Cuiken Primary School Nursery Class
Day Care of Children

150 Cuiken Terrace
Penicuik
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Telephone: 0131 392 1932

Type of inspection:
Unannounced

Completed on:
8 September 2026

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Service no:
CS2003016005

About the service

Cuiken Primary School Nursery Class is registered to provide a day care service for up to 74 children, aged from three years to those not yet attending primary school.

The nursery was located within Cuiken primary school in the town of Penicuik, Midlothian. Children benefited from two playrooms, with direct access to a secure outdoor play area and sensory space. Access to wider school facilities, including the gym hall and multi-use games area, provided enhanced opportunities for active play, learning and exploration.

The service was situated within the local community, providing children with access to local amenities and experiences that supported learning, wellbeing and community connections.

About the inspection

This was an unannounced inspection which took place on 7 September 2026 between 09:00 and 16:30 and 8 September 2026 between 10:30 and 14:00. Feedback was shared with the service on 8 September 2026. 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 and complaints information, information submitted by the service and intelligence gathered since last inspection.

To inform our evaluation we:

- spent time with children using the service
- received feedback from four families of children who attend the service
- spoke with staff and the management team
- assessed core assurances, including the physical environment
- observed practice and daily life
- reviewed documents.

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 under the heading of Leadership and management of staff and resources.

Key messages

- Children experienced high-quality play and learning through a balance of child-led and adult-led experiences.
- Warm, nurturing relationships helped children feel safe, secure and valued.
- Staff felt valued and supported through strong leadership and professional development.
- Strong partnerships with families helped promote children's wellbeing, learning and sense of belonging.
- Continue to develop systems that demonstrate how the views of children, families and staff influence decision-making and improvement.
- Strengthen oversight of maintenance and medication management processes to support safe, consistent practice.

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	5 - Very Good
Children are supported to achieve	5 - Very Good

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

Leadership 4 - Good

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.

There was a clear vision, set of values and aims which were reflected throughout the service. The aims of be safe, be kind and aim high were evident in children's play, learning and interactions.

The improvement plan was still evolving and reflected thoughtful consideration of the service's priorities and future direction. The service recognised the value of engaging children, families and staff in the improvement process to strengthen participation and shared ownership of developments.

Over time, children, families and staff had opportunities to share their views through questionnaires and discussions. We saw examples of feedback being used to inform developments within the service. To further strengthen participation, the service could clearly demonstrate what changes have been made because of feedback. This will help children, families and staff understand that their views are valued and have influenced improvements within the service.

Quality assurance processes were developing, these included regular audits of the digital learning platform. Professional dialogue, peer feedback and audits supported reflective practice and consistency. While improvement activity was evident, some areas required further development to strengthen monitoring and evidence the impact of change.

The environment had been enhanced over time through environmental play audits, including reviews of numeracy, literacy and outdoor learning spaces, helping to create more engaging experiences for children. We discussed the importance of regular environmental walk-rounds and timely action on identified issues, as some maintenance and environmental matters remained outstanding.

While improvements were evident, some actions had not been fully progressed, including maintenance timescales, the playroom door alarm, the toilet door and minor garden hazards. Following professional discussion, the service took prompt action to address these matters. Going forward, identified actions should be implemented and monitored within agreed timescales to help maintain a safe and secure environment for children. (See area for improvement 1).

An area for improvement had been made at the previous inspection, to strengthen medication management processes and ensure records remained accurate, up to date and supported safe, consistent care for children. (See section 'What the service has done to meet any areas for improvement we made at or since the last inspection') of this report. While progress had been made, we identified a small number of additional actions relating to medication management, including incomplete consent information and inconsistencies across some records. Senior staff responded promptly and addressed the issues identified by the second day of the inspection.

As a result, this area for improvement was revised to reflect the additional actions identified during this inspection and support the ongoing safe management of medication. (see area for improvement 2).

Staff described a positive and supportive culture where they felt listened to, valued and encouraged to develop professionally. A structured induction process, regular appraisals, one-to-one meetings and wellbeing discussions supported learning, reflection and goal setting. Professional goals were regularly reviewed and staff strengths recognised. This contributed to a motivated and supported staff team with a shared commitment to providing positive outcomes for children.

Priorities identified through the Personal Development Review process were being progressed, with staff sharing learning and expertise to support consistent practice. Distributed leadership was well established, with staff collaborating to drive improvement.

There was a strong commitment to continuous improvement through engagement with the wider early learning and childcare community. Staff engaged in professional networks, visited other settings and shared effective practice. This collaborative approach supported professional learning, built capacity and enhanced outcomes for children.

Areas for improvement

1. The provider should ensure that children receive care in a safe, clean and well-maintained environment. This includes improving systems for identifying and addressing maintenance issues, ensuring appropriate safeguards are in place to minimise risks, and maintaining fixtures and fittings to a good standard.

This is to ensure that care and support is consistent with the Health and Social Care Standard's (HSCS) which state that: "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 health, safety and wellbeing, the provider should strengthen medication management by ensuring records are accurate, up to date and consistent across all relevant documentation, with effective systems in place for recording and monitoring medication administration.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high-quality care and support because people have the necessary information and resources." (HSCS 4.27).

Children play and learn 5 - Very Good

Playing, learning and developing

We found major strengths in his aspect of the setting's work and identified very few areas for improvement; therefore, we evaluated this quality indicator as very good.

Children told us they enjoyed choosing where to play, spending time with friends and taking part in outdoor learning experiences. Children spoke positively about their relationships with staff, explaining that adults listened to them and supported them in their learning. This reflected the positive relationships, security and respect they experienced. The calm, unhurried pace of the day supported sustained engagement, creativity and deeper thinking.

A thoughtful balance of child-led and adult-led experiences promoted breadth and depth in learning. Staff interactions were warm, responsive and nurturing. Children were given time to express themselves.

Staff sensitively extended learning through play, questions and encouragement, building confidence, resilience and curiosity.

Children benefited from rich learning environments that supported literacy, communication and numeracy. Print-rich spaces, opportunities for writing, drawing and research, alongside access to the school and local library promoted early literacy skills. Numeracy and digital learning were embedded throughout the nursery, supporting counting, problem-solving and exploration.

Children's voices were valued and used to shape learning. Floor books, observations and mind maps captured children's ideas and informed planning. Evaluations identified progress and next steps. We discussed strengthening planning by making the development of specific skills more explicit to further support skills for life and learning.

Children demonstrated creativity and imagination through experiences, such as making mud potions and engaging in role play. Opportunities to develop friendships, cooperation and sharing skills were evident throughout the day. We discussed ensuring waiting times continued to reflect children's age, stage and engagement levels. This would support sustained engagement in play and learning.

Achievements were celebrated across the nursery, supporting children's confidence and sense of pride. We discussed strengthening links with achievements from home and the wider community to provide a fuller picture of children's progress.

Families were actively involved in children's learning through regular communication, digital learning platforms and discussions about development, helping to strengthen partnerships and support children's progress. Feedback showed families felt informed and valued. We discussed further opportunities to promote home learning through shared activities and resources.

Families provided very positive feedback about the nursery. One parent told us, "I am involved in all of my child's development. Any updates are passed on straight away and I feel confident that they know my child so well." Families valued the warm relationships staff developed with children, the high-quality learning experiences on offer and the strong communication from the nursery. Parents reported that children were happy, safe and making good progress, with many highlighting the confidence, friendships and sense of belonging their children had developed.

The nursery promoted a strong sense of community through intergenerational work, nature walks and local visits. These experiences supported children's confidence, communication skills, wellbeing and understanding of the world around them.

Tracking and monitoring systems for literacy and numeracy were in place and used to identify next steps and support needs. Targeted approaches, including Keys for Communication and Scribble Club, were supporting children's confidence, vocabulary and social skills. Tracking and improvement data should continue to be used to evaluate the impact of interventions, helping to evidence positive outcomes for children.

Children are supported to achieve — 5 - Very Good

Nurturing care and support

We found major strengths in this aspect of the setting's work and identified very few areas for improvement; therefore, we evaluated this quality indicator as very good.

Relationships were at the heart of the service. Staff interactions were warm, nurturing and responsive, helping children feel safe, secure and valued. One parent told us, "The staff are incredibly caring and helpful. I feel that my child is in very safe hands. They have great attention to detail. Not only do they sense when the children need extra support, they offer kindness and support to the parents too." Another added, "When my child needs comfort or support there is always a staff member there to see to his needs." This demonstrated that children and families benefited from trusting relationships where they felt supported and cared for.

Children were confident in routines and expectations, helping them feel calm, connected and ready to learn. Wellbeing check-ins were embedded in nursery life and supported children to recognise and express their emotions. Staff used visuals, games and meaningful conversations to develop emotional literacy and resilience. Compassionate, responsive interactions promoted secure attachments and supported children to engage confidently in learning and play.

Children's routines were flexible and responsive to individual needs. Lunch was an unhurried, child-led experience that minimised interruptions to play. Mealtimes were social and positive, with staff encouraging conversation and supporting wellbeing. The setting was exploring ways to further enhance lunchtime experiences by creating more opportunities for children to make choices, develop independence and strengthen social skills. We explored opportunities to involve children in finding solutions when larger numbers arrived for lunch at the same time and waiting was required. This would further develop children's problem-solving skills, patience and consideration for others.

Children were involved in choosing snacks and preparing food through activities, such as chopping, growing and purchasing ingredients. We suggested building on these opportunities within daily routines to provide more consistent opportunities for children to make choices, take responsibility and develop confidence.

Staff knew children well and used strategies identified in personal plans to provide individualised support. They responded sensitively to children's cues, helping them feel safe and emotionally secure. Personal plans were developed and reviewed regularly with families, creating opportunities to share children's needs, interests and preferences.

Wellbeing chronologies recorded children's care and support over time. We highlighted the importance of ensuring changes to children's abilities, care and support needs were reflected consistently across personal plans and wellbeing chronologies. This would provide a clearer picture of each child's journey and support continuity of care.

Staff used visuals, symbols and sign language effectively to support communication and help children understand change. Regular visits to school areas helped children build confidence and familiarity with the wider school environment, supporting positive transitions.

Children were able to rest and relax in a range of comfortable spaces, including outdoor reading dens, sofas and a sensory area. To further enhance practice, the service should consider increasing free-flow access to the sensory area, allowing children to independently access support when needed, strengthening opportunities for self-regulation.

Environments were warm, welcoming and inviting, creating a safe and nurturing space for children and families. Children's artwork, creations and junk models were valued and displayed throughout the setting or taken home if they wished. This helped children develop a sense of pride, ownership and belonging within the nursery environment.

Partnerships with families were promoted through daily communication, meetings, sharing learning online, stay-and-play sessions and volunteering opportunities. Families valued the caring relationships staff had developed and told us they felt a strong connection to the service. They felt well informed, involved and connected to nursery life. These strong partnerships supported children's wellbeing, learning and sense of belonging.

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

We recommended that the service develop an effective system to obtain and review permission forms from parents, and record when medication has been given in the service in line with current best practice guidance.

This should include:

- The name and date of birth of the child.
- The name and dosage of medication to be given.
- The time the medication is to be given and the time the last dosage was given.
- The reason for the medication to be given.
- If appropriate, the length of time the medication is to be given.
- Confirmation the parent or carer has given the first ever dose, and sign to confirm there were no adverse reactions.
- A parent or carer's signature giving permission for the service to give the medication.
- The signature of the person who gave the medication.
- A parent or carer's signature to evidence they have been told the medication has been given.
- The child's name should be clearly written on the medication/or a pharmacist's label should be on it.

There should be a daily audit of medication, for example, records of medication brought in from home, medication administered and medication sent home. This should be recorded. All medication should be provided by the parents and carers and not supplied by the service.

National Care Standards, Early Education and Childcare up to the age of 16, Standard 3 - Health and Wellbeing.

This area for improvement was made on 15 November 2017.

Action taken since then

While systems were in place to support medication management, we found some inconsistencies in the completion of records. Information was not always consistent across documentation, and auditing processes required further strengthening to ensure medication records remained accurate, up to date and in line with current best practice guidance. We have reworded this area for improvement to reflect areas of improvement identified at this inspection. (See area for improvement 2, Leadership).

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	5 - Very Good
Playing, learning and developing	5 - Very Good

Children are supported to achieve	5 - Very Good
Nurturing care and support	5 - Very Good

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