Tiny Tots Academy Ltd
Day Care of Children

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Telephone: 01236 762 648

Type of inspection:
Unannounced

Completed on:
26 August 2026

Service provided by:
Tiny Tots Academy Ltd

Service provider number:
SP2010010942

Service no:
CS2010250170

About the service

Tiny Tots Academy Ltd is registered to provide care for a maximum of 69 children not yet attending primary school. This includes nine children from 0 to under two years, 15 children aged two to under three years and 45 children from three years to those not yet attending school. At the time of inspection there were 63 children registered to the service.

Children are cared for across three playrooms, a portacabin and an outdoor classroom. The service is provided from a single storey building in Airdrie, North Lanarkshire. The service is situated close to transport links and other amenities. Children have direct access to individual outdoor spaces.

About the inspection

This was an unannounced inspection which took place on 25 and 26 August 2026 between the hours of 08:00 and 17:30. The inspection was carried out by three 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
- spoke with two parents using the service
- reviewed electronic feedback from 11 parents
- spoke with staff and management
- 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 within leadership and children are supported to achieve.

Key messages

- The service should further develop and embed their approaches to quality assurance and self-evaluation to support the continuous improvement of the service.
- Staff should continue to build as a team on their experience and expertise, to fully meet children's needs through high quality interactions. This could include extending children's thinking and widening their skills to support them in improving outcomes for children.
- Children health and wellbeing was enhanced through access to outdoor play spaces.
- Management and staff should continue to review and evaluate children's play spaces and resources, both indoors and outside, to support child led play, whilst also promoting children's natural curiosity, creativity and imaginative play.
- Staff knew children well and were developing warm, caring relationships with them to support their wellbeing and help them feel valued.
- Management and staff should continue to develop ways to involve parents and carers.

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

Quality Indicator: Leadership and management of staff and resources

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

The service had recently reviewed their vision and values in partnership with parents. However, these were lengthy and not consistently visible in daily practice, so their impact was limited and not yet embedded within the setting. We discussed reviewing the service's vision and values with input from parents, staff and children. Through the development of a shared vision staff, parents and children could gain a common understanding, purpose and commitment to their service.

Management had implemented approaches to support the continuous development of the service. This included an improvement plan which had identified key areas of practice that would be the focus of development. These were also in line with our inspection findings. Quality assurance approaches included monitoring of staff practice and audit tools. However, the processes were not yet regular or robust to ensure procedures were consistently followed to ensure sustained improvements. Robust monitoring systems, including self-evaluation, need to be more firmly embedded with a focus on monitoring children's experiences, staff practice, personal plans and auditing of medication. This could help ensure improvements are sustained and children continually benefit from a service that improves (See Area for Improvement 1).

Accident and incidents systems were in place to support a safe environment for children. We discussed improving the auditing systems to ensure these were effective in identifying any patterns within the space and any actions needed.

The service was developing approaches to encourage parents and staff to contribute to the self-evaluation of the service. This included using a 'three star and a wish' approach. At the time of inspection, we found not all staff could confidently discuss key priorities for improvement. The service recognised the need to develop and embed their approaches to self-evaluation. This could support all staff to reflect on and contribute to the service's improvement journey.

Both the manager and staff welcomed feedback from families. They were developing their approaches to support parents to contribute towards the service through parent questionnaires and the use of QR codes within an online platform. One parent told us, "the nursery run "thinking Tuesday" which allows parents to get involved in suggestions to make the nursery better and helps them identify areas of improvement." Whilst some parents commented positively on communication, other parents shared they would like communication to improve. This included, "I feel management could communicate more with parents especially regarding staff changes and students in rooms etc." We discussed where developing approaches to encourage families into the building could further support effective communication.

Staff appraisals had taken place with all staff and some constructive feedback was being shared. We suggested where this approach could be further developed to include opportunities for staff to be meaningfully involved in the process. The manager should also give consideration to identifying and recording the outcome of development opportunities and further training for staff. This could help to enhance staff's skills, knowledge and improve practice, which could promote positive outcome for children. (See Area for Improvement 2).

Whilst some risk assessments were in place to help keep children safe, staff were not using them to consider potential risks and put measures in place to reduce risks. We highlighted some safety measures that had not been followed. We asked that staff are involved in reviewing and developing risk assessments to ensure measures are applied consistently to reduce risks. This would help keep children safe. (See Area for Improvement 1).

Staff received a basic induction covering some important information about the service. We discussed where the service could develop their induction process using the 'National Induction Resource' to support reflections and monitoring of practice during the initial stages of staff's employment.

Areas for improvement

1.
To promote consistent high-quality practice, the provider should ensure that quality assurance processes are further developed in a meaningful way to support continuous improvement for children and families. This should include, but is not limited to, the monitoring of medication, staff practice, personal plans and risk assessments.

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) and 'My environment is secure and safe' (HSCS 5.19).

2.
To support children's wellbeing, learning and development, the provider should arrange for staff to undertake related professional development activities and training. This should include, but it not limited to, outdoor play and effective interactions to extend children's play. Staff should then reflect on their learning and embed it in their practice.

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

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 settings work and some aspects which could benefit from improvement.

Children were playing throughout the service with friends and staff. Most children were engaged in their play and having fun. Children told us they liked to play "in the garden", "with blocks" and "in the sand." Parents told us "there are always lots of different activities set up for the children every day" and "they always have activities ready for the children to explore."

Play areas had been generally well considered and took account of children's interests and development. Children were having fun and had access to a range of toys and materials to support their play.

We discussed with the service where consideration should be given to the invitations to learning within playrooms. This could include adding further toys and materials to ensure children are appropriately challenged and consistently experience high-quality play and learning experiences. For example, ensuring a wide range of blocks within the block play area and a range of resources within all areas to support literacy and numeracy skills.

Children's health and wellbeing was promoted through daily access to outdoor play. Whilst the service had a large outdoor space, we noted some areas were beginning to look tired and were in need of attention. For example, some piece of wooden equipment was needing replaced. Outdoor play spaces for all age ranges had limited resources, which restricted children's creativity, curiosity and imagination. We discussed where the outdoor area could be further enhanced to support and challenge children's exploration. This included developing spaces, toys and materials to ensure resources were easily accessible and children could direct their own play. (See Area for Improvement 1).

Staff engaged well with children. They used praise and encouragement to support children's participation and engagement. However, interactions were not always used to extends children thinking and learning. Opportunities to build on children's ideas and support sustained thinking were sometimes missed. Management should continue to support staff to develop their skills, confidence and knowledge in supporting and extending children's play. This would help to ensure that all staff deliver high-quality interactions and further enhance outcomes for children. An area for improvement has been set to support this within the leadership section of this report.

Whilst we recognise that approaches to planning for play and learning were considered, we found that they were not consistently focused on the individual needs of children. Some approaches to planning were adult led and often involved using topics and events. Planning documentation outlined pre-set experiences, outcomes and expected achievements in skills for children, which has the potential to limit spontaneous creativity, curiosity and exploration. Management were in the process of supporting staff to ensure planning documentation reflected a play-based approach, which was informed by children's choices, wishes and interests. We agreed this would be beneficial in supporting children's play.

Children could access spaces within the local community to support their health and wellbeing. This was supporting children in developing an awareness of their local community and surrounding world. The service should continue to build on these opportunities.

Areas for improvement

1.
To help ensure children are able to access a variety of stimulating play opportunities, the toys and materials available to children should be improved to support child led play. This should include, but is not limited to, ensuring a wide range of sensory opportunities to stimulate children's curiosity, creativity and imagination and increasing the range of toys and materials available outdoors.

This is to ensure care, play and learning is consistent with the Health and Social Care Standards (HSCS) which states that: '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 to my age and stage, which stimulate my natural curiosity, learning and creativity.' (HSCS 2.27).

Children are supported to achieve — 3 - Satisfactory / Adequate

Quality Indicator: Nurturing care and support

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

Overall, children experienced warm, nurturing care that promoted their wellbeing. Staff were kind and had a calm, gentle manner which supported children to feel safe and secure. When asking children what they liked about their nursery, they replied "my friends" and "getting cuddles from [staff]. Parents told us "my child is always happy when in nursery, and is provided with love and care through the full day" and "[my child] has built amazing relationships with every single person [they have] came in contact with."

Whilst most staff knew the care and support needs of individual children well, there were times when staff did not always pick up on children's cues to enable them to respond to their needs. For example, younger children waited for a long time to move between play spaces. Staff should continue to develop their confidence and skills to providing responsive care and support for children when they need it.

Transitions between home and nursery, and between playrooms were flexible and supportive. Staff worked with parents to understand children's preferences and needs. Settling in visits were flexible and tailored to children's individual needs. This helped children feel safe, secure and confident during any changes.

Personal plans contained relevant information to help ensure staff knew the current needs, interest and preference of children. These were created and reviewed in partnership with parents, which helped to promote consistent care for children. However, we found gaps in some children's plans and identified where further information was needed to support their needs and wishes. For example, some plans needed to be reviewed with families and others needed more information about strategies to support children's needs. Whilst some parents commented positively on personal plans, other parents shared they felt approaches could be developed. Parents told us "my child's needs and wants are within their personal plan" and "I have raised the issue of personalised learning goals on a number of occasions but it hasn't resulted in a change." (See Area for Improvement 1)

Children's wellbeing was supported with opportunities to rest and relax throughout the day. Staff closely supervised children which contributed to providing a safe, comfortable sleep time. We discussed where sleep spaces could be further developed for younger children, to reflect safe sleep guidance. The service could also develop further space for older children to rest and relax to support their emotional needs.

Mealtimes were beginning to support children's independence, through opportunities to self-serve and pour their own drinks. However, on the first day of our inspection, we found lunches were busy, with limited opportunities for children to be independent. Following on from our discussions the service implemented changes on the second day of our visit, resulting in a calmer and more sociable mealtime experience. Management should continue to review all mealtimes to maximise opportunities for children to develop their skills in all playrooms. For example, further developing snack times.

The setting had recently reviewed their menu in consultation with parents. However, we discussed with management where mealtimes could be further enhanced, by providing a more nutritious menu in line with the guidance, 'Setting the table, nutritional guidance and food standards for early years childcare providers in Scotland.' Whilst some parents shared that they had been involved in this process, others felt mealtimes could be more nutritious.

They told us "the nursery have asked regularly for suggestions for meals/snacks for the children to have and from this introduced some of the things people asked for" and "I feel healthier snacks should be offered and food labels should be checked to make sure food is nutritious and meeting nursery guidelines."

Management had identified where some improvement could be implemented to support the safe administration of medication. However, when reviewing medication we identified some further areas for improvement. This included, improving the storage of medication, ensuring medication is within its original packaging and all medication is accompanied with a signed consent form. We also discussed the importance of reviewing consent forms regularly with parents. The service should develop effective systems to ensure processes are in place to support the safe administration of medication. (See Area for Improvement 2).

The service had considered their approaches to involving families within the setting. For example, delivering stay and play session. However, parents did not enter playrooms when dropping off or collecting their children from the nursery. Parents told us "I don't know the set-up of the rooms" and "room staff always have time to chat and answer questions. The design of the nursery and standing outside the building can limit this in bad weather." We discussed reviewing opportunities to encourage parents into the building. We signposted the service to 'My child, my family and my childcare setting.' Reviewing and developing their approach could positively impact relationships and connections with families (See Area for Improvement 3).

Areas for improvement

1. To support children's wellbeing and development, the provider should further develop personal plans. This should include, but is not limited to, ensuring they contain clear strategies and relevant information to meet the needs of children, and ensuring all plans are agreed, signed and reviewed with parents.

This is to ensure that care, play and learning is consistent with the Health and Social care Standards (HSCS) which states: '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)

2. To ensure children's health needs are met, the provider should improve medication processes to ensure medication can be administered safely. This includes, but is not limited to, ensuring medication is stored appropriately, all appropriate checks are completed when receiving medication from home and medication is regularly reviewed with parents.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

3. To support effective communication and connections with families, the provider should review and develop their approaches to parental engagement. This should include, but is not limited to, parents entering the building at key times.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing' (HSCS 2.18) and 'If I have a carer, their needs are assessed and support provided.' (HSCS 4.26)

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	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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