The Yellow Brick Road Early Years Centre
Day Care of Children

St. Columba Church Hall
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Telephone: 01505 227 120

Type of inspection:
Unannounced

Completed on:
15 September 2026

Service provided by:
The Yellow Brick Road Group Ltd

Service provider number:
SP2017012921

Service no:
CS2017356319

About the service

The Yellow Brick Road Early Years Centre is registered to provide a day care of children service to a maximum of 67 children: 6 children 0 to under 2 years; 17 children 2 to under 3 years; 20 children 3 years to those not yet attending primary school; 24 children primary school aged. During school term times only between 08:45 and 14:45 to provide a day care of children service to a maximum of 32 children age 3 years to not yet attending primary school.

The service is provided by The Yellow Brick Road Group Ltd.

At the time of inspection 78 children were registered with the service.

About the inspection

This was an unannounced inspection which took place on 14 and 15 September 2026 between 09:00 and 18:00. 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:

- spent time children using the service
- spoke with staff and the provider
- observed practice and daily life for children
- reviewed feedback from 35 parents/carers who responded to our electronic questionnaire
- reviewed documents
- assessed core assurances, including the physical environment.

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 improvements are needed within headings: Leadership and Children thrive and develop in quality spaces.

Key messages

Children experienced kind, caring and nurturing interactions from staff who knew them well.

Children had access to a range of play materials and were provide with opportunities to make choices within their play, helping to support their confidence and independence.

Children did not consistently benefit from effective personal planning, limiting the service's ability to fully understand, respond to and support their individual needs and wellbeing.

Planning, observation and assessment processes were not consistently implemented, limiting the service's ability to clearly demonstrate children's progress and identify next steps in learning.

The provider had not established effective quality assurance and oversight arrangements. As a result, areas for improvement were not consistently identified, monitored or addressed in a timely manner, limiting the service's capacity to secure and sustain improvement.

Significant concerns relating to fire safety, infection prevention and control, building maintenance and risk management meant children were not consistently protected from avoidable risks to their health, safety and wellbeing. As a result, an additional evaluation of the quality indicator, 'Children thrive and develop in quality spaces', was undertaken during the inspection.

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 thrive and develop in quality spaces	2 - Weak
Children play and learn	3 - Satisfactory / Adequate
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 its vision, values and aims with staff and families of nursery-aged children, demonstrating a commitment to gathering their views. However, consultation findings had not been fully reflected in the final values. For example, kindness received the highest level of support from respondents but was not included. The management team should ensure feedback is clearly considered, acted upon and communicated to those who have contributed their views. The initial consultation took place in November 2025 and school-aged children and their families had not yet been consulted. This should be progressed more timeously to ensure their views are valued and contribute to the ongoing development of the service.

Communication methods were in place to keep parents informed, including daily discussions, a private Facebook page and the use of Messenger. Most parents spoke positively about opportunities to share their views. One parent told us, "There is a suggestions box in the main hallway giving parents the opportunity to put forward any suggestions we may have." In addition, a question of the month was displayed at the entrance to gather feedback from families. While these approaches supported consultation, responses were mostly limited to 'yes' or 'no' answers. Further development of consultation methods would help support more meaningful family involvement in the development of the service. More formal approaches should also be implemented to ensure outcomes and actions taken in response to feedback are shared. This should help families better understand how their feedback has influenced decisions and developments within the service, supporting a more responsive approach to continuous improvement.

Some self-evaluation and quality assurance processes had been introduced; however, these had not been fully implemented or used effectively to support sustained improvement. While some improvements had been identified, such as changes to mealtime arrangements, there was limited evidence that actions had been systematically monitored, reviewed or evaluated to measure their impact. Although a monitoring calendar had been developed, records were not consistently available to demonstrate completed monitoring activities, findings or resulting actions. As a result, the service could not clearly demonstrate how self-evaluation was driving improvement and leading to better outcomes for children and families over time (area for improvement 1).

An improvement plan was in the process of being developed and identified priorities linked to the National Improvement Framework, demonstrating a commitment to ongoing improvement. The provider should incorporate the findings from this inspection, including requirements and areas for improvement, into the final plan to support a clear and systematic approach to service improvement planning. This should help the service evaluate their progress and measure the impact of improvements.

Staff were safely recruited and appropriately registered with the Scottish Social Services Council (SSSC). Staff spoke positively about their induction experience, and we suggested the use of the national induction resource to further support their understanding of their role, professional responsibilities and expected standards of practice. We identified that catering staff were not always working within the remit of their designated role and were occasionally deployed to support children without the appropriate professional

registration. The provider should ensure that staff consistently work within their designated roles, competencies and professional registration requirements. This will help ensure children consistently receive care and support from staff with the appropriate skills, qualifications and professional accountability (area for improvement 2).

Areas for improvement

1. To support and sustain continuous improvement that secures positive outcomes for children and families, the provider should strengthen quality assurance and self-evaluation processes. This should include, but not be limited to, seeking and acting on the views of children, families and staff, implementing processes to monitor and evaluate practice, and using findings to inform, prioritise and review service improvements. This would help ensure improvements are responsive to the needs of children and families, and lead to sustained positive outcomes.

This is to ensure that care & 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).

2. To ensure children experience consistent, high-quality care and support from skilled and experienced staff, the provider should strengthen workforce management arrangements. This should include, but not be limited to, ensuring all staff receive a robust and fully documented induction and are deployed in line with their roles, job descriptions and professional registrations. This would help ensure staff have the knowledge, skills and support required to meet children's needs and promote positive outcomes.

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." (HSCS 3.14).

Children thrive and develop in quality spaces — 2 - Weak

Quality Indicator: Children experience high quality spaces

We made an evaluation of weak for this quality indicator, as there were some strengths , but these were compromised by important weaknesses.

The provider demonstrated a willingness to improve the environment for children and had made positive investment in the service. Recent improvements included the installation of new flooring, radiators and a fitted kitchen within the three to five playroom, as well as new carpeting in the baby room. Playrooms also contained some good-quality furniture and resources which supported children's choice and independence. Whilst these improvements demonstrated some commitment to supporting improvement, significant weaknesses remained across the setting that impacted the quality of children's experiences and increased risk of harm.

We identified a persistent damp odour and visible damp patches on ceilings and within parts of the building. This indicated that ongoing moisture and roof repair issues had not been fully resolved. Although the provider informed us that roof repairs had been undertaken and that water was now only entering the building into the fire escape stairwell, concerns remained regarding the ongoing dampness and condition of the building. We noted that the damp odour was less intrusive on the second day of the inspection; however, concerns remained regarding the impact of dampness on the condition of the premises. This negatively impacted the quality of the indoor environment and demonstrated that building maintenance

issues had not been addressed in a timely manner. As a result, children and staff did not consistently benefit from a safe, comfortable and well-maintained environment. Therefore, we made a requirement for this to be improved (requirement 1).

We were concerned that the premises had not been maintained to ensure children's safety in the event of an emergency. Fire exit routes were either blocked or partially blocked by large furniture items, play resources stacked at height and old carpet that had been removed during refurbishment works. This had the potential to restrict the safe movement of children, staff and visitors. Due to the seriousness of the concerns identified, we made a referral to the Scottish Fire and Rescue Service. Whilst some improvements had been made to clear emergency exits prior to the completion of our inspection, we made a requirement for the provider to take further action and demonstrate sustained improvements to safeguard the health, safety and wellbeing of children, staff and visitors (requirement 1).

The absence of robust systems to record, escalate and address environmental risks meant that known hazards and maintenance concerns were not acted upon in a timely manner. For example, some safety gates were broken or damaged throughout the service, and cleaning staff had identified that a children's toilet was leaking; however, this information had not been communicated to staff or the provider for action to be taken. As a result, avoidable risks remained within the environment, and children were not consistently protected from potential harm. We have made a requirement for the provider to implement effective systems to ensure environmental risks are identified, reported, monitored and addressed promptly, to ensure children's safety (requirement 1).

Effective infection prevention and control practices were not consistently implemented to minimise the risk of infection transmission. Inconsistent hand hygiene practices included staff failing to wash their hands at key times throughout the day and an over-reliance on disposable gloves and hand sanitiser when handwashing facilities were available. In addition, cluttered surfaces, inappropriate storage of belongings, a damaged wall board and a torn changing mat within a changing area prevented effective cleaning. This meant children were exposed to an increased and avoidable risk of infection. We made a requirement that the provider should ensure staff are trained and competent in infection prevention and control practices and that effective systems are implemented to maintain a clean, hygienic environment and support children's health and wellbeing (requirement 2).

A number of significant risks within the indoor and outdoor environments had not been appropriately identified or managed. These included broken and discarded resources, exposed screws on fencing, and a large container of stagnant water that children could access outdoors. Stagnant water poses serious health and safety risks to children due to the potential infections and exposure to harmful bacteria. Indoors, unsafe storage arrangements, including materials stored at height in unlit areas, increased the potential for accidents. A systematic approach to risk assessment had not been implemented to identify, assess and manage risks within the service. While daily environmental checks were completed, these were not supported by detailed risk assessments to support staff's understanding of potential hazards and the measures required to reduce risk. As a result, risks were not always identified, compromising children's safety and wellbeing (requirement 3).

Requirements

1.
By 4 December 2026, the provider must ensure the environment is safe to protect children from harm. In order to achieve this, the provider must at a minimum:

a) ensure that emergency exit routes are kept clear at all times,

b) implement and sustain actions in line with advice from the Scottish Fire and Rescue Service to ensure children's safety,

c) ensure the building is free from intrusive odours,

d) repair damaged fixtures, fittings and surfaces throughout the service,

e) implement effective systems to ensure all maintenance concerns are identified, recorded, monitored and addressed promptly, and

f) develop and implement a robust plan to address ongoing roof repair issues, water ingress and associated dampness, including clear timescales for repair and monitoring arrangements to ensure the premises are safe and well maintained.

This is to comply with Regulation 4(1)(a) 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: 'My environment is secure and safe' HSCS, 5.19) and 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.' (HSCS 5.18).

2.
By 4 December 2026, the provider must ensure children consistently experience a clean and hygienic environment that promotes their health and wellbeing. In order to achieve this, the provider must at a minimum:

a) ensure staff receive appropriate training, support and supervision to implement safe infection prevention and control practices

b) ensure effective hand hygiene practices are consistently followed by all staff

c) ensure all areas of the service are free from unnecessary clutter to support effective cleaning and safe infection prevention and control practices, and

d) establish and maintain robust monitoring, auditing and oversight arrangements for infection prevention and control practices, and take prompt action to address any identified concerns.

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).

3. By 4 December 2026, the provider must ensure children consistently experience safe care, play and learning environments that promote their wellbeing and development. In order to achieve this, the provider must at a minimum:

a) ensure robust risk assessments are completed for all areas of the service to identify potential hazards, assess risks and implement appropriate control measures to keep children safe

b) ensure risk assessments are regularly reviewed and updated to reflect changes in the environment and any newly identified hazards or concerns, and

c) ensure indoor and outdoor environments are regularly monitored, with effective systems in place for staff and management to identify, report and promptly address potential hazards and risks to children's health, safety and wellbeing.

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).

Children play and learn — 3 - Satisfactory / Adequate

Quality Indicator: Play learning and developing

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

Staff interactions with children were kind, caring and responsive. Most staff positioned themselves at children's level, offering reassurance and encouragement during play, which helped children feel secure and supported. As a result, children were happy, settled and confident within the setting. They had developed positive friendships, enjoyed playing alongside their peers, and independently accessed play spaces and experiences, demonstrating a sense of belonging and confidence.

Children and parents spoke positively about the variety of play experiences available within the service. One parent told us, "My child is offered a wide range of opportunities and experiences that supports their learning and development. These include sensory play, creative activities, and opportunities to explore and interact with other children," while another described "a real mix of play options, outdoor play, role play, crafting, reading and drawing." Children also shared their enjoyment of the service, telling us, "I more than love it," "My favourite thing to do is bits and bobs (arts and crafts)," and "It's fun." As a result, children had opportunities to develop their creativity and social skills through the range of play resources and experiences available.

Children's access to outdoor play was not consistent across the setting and was not always responsive to their interests and play preferences. While children had opportunities to access outdoor play, this was largely determined by staff and daily routines rather than children's choices. For example, children accessed outdoor play as part of large-group experiences or staff-led activities, such as short story sessions. This was reflected in parent feedback, with one parent commenting that their child went outdoors only when "weather permitted" and another highlighting that outdoor experiences were largely limited to some free play in the garden. During our visit, outdoor experiences lacked creativity, challenge and variety, with most activities involving adult-directed games, resulting in some children disengaging quickly. As a result, not all children consistently benefited from opportunities to lead their own play, make choices, develop

independence, and access high-quality learning experiences that reflected their individual interests, preferences and developmental needs.

Staff observed children through play; however, the quality and consistency of observations varied. Observations had not been completed since June 2026 and some of those previously recorded lacked sufficient detail and analysis of learning. Observations should be completed consistently to enable staff to monitor children's progress over time, recognise emerging learning and development needs and identify appropriate support, challenge and next steps. As a result, observations did not consistently demonstrate children's progress, inform next steps in learning, or identify opportunities to further challenge and support children in their development (area for improvement 1).

Planning and assessment processes had recently been reviewed, with new recording templates introduced and some staff receiving training in a new approach to planning. However, this had not yet been implemented and no planning for play and learning had been completed since June 2026. As a result, staff could not effectively evaluate the impact of play experiences, consistently identify appropriate next steps to support and extend learning, or clearly demonstrate children's progress over time. This was reflected in feedback from some parents, who told us they would like more regular updates about their child's learning and development. The provider should ensure that planning for children's play and learning is reintroduced and embedded in practice so that children experience appropriately planned learning opportunities, make progress in their development, and families are kept informed about their children's learning journey (area for improvement 1).

Areas for improvement

1.
To support children's wellbeing, learning and development, the provider should introduce and embed a consistent approach to planning for play and learning. This should include, but not be limited to, ensuring children's ideas, views and interests inform planned play experiences, and that observation, planning and assessment processes are completed consistently to support the evaluation of progress and identification of appropriate next steps. Information about children's development, learning and progress should be consistently recorded, monitored and shared with parents to support continuity of care and learning between home and the setting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I am supported to achieve my potential in education" (HSCS 1.27) and '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 — 3 - Satisfactory / Adequate

Quality Indicator: Nurturing care and support

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

Parents spoke positively about their relationships with staff, highlighting their caring and supportive approach. Parents described staff as friendly, approachable and responsive, with one parent commenting, "I really value the staff and the care they have given my child. We have built a strong relationship." Another

told us, "The staff are amazing and they go above and beyond to meet mine and my child's needs." This demonstrated that families felt supported and had developed trusting relationships with staff.

Staff used rights-respecting language when supporting personal care routines, such as nappy changing and nose wiping, by seeking children's permission before providing assistance. However, practice was not always consistent, with some children experiencing delays in having wet clothing changed despite expressing discomfort or requesting support. As a result, children's comfort and wellbeing were not always promoted in a timely way.

Sleep arrangements were responsive to children's individual needs, and comforters from home were used to support children's wellbeing and emotional security. While the service had a policy in place permitting the use of prams and buggies for sleep with parental agreement, the provider should consider how they can support families to transition to alternative sleep arrangements such as sleep mats and dedicated sleep spaces, available within the service. This would help ensure children experience comfortable, restful sleep in an environment that promotes their wellbeing, safety and physical development.

Mealtimes were calm and relaxed, with staff sitting alongside children to promote social interaction and conversation. While most staff supervised children appropriately, deployment arrangements in the baby room did not always ensure effective oversight of all children during lunch. In addition, opportunities for children to develop independence through self-serving, pouring drinks and participating in food preparation had not yet been fully embedded across the service. As a result, children did not consistently experience opportunities to develop independence, confidence and decision-making skills during mealtimes.

Personal plans were in place for most children and included information relating to progress in literacy, numeracy and health and wellbeing. However, detailed plans had not been developed for school-aged children. Personal planning processes were inconsistent as targets, next steps and clear strategies to support staff to meet children's individual needs were not consistently identified or reviewed. Delays in developing learning plans for some children following transitions between playrooms resulted in gaps in arrangements to support their ongoing development. Parents were provided with photographs of completed plans, and staff told us these were later discussed with families at drop-off or collection times. This limited opportunities for meaningful involvement in identifying, agreeing and reviewing their child's next steps. In addition, chronologies had not been implemented, making it difficult to track significant events in children's lives and demonstrate how staff had responded to support children's wellbeing. As a result, children did not consistently benefit from responsive, well-coordinated support and planning that reflected their individual needs, experiences and changing circumstances (area for improvement 1).

Communication with families through daily discussions supported children's care and wellbeing needs to be met. Younger children received daily diaries which shared information about meals, sleep and personal care. To further strengthen partnerships, families should be routinely welcomed into playrooms at drop-off and collection times. This would provide valuable opportunities for meaningful information sharing, strengthen relationships between families and staff, and support greater involvement in children's learning and development. It would also enable documentation to be shared more securely and effectively, rather than relying on photographic messages through digital platforms.

Areas for improvement

1.
To support individual children's health and wellbeing needs, the provider and staff team should ensure all children have a fully completed and comprehensive personal plan in place that sets out how their health,

welfare and safety needs will be met. At a minimum, plans should detail clear support strategies, identified next steps and agreed actions to ensure children's individual needs are consistently met. Personal plans should be developed and reviewed in partnership with children and families every six months, or sooner where required. The service should also implement chronologies to record and monitor significant events in children's lives, their impact on children, and any actions taken by staff to support their wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal 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 children's wellbeing, the provider should ensure that agreed strategies for supporting children are clearly documented and consistently implemented. This should include, but not be limited to, clear transition protocols that have been agreed by all relevant parties, and formal, documented meetings that record discussions, decisions made, and any actions to be taken.

This is to ensure that 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).

This area for improvement was made on 8 July 2026.

Action taken since then

We reviewed children's personal plans and planning documentation and found that individual support strategies were not consistently recorded, reviewed or evaluated. As a result, the service could not clearly demonstrate how children's individual needs, progress and outcomes were being identified and supported. We recognised that further improvements to personal planning were needed and have therefore reworded this area for improvement to provide greater clarity for the provider and ensure the area for improvement accurately reflects current concerns and expectations. See heading: Children are supported to achieve, area for improvement 1.

Previous area for improvement 2

To support children's wellbeing, the provider should ensure that communication with families is consistent, supportive, and professional. This should include, but not be limited to, the use of formal communication methods and maintaining a professional, respectful, and supportive approach in all interactions. Communication should be factual and child-focused, avoiding emotive or subjective language.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: "I experience care and support where all people are respected and valued." (HSCS 4.3).

This area for improvement was made on 8 July 2026.

Action taken since then

Communication with families included the use of Facebook Messenger. However, this did not consistently support professional practice, as formal documents, including birth certificates and invoices, were shared using photographs. This increased the risk of confidential information being mishandled and did not promote confidence that children's personal information was being managed securely. The provider should ensure that all personal and sensitive information is shared through secure and appropriate communication systems.

This area for improvement had not been met and remains in place.

Complaints

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

Detailed evaluations

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate

Children thrive and develop in quality spaces	2 - Weak
Children experience high quality spaces	2 - Weak

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

Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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