Busy Bees at Newbyres Day Care of Children

Newbyres Hall
5 Hunterfield Road
Gorebridge
EH23 4TP

Telephone: 01875 898 060

Type of inspection:
Unannounced

Completed on:
4 September 2026

Service provided by:
Newbyres Nursery Ltd

Service provider number:
SP2015012549

Service no:
CS2015339700

About the service

Busy Bees at Newbyres is a daycare of children service which is registered to provide a care service to a maximum of 154 children at any one time aged between three months and primary school entry. At the time of the inspection, the setting had a total of 88 children registered.

The service is provided from two separate buildings that are directly across the road from each other. Children aged between three months and three years are cared for from Newbyres Hall. In this building, children aged between zero to two years are cared for in an upstairs playroom with connecting quiet area and children aged two to three years are cared for in two large playrooms.

Children aged between three and five years are cared for in St Paul's Church where they have access to three large interconnecting playrooms and a quiet room.

Most playrooms have direct access to an outdoor play space. Toilet and nappy changing facilities are located throughout the premises. The setting is close to shops, schools and other amenities.

About the inspection

This was an unannounced inspection which took place on Tuesday 1 September 2026 between 08:00 and 14:45 and Wednesday 2 September 2026 between 08:30 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 online questionnaire feedback from 18 families,
- spoke with staff and management,
- 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.

Key messages

- Families described warm and caring relationships with staff and reported that their children were happy, settled and emotionally secure within the setting.
- Immediate action was required for repairs, cleanliness and housekeeping so that spaces were safe, welcoming, well organised and purposeful for children.
- A review of staffing and deployment was required to ensure children were consistently cared for by staff who knew them well and understood their individual needs.
- Action was required to ensure all staff experienced a respectful, stable and manageable working environment that supported their wellbeing.
- Interactions required improvement to ensure all children received consistent nurturing and responsive support.
- Improvement was needed to ensure all children experienced high-quality play and learning opportunities that reflected their interests, extended their thinking or supported them to thrive.

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 thrive and develop in quality spaces	2 - Weak
Children play and learn	2 - Weak
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, these were compromised by significant weaknesses.

Quality indicator: Leadership and management of staff and resources

The inspection identified significant weaknesses in leadership, staffing, safety, interactions and children's experiences. Although some staff and leaders remained committed to supporting children, ineffective oversight and organisational systems had led to poor practices that compromised the children's wellbeing.

There had been prolonged instability, with extremely high turnover of manager and staff. At the time of inspection, the manager was relatively new in post and leading a setting facing substantial challenges. Staff spoke positively about the new leadership and recognised improvements made within a short period of time. They told us they felt more listened to and supported and demonstrated a willingness to engage in and contribute to the improvements required. Staff told us they were optimistic for the future of the setting, however this was replaced with further uncertainty as the manager had submitted their resignation. This was particularly concerning given the progress achieved and highlighted the need for sustained organisational support, stronger oversight and increased capacity to improve. The provider agreed they must continue to reflect on the circumstances contributing to the ongoing leadership turnover.

Families recognised recent improvements in leadership visibility, communication and many praised the commitment of staff. However, several families remained concerned about the impact of ongoing management and staffing changes and the negative impact on quality, safety and confidence in the setting. Feedback from staff and families consistently highlighted concerns regarding staffing stability, recruitment and retention.

Some staff described a culture of disrespect within the team, which had negatively affected morale, professional relationships and the team's ability to work effectively together. High levels of sickness absence impacted continuity of care, affecting the quality of relationships, children's emotional security and overall wellbeing. Staffing challenges significantly compromised management capacity. Managers were often required to work directly within playrooms, limiting their ability to evaluate quality and lead improvement. Consequently, immediate operational demands were taking priority over consistent leadership to address the underlying causes of poor performance and staffing challenges. These issues required urgent review and meaningful action from the provider (see requirement one).

We observed how staffing pressures resulted in ineffective deployment arrangements and reduced continuity for children. Staff were frequently required to work with children and colleagues they did not know well. Systems for sharing critical information were weak and did not consistently ensure staff had sufficient knowledge of children's individual needs, including dietary requirements and healthcare needs. These concerns reflected wider organisational weaknesses rather than isolated examples of practice (see requirement two).

Although safe recruitment procedures were in place, induction and mentoring arrangements were inconsistent and in some cases, not carried out at all. Some staff reported not receiving a formal induction despite being employed for several months. This was not in line with organisational expectations and increased the risk of poor practice becoming normalised and reduced opportunities for professional learning,

reflection and accountability. This lack of clarity and clear expectations had led to inconsistent practice across the setting, with staff not always understanding their roles, responsibilities and expected standards of practice. As a result, opportunities to identify and address poor practice were reduced, increasing the risk of unsafe or ineffective care and support and highlighting the need for robust induction and mentoring arrangements (see requirement three).

The provider and senior leaders demonstrated a commitment to improvement, however, quality assurance arrangements had not been sufficiently robust or effective in identifying and addressing emerging concerns. Moving forward, the provider should draw upon the organisational resources available so that robust and systematic quality assurance processes are established to address the requirements and areas for improvement identified. Sustained organisational change was needed to secure improvement and ensure children consistently experience safe, high-quality care and support (see area for improvement one).

The setting had not made sufficient progress in addressing the areas for improvements identified in January 2026 following an upheld Care Inspectorate complaint. These related to strengthening systems for communicating changes in staffing and leadership and improving the stability and deployment of staff within playrooms (see section, 'What the service has done to meet any areas for improvement we made at or since the last inspection).

The provider acknowledged that achieving sustainable improvement required an immediate and co-ordinated response across the setting and organisation. They recognised that improvement cannot be achieved solely through the appointment of a new manager or by addressing individual issues in isolation. The provider acknowledged their responsibility to address the underlying causes of instability. They recognised the need for stronger oversight and clear, measurable actions to improve outcomes for children, families and staff.

Requirements

1. By 1 March 2027, to ensure staff work effectively together and provide consistent care for children, the provider must ensure that staff wellbeing is supported through a respectful, stable and manageable working environment. This should include taking meaningful action to address concerns about disrespectful interactions that are affecting morale, professional relationships and teamwork.

To do this, the provider must at a minimum:

a) ensure all staff are held accountable for their actions and conduct, with clear expectations and appropriate follow-up actions are taken where these are not met,
b) monitor the impact of actions taken on staff wellbeing and the quality, consistency and continuity of children's experiences.

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: 'I experience a warm atmosphere because people good working relationships' (HSCS 3.7).

2. By 31 December 2026, to ensure that children's care and support needs are met, the provider must review and improve staffing and deployment arrangements.

To do this, the provider must, at a minimum:

a) assess the current staffing situation and develop and implement a plan to ensure children have consistency in who is caring for them,
b) deployment decisions must take into account the skills, knowledge and experience of staff rather than solely focusing on meeting the minimum staffing requirements,
c) provide appropriate staffing to ensure staff are not being placed in situations where staffing pressures or deployment arrangements exceed their level of responsibility, knowledge, skills or experience,
d) monitor the impact of decisions and actions taken on staffing and deployment to ensure children's safety, wellbeing or quality of experience is not further compromised.

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) and 'My care and support is consistent and stable because people work well together' (HSCS 3.19).

3. By 31 December 2026, to promote children's safety, wellbeing and consistently positive experiences, the provider must improve staff induction and mentoring. Ensuring all new staff receive a structured induction that equips them with the knowledge required for their role.

To do this, the provider must, at a minimum:

a) provide effective mentoring and support from suitably experienced staff,
b) monitor staff progress throughout induction and mentoring, identifying and addressing any areas where further support or development is required,
c) ensure staff are sufficiently confident, knowledgeable and competent before working independently with children.

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: '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).

Areas for improvement

1. To promote consistently high quality practice the provider should ensure that quality assurance processes are further developed. This should include but not be limited to - safety, maintenance and cleanliness issues, staffing arrangements, children's experiences, personal planning and interactions. 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 thrive and develop in quality spaces 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality indicator: Children experience high quality spaces

The setting benefited from substantial indoor and outdoor spaces which had significant potential to promote children's play, learning, curiosity, wellbeing and development. However, this potential was not being realised in practice. As a result, children were not consistently experiencing environments that reflected their right to experience high-quality play and learning within a safe and well maintained setting.

The outdoor environment had the potential to be a particular strength. However, this was being undermined by delays in addressing identified maintenance issues. For example, at the time of the inspection, the 0-2 garden had been unavailable for approximately four weeks following concerns regarding rodent sighting, damaged play equipment and repairs required within the space. The absence of urgency to carry out repairs and no contingency plans, such as taking babies out in the community significantly limited their opportunities to move freely, explore different environments and experience the health and sensory benefits of being outdoors.

This was concerning and demonstrated that systems for identifying, escalating and resolving environmental and safety issues were not sufficiently robust. In addition to concerns within the 0-2 garden, previously identified concerns regarding outdoor security arrangements remained unaddressed within the 3-5 garden. This demonstrated a lack of timely action once issues had been reported. While staff understood how to raise concerns, there was insufficient provider oversight to ensure actions were completed and risks appropriately managed in a timely manner. As a result, there were avoidable environmental risks and approaches to monitoring and improvement did not consistently prioritise children's safety and wellbeing. Maintenance and safety concerns must be tracked through to completion without unnecessary delay.

This inspection highlighted that the overall environment was not being consistently viewed, evaluated and developed with children's experiences, needs and wellbeing at the centre of all aspects of practice. While some staff remained committed to providing positive experiences and families recognised some recent improvements, weaknesses in oversight and quality assurance were impacting the overall quality of the environment. Stronger provider leadership and accountability were required to ensure identified concerns are addressed promptly and that children consistently experience safe, nurturing and inspiring spaces where they can play, learn and thrive (see requirement one).

The overall condition, cleanliness and organisation of the environment needed improvement. The entrance and hallways did not consistently provide a welcoming arrival experience for children and families. A well organised and welcoming arrival space was needed to help children feel recognised, secure and that they belong, supporting them to settle confidently and engage positively in their day.

Most playrooms and spaces were in need of reorganisation. Clutter, inappropriate storage within children's play spaces, untidy changing areas, a nappy bin that had not been emptied and materials obstructing a fire exit impacted on quality and safety of the environment. Greater attention was required to cleaning, housekeeping and infection prevention and control arrangements. Families' expectations aligned with these findings. While some told us, "The nursery and environment has definitely improved", others identified the need for, "A cleaner garden with better equipment" and stated that, "The environment should be clean, organised and well maintained throughout the day". A clean, organised and welcoming environment should be available to support children's wellbeing, sense of belonging and help them to thrive (see requirement one).

Requirements

1. By 31 December 2026, the provider must ensure that children experience safe, high quality spaces that are well maintained and fit for purpose.

To do this, the provider must, at a minimum:

a) ensure that identified repairs and safety concerns are promptly addressed, with clear ownership, monitoring and escalation through to completion,
b) where repairs prevent children from accessing an area for a prolonged period, effective contingency arrangements are put in place to ensure their health and wellbeing.

This is in order to comply with Regulations 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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 secure and safe' (HSCS 5.17).

2. By 31 December 2026, the provider must ensure children's wellbeing, sense of belonging and ability to thrive by strengthening arrangements for maintaining a clean, organised and welcoming environment.

To do this, the provider must, at a minimum:

a) remove clutter and appropriately store equipment and supplies,
b) organise a deep clean of all areas children have access to and establish clear responsibilities for housekeeping throughout the day, alongside effective arrangements to ensure cleaning standards are consistently met.

This is in order to comply with Regulations 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 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: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSC 5.22).

Children play and learn 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality indicator: Playing, learning and developing

Children had access to extensive indoor and outdoor spaces which should have provided rich opportunities for exploration, creativity, independence and sustained learning. While there were some examples of thoughtful provision and families generally spoke positively about aspects of children's experiences, these strengths were not reflected consistently across the setting. This meant not all children experienced a rich, stimulating and responsive learning environment that supported high-quality engagement and learning.

Opportunities available to children varied considerably depending on the room, group and staff supporting

them. Despite the range of spaces available, children did not benefit from the organisational expectations of free-flow access between playrooms. Consequently, children were moved in groups and were unable to influence their day, reducing opportunities for child-led learning, exploration and sustained engagement.

Children's views, interests and preferences were not always responded to effectively. During the inspection, some children repeatedly indicated that they wished to access the outdoor environment, however, these cues were not acted upon. Instead, children were redirected to other experiences. This limited children's choice and opportunities for child-led play, physical activity and exploration (see requirement one).

Children's individual development needs and interests were not consistently reflected in interactions, experiences and play spaces. Some children had limited opportunities to lead their own play due to unnecessary restrictions. For example, children in the 0-2 room were told not to place baskets on their heads and children aged 2-3 years were not permitted to transport resources, such as playdough, around the room. As a result, some children appeared disengaged, with missed opportunities to develop confidence, make choices and extend their learning. The quality of indoor environments was also inconsistent. While some areas in the 3-5 room provided inviting opportunities for children to develop literacy and numeracy skills, other spaces, particularly those used by children aged 2-3 years, lacked stimulation, purpose and thoughtful presentation. We observed poorly presented experiences, including sand and role-play areas, which did not consistently promote curiosity, creativity or independent exploration. Consequently, children did not consistently experience high-quality play and learning opportunities that supported them to lead their own learning throughout the day (see area for improvement one).

Children's individual development needs and interests were not consistently reflected in interactions, experiences and play spaces. Some children had limited opportunities to lead their own play due to unnecessary restrictions. For example, some children were told not to place baskets on their heads and others were not permitted to transport resources, such as playdough, around the play space. As a result, some children appeared disengaged, with missed opportunities to develop confidence, make choices and extend their learning. The quality of indoor environments was also inconsistent. While some areas provided inviting opportunities for children to develop literacy and numeracy skills, other spaces lacked stimulation, purpose and thoughtful presentation. We observed poorly presented experiences, including sand and role-play areas, which did not consistently promote curiosity, creativity or independent exploration. Consequently, children did not consistently experience high-quality play and learning opportunities that supported them to lead their own learning throughout the day (see area for improvement one).

The available outdoor environments were not being used to their full potential. Large areas lacked challenge, stimulation and engaging resources, meaning children were not consistently benefiting from the learning opportunities that should have been available to them. For example in the 3-5 outdoors the only resources available in the play kitchen were stones and bark from the ground and the water tray was empty on the first day of our visits. This did not respect children's right to play, have fun, experience joy and have high-quality play and learning experiences indoors and outdoors. The setting had not made sufficient progress in addressing the area for improvement identified in January 2026 following an upheld Care Inspectorate complaint relating to children consistently experiencing a rich, stimulating and well resourced learning environment (see section, 'What the service has done to meet any areas for improvement we made at or since the last inspection).

Weaknesses in planning and assessment further reduced the setting's ability to meet children's individual learning needs. Although staff described planning approaches as responsive and child-centred, this was not consistently evident in practice. Our evidence showed, learning experiences were frequently adult-led, observations were not completed regularly and children's progress, interests and next steps were not consistently informing what happened next. Family feedback reflected these weaknesses, with some

families reporting that activities and support strategies did not always reflect their child's interests or developmental needs.

Families also reported a lack of information on what their child had been involved in and updates on their progress. The setting had not made sufficient progress in addressing the area for improvement identified in January 2026 following an upheld Care Inspectorate complaint. This related to families receiving regular, meaningful updates on their child's progress (see section, 'What the service has done to meet any areas for improvement we made at or since the last inspection).

Requirements

1. By 30 November 2026, the provider must ensure children's right to play outdoors is met and that their movements are not unnecessarily restricted.

To do this, the provider must at a minimum:

a) ensure staff recognise and respond to children's cues to go outdoors,
b) staff provide regular opportunities for children to move freely and follow their interests,
c) ensure staff support children to access outdoors spaces.

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

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

Areas for improvement

1. To support children's individual development needs and their interests, the provider should ensure staff recognise, value and respond positively to children's ideas, supporting them to extend and develop their play through meaningful interactions and appropriate challenge. Children should have opportunities to lead their play with challenge to ignite imagination and curiosity and encourage them to explore their ideas.

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

Children are supported to achieve — 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality indicator: Nurturing care and support

Families generally described warm, caring relationships with staff and reported that their children were happy, settled and emotionally secure within the setting. Connections between children, families and key staff supported wellbeing and many families valued staff's understanding of their children's individual needs. They described staff as wonderful, very nice, helpful, great and amazing. However, experiences often beyond staff control were not consistently positive for all families. Some raised concerns about issues relating to communication, information sharing and responsiveness to concerns, while a small number reported worries about the inconsistent support for their child. These experiences affected some families' confidence that children's needs would be met safely and consistently.

We observed some examples of warm and responsive care, particularly in the 0-2 room, where staff comforted children, provided cuddles and responded sensitively to care needs. Staff and families described warm, caring relationships and many children benefited from positive connections with staff. Families consistently told us that staff knew their children well, cared about them and supported their wellbeing. Comments such as, "The staff genuinely seem to know my child and their personality" and "The relationships my child has built with the staff in their room are the most positive aspect" reflected strengths within the setting.

While we observed some nurturing care, this was not experienced consistently across the setting, particularly during arrivals and daily routines. Children who became upset often received initial reassurance, but interactions were brief or interrupted by competing demands. At times, staff prioritised tasks over sustained, responsive interactions. As a result, some children remained upset for prolonged periods and did not consistently receive the attuned support needed to help them feel safe, secure and emotionally supported. These inconsistencies were also evident during arrivals. For example, a parent arrived with a child who required support and reassurance to settle. Opportunities for staff to respond sensitively to the child and family were missed and the inspector needed to prompt staff to provide support. Similarly, some separation from family members did not receive the individualised emotional support they needed. Consequently, children did not always experience care that promoted a strong sense of security, belonging and emotional wellbeing (see requirement one).

Although personal plans were in place and reviewed within expected timescales, they were not being used effectively to inform care and support. Important information about children's health, wellbeing, transitions, communication and emotional needs was often missing or not used effectively. Some staff were unclear about children's medical and dietary needs, and weaknesses in systems for gathering and sharing information contributed to this. Records often lacked meaningful actions, clear strategies and evaluation of impact. Family feedback supported these findings, with some families reporting that personal plans were too generic, did not fully reflect individual needs or were not consistently implemented. This resulted in a risk that children's individual needs would not be recognised or responded to, impacting their safety and wellbeing (see requirement two).

Mealtimes demonstrated both strengths and significant areas for improvement. Younger children's experiences were generally calm and unhurried, with staff promoting independence and responding appropriately to individual needs. Recent improvements in the 2-3 room meant children were becoming confident in serving themselves. However, staff deployment within the 3-5 room had a direct impact on children's experiences and at times had the potential to compromise their safety. Children experienced delays in receiving food and trainee staff were required to manage competing priorities, including allergy management and personal care needs. This reduced the quality of children's mealtime experiences and increased the potential for mistakes in meeting individual health and wellbeing needs.

Requirements

1. By 1 March 2027, the provider must ensure children experience consistent, unhurried and responsive interactions from staff that supports them to feel safe, secure, loved and understood.

To do this, the provider must at a minimum:

a) ensure staff receive appropriate training, guidance and support to prioritise responsive interactions with children,
b) ensure daily routines are child-centred and prioritises children's emotional security,
c) monitor and evaluate the impact of actions taken to improve interactions and daily routines.

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

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

2.
By 31 December 2026, the provider must ensure that children receive care and support from staff who know and meet their individual needs.

To do this, the provider must at a minimum:

a) ensure that personal plans contain sufficient information to enable all staff to understand and consistently meet children's needs,
b) all staff caring for children have immediate access to accurate and current information about each child's individual care needs,
c) when new or unfamiliar staff are working with children, there is a clear process to ensure they have read and understood accurate and current information about the children before taking responsibility for their care,
d) ensuring that changes to children's needs are promptly reflected in records and communicated to all relevant staff.

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

This is to ensure 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).

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 support positive and trusting relationships with families, the provider should strengthen systems for communicating changes in staffing and leadership. This should include ensuring families receive timely, accurate information and that staff consistently introduce themselves during handover to support safe and reassuring transitions for children.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 13 January 2026.

Action taken since then
This area for improvement was made following an upheld complaint investigation on 13 January 2026. Insufficient action had been taken to meet this area for improvement.

This area for improvement had not been met.

Previous area for improvement 2

To promote children's wellbeing, the provider should improve the stability and deployment of staff within the playroom. This should include ensuring children experience continuity of care, staff understand their roles and responsibilities, and personal care routines and supervision are managed consistently to meet children's needs.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

This area for improvement was made on 13 January 2026.

Action taken since then
This area for improvement was made following an upheld complaint investigation on 13 January 2026. Insufficient action had been taken to meet this area for improvement.

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 that children consistently experience a rich, stimulating and well resourced learning environment. This should include strengthening intentional and responsive planning, ensuring indoor and outdoor environments offer a varied range of high quality experiences, and that resources are accessible, inviting and reflective of children's interests and needs.

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

This area for improvement was made on 13 January 2026.

Action taken since then

This area for improvement was made following an upheld complaint investigation on 13 January 2026. Insufficient action had been taken to meet this area for improvement.

This area for improvement had not been met.

Previous area for improvement 4

To support children's learning and development, the provider should ensure that families receive regular, meaningful updates on their child's progress. This should include having reliable processes in place for recording observations, tracking children's learning, and sharing relevant information with parents in line with service expectations.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: "As a child, I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems" (HSCS 4.19).

This area for improvement was made on 13 January 2026.

Action taken since then

This area for improvement was made following an upheld complaint investigation on 13 January 2026. Insufficient action had been taken to meet this area for improvement.

This area for improvement had not been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.scot) 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 thrive and develop in quality spaces	2 - Weak
Children experience high quality spaces	2 - Weak

Children play and learn	2 - Weak
Playing, learning and developing	2 - Weak

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

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Compass House
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Dundee
DD1 4NY

enquiries@careinspectorate.gov.scot

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