Jigsaw Childcare
Day Care of Children

40 Turnhouse Road
Edinburgh
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Telephone: 01313 395 557

Type of inspection:
Unannounced

Completed on:
7 October 2026

Service provided by:
Jigsaw Childcare LLP

Service provider number:
SP2008009684

Service no:
CS2008172841

About the service

Jigsaw Childcare is a daycare of children service registered to provide care for up to 66 children from birth to those not yet attending primary school. The service is provided from a converted residential property comprising five playrooms and a kitchen. Children have access to outdoor play spaces, toilets and changing facilities located adjacent to the playrooms. The nursery is situated on the outskirts of Edinburgh close to local amenities such as parks, shops and transport links.

There were 43 children attending the service on the first day of our visit and 35 children on the second day.

About the inspection

This was an unannounced inspection which took place on 6 and 7 October between 09:40 and 18:00. Feedback was shared with the service on 7 October 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 information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- reviewed feedback from 11 parents using the service
- spoke with two staff and the manager
- observed practice and staff interactions
- assessed core assurances
- reviewed documents
- spoke with children.

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. This was relating to quality assurance systems and infection prevention and control. These are reported under the quality indicators: leadership and management of staff and resources and nurturing care and support.

Key messages

- Warm, nurturing relationships helped children feel safe, valued and supported to thrive.
- Professional learning and staff champion roles supported positive outcomes for children.
- The service should strengthen quality assurance practices to support children's ongoing wellbeing and development.
- Children experienced play that was meaningful, engaging and supported their learning and development.
- Handwashing sinks should be readily available in all playrooms to minimise the risk of the spread of infection to children and staff.
- Children experienced well-planned transitions into the service which supported their wellbeing.
- Children benefited from meaningful intergenerational learning opportunities within the local community.

From this inspection we evaluated this service as:

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

Leadership	4 - Good
Children play and learn	4 - Good
Children are supported to achieve	4 - Good

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

Leadership 4 - Good

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 had developed vision, values and aims that promoted respect, play, fun and learning. These were reflected in practice, with children benefiting from a range of playful experiences. We discussed reviewing the service's visions, values and aims with children and families. Involving children and families in their development can help ensure that all voices are heard and that the service's aspirations reflect the views and experiences of those who use it.

Staff training had positively impacted children's outcomes. For example, training on understanding children's behaviours had informed strategies that support children's emotional wellbeing. Staff had introduced emotion jars, which older children used to communicate and better understand their feelings. This meant children felt emotionally supported and secure.

The service demonstrated commitment to distributed leadership, with staff taking on champion roles that led to positive outcomes for children. For example, community links with local builders resulted in new resources such as tyres and crates in the outdoor spaces. This supported physical development and exploratory play. Children also enjoyed regular visits to the local care home, providing valuable intergenerational experiences that enhanced their learning and wellbeing.

Quality assurance systems supported oversight of some areas of practice. This included the monitoring of accidents and incidents which supported children's safety. However, auditing had not consistently identified gaps in records such as children's medication plans, chronologies and personal plans. For example, children's medication plans did not contain up-to-date information or clear dosage guidance, and some medication was being signed in on an 'if needed basis'. This had the potential to cause confusion around safe medication administration to children. To support the service to strengthen their approach to auditing and monitoring practice, we have made an area for improvement (see area for improvement 1).

Focused self-evaluation and identification of relevant improvement priorities supported positive outcomes for children. One improvement the service identified through self-evaluation was to strengthen links between nursery and home. The service had introduced 'adventure bears' for children to take home for overnight stays. Prompts within the adventure bear bag encouraged families to use the bear as a prop for playing with their children and to discuss safety. Children were excited by this initiative and enjoyed linking play from nursery and home more closely. Another improvement that had been taken forward was developing use of the local community. Children had benefited from visiting local parks, the doctors' surgery and local care home. As a result, children had developed confidence, social skills and a sense of belonging.

Staff were in the early stages of involving children and families in assessing the quality of the service. The service had identified this as a development area and were committed to providing more opportunities to capture their voices. We agreed that this was a positive step for involving families in shaping meaningful improvements that reflect their needs.

The manager and staff were assessing risks within children's environments daily. This supported children's safety as they played, explored and transitioned between different areas of the service. Overall, staff and management identified and responded to risks that had the potential to impact on children's safety. They supervised and supported children, ensuring they could move safely across the service. Risk assessments recorded some detail about the mitigations in place. However, more information was needed to ensure a consistent approach to managing children's safety. For example, there were gaps in the risk assessment that covered the potential risk to children when accessing the toilet outside of the playroom. We discussed with the manager the importance of updating this key document as it supports staff to reflect on practice and make improvements where needed. This is particularly important to have in place for any new staff joining the setting who are not familiar with safety routines.

Areas for improvement

1. To ensure that children experience consistently high-quality outcomes, the provider should develop robust quality assurance processes. This should include, but not be limited to, monitoring and oversight of personal plans, risk assessments and medication.

This is to ensure that children's 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 4 - Good

Quality indicator: Playing, learning and developing

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.

Children were happy and engaged in play which was mostly led by their interests, needs and stages of development. The environments supported different types of play and learning in areas of literacy, numeracy, physical development and exploration.

Older children enjoyed imaginative play in the house corner, where they dressed up, made 'dinner' at the kitchen and assigned family roles to one another. One child told us, "It's Pickles the bear's birthday, we are making a cake." This supported creativity, language development and positive social interactions. Others used conkers, rulers and coloured blocks to build, measure and compare sizes. One child collected conkers in a box, counted them and used coloured blocks to create a large tower, supporting early numeracy skills and mathematical thinking.

Younger children had fun exploring a range of age-appropriate resources that supported their development. For example, babies explored abacuses and shape sorters, showing curiosity as they opened and closed lids. This supported fine motor development and early problem-solving skills. Others enjoyed exploring sand, using pots to scoop, pour and empty materials. Some children created shapes and patterns with playdough, supporting sensory exploration, creativity and fine motor development.

Children benefited from regular outdoor play. Older children had free flowing access to an outdoor space where they explored sand, water and enjoyed play at the mud kitchen. They had fun climbing on crates and tyres which provided opportunities for risky and challenging play and supported physical development. Younger children could access outdoor areas regularly and had fun exploring the book area, climbing on the wooden frame and playing on trikes. This supported children's choice and interests, wellbeing and social interactions. One parent told us, "There are various activities that my child does outside including playing with balls, stepping up onto objects, using trikes and drawing outside."

Most staff were engaged in play alongside children and responded to their play ideas and extended play opportunities naturally. For example, some staff used open-ended questions, curious comments and praise to extend and scaffold learning. This supported children to develop their language, thinking skills and confidence in expressing their ideas.

Staff planned for children's learning and development and, at times, used children's interests to inform experiences and set individual goals. However, some planned experiences and targets were adult-led rather than being based on children's interests, choices and stage of development. As a result, children's voices were not always fully reflected in their play and learning. The service had identified this as an area for development, and we agreed that strengthening child-led approaches would further support children's choice, wellbeing, participation and rights.

Digital learning journals were used to share information about children's play, learning and development, supporting continuity between home and nursery. Journals were regularly updated with observations, photographs and links to learning and curriculum frameworks. Some entries clearly demonstrated children's progress and identified meaningful next steps for learning, while others were more descriptive in nature. There was scope to improve consistency in the quality of observations and the depth of information recorded within some learning journals. For example, including more evaluative observations of children's play and learning would help demonstrate progression over time and support staff to plan meaningful next steps based on children's interests and developmental needs.

Children are supported to achieve — 4 - Good

Quality indicator: Nurturing care and support

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.

Children's care and learning routines were delivered with kindness and compassion by staff who were warm, nurturing and caring. Staff responded well to children's needs both verbal and nonverbal, offering comfort and reassurance when required. Cuddles and reassurance were provided to younger children as they transitioned into the service. This helped children feel safe and secure and contributed to the positive relationships they had with staff. One parent told us, "The staff are wonderful and have played a significant contribution in the development of my child."

Mealtimes were relaxed and sociable experiences for children. Older children were supported to self-serve food, promoting independence, choice and confidence. We discussed extending this opportunity to younger children. Staff demonstrated a good understanding of children's individual dietary needs, supporting their health, safety and wellbeing. Older children queued to select food from a hot plate, which was well-supervised by staff to support safety. However, limited seating meant some children waited longer to access food, reducing opportunities for choice. We discussed ways to address this, such as providing a larger table and serving food at tables rather than from a hot plate. This could promote children's wellbeing, reduce risks and provide a more inclusive mealtime experience. The manager agreed and planned to make changes to support children further.

Some children were encouraged to wash their hands before lunch and after messy experiences. However, not all playrooms had handwashing sinks with direct access to soap and water. This meant staff had to leave playrooms to support handwashing. This had potential to impact children's wellbeing and reduced the opportunity to wash hands with running warm water and soap. To maximise approaches to infection prevention and control, we suggested that handwashing sinks were made more easily accessible within playrooms (see area for improvement 1).

Transitions to nursery were positive experiences for children and families. Children had opportunities to visit the nursery prior to attending, which supported their confidence and sense of security. One parent told us, "The staff have taken time to understand my child's needs and likes. This has helped my child to settle into nursery and feel happy and excited about going in."

Personal plans were in place for children and developed in partnership with families before they attended the service. This helped staff gather information about children's interests, routines and individual needs. Staff knew children well and used this knowledge to support their wellbeing, development and sense of inclusion. We discussed strengthening some plans by including clear goals and targets to support children's ongoing progress and continuity of care.

Children were supported to rest and sleep in a gentle, nurturing way. Staff carried out regular checks, helping children feel safe, secure and well-supported. Younger children slept in an area in the main playroom which remained visible to staff. We discussed keeping the doors to this area open while children slept. This was to further strengthen sleep safety and maximise staff's ability to hear and respond to children promptly. The manager agreed and confirmed this would be implemented moving forward.

Families had opportunities to attend events throughout the year such as parents' evenings and stay and play sessions. They were warmly welcomed into the service. This meant children felt valued, safe and secure and supported their sense of belonging within the nursery community.

Areas for improvement

1. To promote children's health and wellbeing, the provider should ensure handwashing sinks are accessible to children and staff in playrooms.

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 5.19).

This is also to ensure that practice is consistent with the Scottish Government guidance Space to grow and thrive: Design guidance for early learning and childcare and school age childcare settings (2024). Page 58 – Hand hygiene facilities.

Complaints

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

Detailed evaluations

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good

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

Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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