained
premises, furnishings and equipment (HSCS 5.24).

2. To support children's wellbeing, learning and development, the provider should ensure children's personal plans reflect their needs. This should include, but not be limited to, recording children's care and support needs and how these will be met in practice with effective support strategies. Personal plans should be reviewed at least every six months with families to ensure they remain up to date, relevant and support children's changing needs.

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

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To promote consistently high-quality support for all children, the provider should enable staff to further develop their skills, knowledge and confidence in key areas of practice. This would include but not be limited to, developing skills, knowledge and confidence in relation to current child development theory and good practice in early learning and childcare.

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).

This area for improvement was made on 5 December 2025.

Action taken since then

In house training had been delivered at team meetings and covered child development and early brain development. In response to ongoing staff changes, this training was revisited during recent team meeting to ensure consistent knowledge across the team. This demonstrated leaders' commitment to ensuring staff had the knowledge required to meet children's needs.

There was an opportunity to strengthen the impact of training by using their reflective evaluation processes to help staff consider how their learning had influenced their practice.

Overall, the service had prioritised child development training and was taking appropriate steps to strengthen staff practice. However, training plans should be continued to upskill and develop their newly evolving staff team.

This area for improvement had been met.

Previous area for improvement 2

To ensure personalised, challenging learning and accurate monitoring and assessment, staff should adopt child-centred planning and assessment approaches. This would include, but not be limited to:

-improving and implementing child-centred planning approaches,
-developing staff skills and confidence to effectively assess, support, and monitor children's progress over time.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'I am supported to achieve my potential in education and employment if this is right for me' (HSCS, 1.27).

This area for improvement was made on 5 December 2025.

Action taken since then

Intentional and responsive planning processes were in place. Staff demonstrated an understanding of how to extend children's interests and development through learning experiences that supported engagement and learning. This demonstrated staffs understanding of child centred planning approaches. However, staffing changes had affected the consistency of planning, implementation and evaluation in some rooms.

A new observation format had been introduced to improve the visibility of next steps in learning, demonstrating a commitment to strengthening assessment practice. However, this approach was not yet consistently embedded. While developmental and curriculum tracking systems were in place, assessments were not always supported by sufficient observational evidence. As a result, progression over time and identified next steps were not always clearly demonstrated.

Progress had been made in improving planning for play and learning, but greater consistency in observation, assessment, tracking and evaluation was needed to ensure learning experiences remained responsive to individual needs and effectively monitored children's progress.

This area for improvement had not been met.

Previous area for improvement 3

To support children's wellbeing, learning and development, the provider should ensure children's personal plans reflect their needs. This should include, but not be limited to, recording children's care and support needs and how these will be met in practice with effective support strategies.

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

This area for improvement was made on 4 October 2024.

Action taken since then

Recent staff training in personal plans and planned audits demonstrated a commitment to improvement. However, personal plan reviews were not always completed within required timescales, increasing the risk that plans did not accurately reflect children's changing needs.

Where additional support needs were identified, plans did not always evidence family involvement or provide clear strategies to guide practice. While some progress had been made, further work was needed to ensure personal plans were regularly reviewed, fully reflect children's needs, and provide clear support strategies to support positive outcomes.

This area for improvement had not been met and will be reworded under the 'Children are supported to achieve' heading (see area for improvement 1).

Previous area for improvement 4

To promote consistently positive and engaging experiences for all children, staff should be supported to develop their confidence, knowledge and skills in understanding their critical role in supporting young children's attachments and needs.

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) .

This area for improvement was made on 25 August 2023.

Action taken since then

Families spoke positively about the welcoming and nurturing care provided and children demonstrated strong relationships with staff and were relaxed and confident in their care.

Improving staff consistency and a growing understanding of attachment had supported children to develop secure relationships with key workers, strengthening their sense of belonging and emotional wellbeing. Staff responded sensitively to children requiring additional reassurance, and babies who were new to the service benefited from nurturing interactions from familiar staff which supported trust and attachment. To further enhance outcomes, leaders should consider staff deployment during daily tasks to maximise consistency with familiar caregivers during settling-in periods for babies.

This area for improvement had been met.

Previous area for improvement 5

To promote consistently positive experiences for all children, the provider should support the management team to effectively review the deployment of staff responsively across the day and when forward planning. Staff should be available in appropriate numbers to meet the varying needs of all children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me'. (HSCS 1.19) and 'My needs are met by the right number of people. (HSCS 3.15)'.

This area for improvement was made on 25 August 2023.

Action taken since then

The service had developed daily deployment monitoring sheets to ensure there was enough staff available. Staff told us, "We are always within ratio through-out the day and management do try to book in additional staff whenever we have settle sessions and/or new children settling into nursery". The use of a consistent pool of supply staff had supported children and families to build trusting relationships during what had been significant periods of staff change.

While staffing levels were generally sufficient and families reported improvements in team stability, there were occasions where staff deployment could have been better organised to maximise support for children. Ensuring staff are deployed to prioritise children's engagement and wellbeing during routines would improve the quality of children's experiences. In addition, strengthening communication systems in the service such as effective use of walkie talkies and ensuring staff understand expectations around leaving rooms would help maintain effective supervision and responsiveness.

The area for improvement had not been met and will be reworded under the 'leadership' heading (see area for improvement 1).

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	3 - Satisfactory / Adequate
Leadership and management of staff and resources	4 - Good
Staff skills, knowledge, values and deployment	3 - Satisfactory / Adequate

Children play and learn	4 - Good
Playing, learning and developing	4 - Good

Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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