Preston Tower Primary School Nursery
Day Care of Children

West Loan
Prestonpans
EH32 9NX

Telephone: 01875 810 028

Type of inspection:
Unannounced

Completed on:
24 April 2026

Service provided by:
East Lothian Council

Service provider number:
SP2003002600

Service no:
CS2003016990

About the service

Preston Tower Primary School Nursery, is registered with the Care Inspectorate to provide a care service to a maximum of 104 children at any one time aged between 2 years and primary school age entry, of whom a maximum of 44 children including a maximum of 20 children aged between 2 and 3 years, may be cared for at Prestonpans Early Learning and Childcare Centre, Kirk Street, Prestonpans, EH32 9DY.

The service comprises of two premises, which operate as one service. One building is an integral part of the primary school and the other is a separate building within the school grounds. Both premises comprise of playrooms, toilet facilities, food preparation facilities and outdoor areas which are accessed directly from each of the playrooms. The service is situated close to public transport links and other local amenities.

About the inspection

This was an unannounced inspection which took place on Tuesday 21 and Wednesday 22 April 2026 between 09:00 and 16:00. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service
- received completed electronic questionnaires from families and staff
- spoke with staff and the management team
- observed practice and daily life
- reviewed documents
- assessed core assurances, including the physical environment.

As part of this inspection, we assessed 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. We have reported where improvements are necessary throughout the report.

Key messages

- Children were cared for by staff who knew them well and were familiar with their individual needs.

- Daily opportunities to spend time outdoors supported children to be active and promote their health and wellbeing.

- The provider must ensure outstanding maintenance issues are addressed promptly to maintain a safe environment for children.

- The provider must ensure staffing arrangements are sufficient and appropriately organised to meet the full age range of children attending and to ensure children experience consistent, nurturing care from familiar staff.

- The provider must improve children's personal plans and medication records to ensure children are kept safe and their wellbeing needs are consistently met.

- Quality assurance systems need strengthening to ensure children experience consistently positive outcomes.

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	2 - Weak
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	2 - Weak

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

Leadership 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these. As these weaknesses concerned the welfare and safety of people, we made two requirements for improvement.

Quality indicator: **Leadership and management of staff and resources**

The vision, values and aims were currently being reviewed. It was clear that a collaborative approach was being used, with the whole staff team, families and children, engaged in the process. Children's views were captured through visual approaches that focused on head (learning), heart (feelings), hands (skills) and feet (future aspirations). This approach ensured that the reviewed vision, values and aims would be meaningful and informed by the views and experiences of the wider school community.

Self-evaluation and quality assurance processes were in place and support had been provided from the local authority central team. Accident and incident records had been reviewed to identify trends, and initial evaluation of play spaces and planning for play had resulted in improvements within the Hedgehog room. Further development of the play environment and planning for play was needed to ensure a rich and stimulating learning experience that supports progression and positive outcomes for children. Leaders demonstrated a clear commitment to addressing the issues and concerns identified throughout the report and to progressing the necessary improvements. They must now establish robust and systematic quality assurance processes to address the requirements and areas for improvement outlined, including maintenance issues, staffing arrangements, personal planning and medication practices. This will ensure that quality assurance processes consistently identify strengths, areas for development and support sustained service improvement **(Area for improvement 1).**

Leaders knew their families well and provided supportive leadership to staff. Parents spoke positively about their relationships with staff, and described them as welcoming and supportive. The staff team was not always consistent and the continued reliance on supply staff presented ongoing challenges within the service. Staffing arrangements were affected by the competing demands on staff time and the need to provide appropriate support for children across a range of ages. While adult to child ratios were maintained, these pressures at times impacted on the consistency, quality of care and support experienced by children. The provider must review staffing arrangements and develop a clear and robust improvement plan to ensure a stable, skilled and experienced staff team is in place. Strengthening staff stability would support improved continuity of care and better outcomes for children **(Requirement 1)**.

While some effective teamwork and emerging leadership roles were evident, this was not consistent across the nursery. Staff undertaking leadership or supervisory responsibilities required increased support, guidance and oversight to ensure these roles were effective. The service did not have a consistent team structure, that included designated room leaders. This impacted on staff morale, daily operations and the service's capacity to maintain quality assurance and sustain improvement **(Requirement 1).**

The provider must address the ongoing maintenance and environmental issues that impact on the safe and effective operation of the setting. These included unresolved damage to the wall and metal safety fencing within the Hedgehog garden, as well as insecure fixtures on the entrance gate. The metal safety fencing had reduced the amount of outdoor space available for children's play and had been in place for some time. In addition, damaged taps in the Foxes staff handwashing area posed an infection prevention and control risk.

While some temporary measures had been implemented to reduce immediate risk, these issues should be addressed. As a result, children were not consistently supported to experience a safe, well-maintained environment that promoted their safety, wellbeing and right to play **(Requirement 2).**

Leaders should strengthen cleaning routines, monitoring systems and environmental maintenance to ensure children experience a clean, safe and well-organised environment. Within the Hedgehog area, children accessed the toilet facilities via a corridor that was not consistently well supervised. In addition, the provision of a single nappy changing area was not sufficient to meet the needs of the number of children being cared for. The provider must review the current layout and supervision arrangements to ensure children were appropriately supervised and their care needs were met safely and effectively **(Requirement 2).**

Requirements

1. By 29 June 2026, to ensure that children's care and support needs are met, the provider must ensure staffing arrangements are effective to meet the needs of all children in the service. To do this, the provider must, at a minimum:

a) Assess the current staffing situation and develop a plan to ensure they have consistent staff with the appropriate skills, knowledge and expertise working in the setting.

b) Ensure there are adequate senior staff in place to support the improvement of the setting.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

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

2. By 31 December 2026, the provider must ensure children's health, welfare, and safety. To do this, the provider must, at a minimum ensure:

That areas identified through the risk assessment process as posing a risk to children's safety are addressed.

This is to comply with Regulation 4 (1) (a) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is safe and secure' (HSCS 5.17).

Areas for improvement

1. To promote consistent high quality practice the service should ensure that quality assurance and self-evaluation processes are further developed. This should include
the monitoring of medication, personal plans, play spaces, resources and children's experiences. These should be meaningful, evaluated and highlight the impact on outcomes for children and families

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

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

Children play and learn 3 - Satisfactory / Adequate

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

Quality indicator: Play, learning and developing

The Hedgehog room operated as a shared 2-5 play space and there was a range of play opportunities that included home area, story corner, arts, crafts and construction. Staff had reviewed the area and it was a warm and welcoming space. However, a lack of sufficiently challenging and individualised learning experiences resulted in some children becoming disengaged and wandering within the room. Staff reported that their ability to provide high-quality experiences was further impacted by the need to support individual children and by staff absences within the team.

The physical environment in the Foxes room was not welcoming, well resourced or organised in a way that showed children they mattered. Most children moved around confidently and enjoyed their play. However, the layout, deployment of staff and lack of resources did not consistently meet children's needs or interests. This led to missed opportunities to extend children's play, learning and development. The service should review the environment, activities and resources to ensure they promote sustained and meaningful play experiences for the children **(Area for improvement 1).**

Interactive storytelling supported children's literacy and communication skills. While some staff demonstrated effective use of sustained shared thinking to extend children's learning, this practice was not consistent across the team. Staff focused on delivering planned activities rather than responding to and building on children's in the moment learning. Leaders should review the deployment of staff to ensure interactions consistently support high-quality engagement. Staff should understand their roles and responsibilities to ensure all children experience high-quality play and learning opportunities **(Area for improvement 2).**

Outdoor play was recognised as an integral part of the learning environment and children were observed to enjoy their time outdoors. Staff within the Foxes area, had reviewed the outdoor provision and worked hard to increase opportunities for numeracy and wider learning opportunities. The mud kitchen provided a particularly rich and engaging learning experience. However, this area was unavailable at times throughout the week due to staffing constraints. This limited children's choice and right to play. Children from the Hedgehog room made good use of the outdoor area, with younger children building confidence. A parent commented "My child really enjoys the outdoor space" and another stated "my child plays outdoor games, with sand/water/imaginative play. Also enjoys the mud kitchen and climbing frame". However, some areas were poorly resourced and lacked visual appeal. The large safety fence significantly reduced the available outdoor space, which limited opportunities for group games and active play. This resulted in safety concerns, such as footballs becoming a hazard and restricted children's ability to fully engage in outdoor play experiences.

Planning for play and learning had been identified as an area for development and was at an early stage of implementation. Staff spoke positively about the changes made to the planning process and felt it was beginning to support their practice more effectively. While staff were recording observations and some responsive planning was evident in specific areas, practice was not yet consistent across the

setting. Previous planning showed clearer links between the environment and children's learning; however, the current cycle lacked continuity, making it difficult to evidence progression and children revisiting experiences. Although responsive planning occasionally built on children's emerging interests, actions were not always followed through or evaluated, which limited the impact on sustained learning. The use of adult-led activities and worksheets restricted opportunities for child-led exploration and creativity. Strengthening planning and evaluation would support deeper engagement, continuity of learning and more positive outcomes for children.

Learning journals were available, and children confidently accessed these. Observations were recorded; although the recording of next steps was inconsistent. Many entries either contained no next steps or too many, making them unclear or unmanageable. Some journals were generic, with no clear evidence that identified next steps had been followed through or achieved. As a result, it was difficult to assess children's progress and consistency of learning. Tracking systems were in place but were not used consistently, and records were not always clearly dated. This limited evidence of how children's learning and development were monitored. Staff could implement assessment and tracking systems to improve oversight of children's progress.

Areas for improvement

1. Staff should regularly review the environment, resources and core provision to ensure children of all ages have access to rich, engaging and appropriately differentiated learning opportunities. This will support progression, inclusion and sustained engagement by meeting children's varying developmental stages, abilities and interests.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), that state:
'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) and
'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)

2. Children's play and learning experiences should be supported through effective staff deployment and high-quality interactions that extend children's thinking, creativity and curiosity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), that state:
"As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling" (HSCS 1.30) and
'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)

Children are supported to achieve **2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these. As these weaknesses concerned the welfare and safety of people, we made two requirements for improvement.

Quality indicator: Nurturing care and support

Staff were warm and caring in their interactions, and many demonstrated a nurturing approach towards the children. They were making positive efforts, and a number of children appeared to enjoy their time in the setting and engage in activities. However, staff absences within the team, alongside the wide range of needs and ages of the children, at times impacted the level of support that could be consistently provided.

Younger children ate in the snack room; this provided them with a warm and relaxed experience. Older children went to the school dining hall. This was in general, a positive experience that supported independence and preparation for Primary 1. Children self-served their lunches, and most were appropriately supported by staff. To further enhance independence and choice, improvements could include placing water jugs on all tables and ensure salads were presented and offered to all children. Staff could support settling children and adapt arrangements appropriately to meet individual needs.

In the Hedgehogs room, snack routines were well supported, with snack helpers involved in preparation and children encouraged to choose their own crockery, food and pour their own drinks. This promoted independence and provided opportunities to support early language and numeracy. In the Foxes room, rolling snack arrangements offered some independence through self-serving and drink pouring; however, this could be strengthened. Staff were primarily positioned in the kitchen and did not consistently sit with children, which limited opportunities for interaction and social learning. Dietary information, including allergies and intolerances, was clearly displayed and accessible to staff. At times, some children would benefit from more direct adult support during snack and lunch routines to help them feel settled and confident.

Transitions for children were not well planned, consistent and required review. Some children experienced unnecessary moves between rooms, which disrupted continuity of care and the development of secure relationships. This was particularly evident for children who began in the Hedgehog room and were sometimes required to move to the Foxes room before transitioning on to school. There was no clear, shared transition process. Information was not consistently shared between rooms, this included personal plans and essential medication. The provider should implement a clear, child-centred and, where appropriate, trauma informed approach to transitions. Staff should plan and share children's information between rooms. This would support children to feel safe, settled and able to engage positively in their playroom **(Area for improvement 1).**

Staff should review the daily routine and transitions across the day. Particular attention should be given to the purpose and quality of group or gathering times. Inconsistent approaches to gather times, closing the second playroom in the Foxes room, offering limited indoor experiences led to increased noise levels, running and disengagement. Improving the daily routine would better support children's regulation, engagement and overall wellbeing **(Area for improvement 1).**

Children were supported to rest and sleep when required; however, safe and comfortable sleep practices were not applied consistently, with some children sleeping in buggies or on cushions. Leaders had identified this and discussed expectations with staff. Staff should ensure safe sleep guidance is consistently followed to prioritise children's safety, comfort and wellbeing.

Personal care was generally handled sensitively, with staff supporting children discreetly. However, some

infection prevention and control practices required improvement. On the first day, bags containing shoes and clothing were stored in a toilet area, posing a risk, though these were removed by the second day. Some resources and furniture also required cleaning, leaders acknowledged this. The service should ensure a consistently clean, safe and hygienic environment.

All children had personal plans in place, but these were not meaningfully updated, with review sections incomplete despite changes in needs. Additional documents were often lengthy and repetitive, reducing their effectiveness. Records such as pastoral logs and chronologies were inconsistently maintained. The provider must ensure plans and records are relevant, up to date and effectively support consistent, monitored care **(Requirement 1).**

Medication systems were in place, but checks were not always effective, with gaps in key information and parental confirmations. The provider must review procedures to ensure medication is managed safely and consistently **(Requirement 1).**

Systems were in place to support children's safety. Staff had received safeguarding training and demonstrated a clear understanding of procedures. Incidents were managed well by staff and leaders, with actions taken to reduce risk. This contributed to a safe environment for children.

Some positive connections with families were evident through daily interactions and events. Entrance halls were welcoming and stay and play sessions were well received. 'Learning Spotlights' had been introduced for parents and carers and supported a clearer understanding of children's learning across different areas. However, feedback indicated communication could improve. Encouraging families to access playrooms at drop-off and collection, alongside using relevant guidance, could help strengthen these relationships.

Requirements

1. By 31 August 2026 , the provider must ensure each child receives appropriate care and support and their wellbeing needs are met.

To do this the provider must at a minimum ensure:

a) Personal plans reflect children's current needs and how they will be met. These must be developed in partnership with families and children (where appropriate).
b) Ensure that strategies for support are clear and regularly assessed to ensure that evidence-based assessments can be made.
c) Ensure all staff are aware of and understand the information within the personal plans and use this to effectively meet each child's needs.
d) Ensure that the procedures around the management of children's medication and medical needs are regularly updated to meet best practice guidelines. These should be consistently shared with staff.

This is to comply with regulation 4(1)(a) and regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).
This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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).

Areas for improvement

1. To support children's health, welfare and safety needs, leaders and staff should review the structure and flow of the day. Transitions should be calm, meaningful and child-centred. This should include clear planning for transition, group times, consistent access to indoor and outdoor play spaces. These routines would support children to feel secure, settled and improve wellbeing.

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' (HSCA 4.27).

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

Leadership	2 - Weak
Leadership and management of staff and resources	2 - Weak

Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate

Children are supported to achieve	2 - Weak
Nurturing care and support	2 - Weak

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.com

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.