ACE Place Nursery - Riverside
Day Care of Children

1 Lanark Road
CARLUKE
ML8 4HD

Telephone: 01555 770225

Type of inspection:
Unannounced

Completed on:
16 June 2026

Service provided by:
ACE Place Ltd

Service provider number:
SP2022000020

Service no:
CS2022000034

About the service

ACE Place Nursery - Riverside is a daycare of children service situated in the Clydesdale area of Carluke. The service is a self contained house with outdoor areas. It is close to public transport links, shops and woodland areas. The service provides care for up to 24 children aged from birth to those not yet attending primary school. There were 33 children registered with the service at the time of the inspection. There were 14 children present on day one of inspection and 13 children present on day two of the inspection.

About the inspection

This was an unannounced inspection which took place on 10 June 2026 between 09:30 and 17:30 and 11 June 2026 between 09:30 and 18:00. The inspection was carried out by one inspector 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:

- gained feedback from 13 parent/carers through questionnaires
- gained feedback from three staff through questionnaires
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- gained feedback from visiting professionals.

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, no improvements were identified.

During this inspection we gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- Warm, nurturing interactions between staff and children supported children to feel safe and secure.
- Reviewing routines and provocations within the learning environment would further support children's engagement and independence.
- The service had undertaken some self-evaluation to identify areas for improvement.
- Staff leadership roles supported staff to develop opportunities and more positive outcomes for children.
- Staff knew children well and supported their individual needs.
- Personal plans supported wellbeing, with opportunities to strengthen consistency in meeting children's needs through clearer strategies.

From this inspection we evaluated this service as:

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

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

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

Leadership 4 - Good

Quality Indication: Leadership and management of staff and resources

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

The service had developed a clear vision, values, and aims statement that outlined what the service offered, including a strong commitment to community links. This had been created in consultation with stakeholders. This supported a shared understanding and sense of ownership across the service. Parents commented: "The relationships that have been created and sustained over our time here are testimony to the ethos, commitment and dedication of a strong team, leadership and a clear vision."

Policies and procedures were in place to support and guide practice. However, some required updating to ensure they reflected current guidance, and best practice. For example, several policies still referred to the former National Care Standards rather than the current Health and Social Care Standards. Regular review and revision of policies and procedures would help ensure staff were working in line with current expectations. Therefore, supporting the delivery of safe, effective, and high-quality care.

Processes were in place to support children's safety across the environment and during outings. These included service opening and closing checks, garden and indoor risk assessments, and detailed planning for outings, which considered individual children's needs and incorporated children's feedback. We discussed implementing safety measures on all external doors in the outdoor area to further support children's safety. Risk assessments were linked to a maintenance log system, supporting timely identification and resolution of hazards. Most staff demonstrated a clear understanding of reporting procedures, although practice was not yet fully consistent. For example, the observation of a chair that required repair was not promptly removed or recorded. Providing a consistent approach in this would ensure children benefited from a safe and well-managed environment.

Accident and incident records were detailed and supported an understanding of events and any actions taken. The service had introduced processes to record pre-existing or unexplained marks, ensuring children's well-being was appropriately monitored. While parents were informed of accidents, systems for acknowledging receipt, particularly through an electronic platform, were not always consistently applied. Although audits were in place to highlight trends and patterns, it was not clear how these were actioned. Opportunities to strengthen auditing systems, particularly through any actions taken, would improve oversight.

The manager maintained an overview of staff training and Scottish Social Services Council (SSSC) registration requirements, supporting workforce compliance. Staff recorded their learning and leadership roles had been effectively distributed across the team. Staff demonstrated ownership of these roles, with evidence of implementation in practice, such as literacy initiatives including Book Bug sessions, which positively supported children's learning experiences. Parents commented: "My child loves the weekly Book Bug sessions. "They enjoy sharing and reading with other children." Monthly leadership reflections supported staff to consider what was working well and identify next steps. Further developing training evaluations to include the impact on practice would support more positive outcomes for children.

Staff engaged in regular appraisal meetings with the manager, which provided opportunities to reflect on practice, training, and well-being. Leadership roles were beginning to be incorporated into these discussions to support professional development. There was potential to strengthen these processes by further focusing on how staff's learning and leadership activity translated into improved outcomes for children. This would ensure a clear link between professional learning and practice improvement.

A range of quality assurance processes were in place, including weekly and monthly checks by the manager and monitoring activities undertaken by staff across different aspects of practice. These contributed to an overview of service performance and supported continuous improvement. Findings were collated and used to inform the service improvement plan and maintenance priorities. While this demonstrated a commitment to self-evaluation, there was scope for further development. For example, opportunities remained to strengthen how ongoing monitoring information was collated, analysed and fed back to staff in a timely way. This would further enhance continuous improvement and outcomes for children.

The service had undertaken some self-evaluation to identify areas for improvement through challenge questions and mind mapping. This supported them to identify strengths and informed improvement priorities. An improvement plan outlined clear priorities, including observations, planning, leadership roles, and community links, which were evident in practice. Strengthened leadership roles and enhanced community engagement, including local events and transition partnerships, supported positive outcomes for children. Staff commented: "The service have been very involved in the community especially with involving intergeneration through visits to the local care home and church and staff were also involved in tidying up our town gardens and getting involved with gala events."

The service sought feedback from families through questionnaires, digital platforms, consultations and surveys, and explored more creative engagement methods. Strong community links, including partnerships with local care homes and community events, enriched children's experiences and sense of belonging. Parents commented: "Management have been active in engaging parents and carers in the life of the service" and "Parents are regularly asked their views." While feedback was gathered, there was less evidence of how it was consistently analysed, actioned and shared with families. There remained scope to further strengthen self-evaluation by identifying areas for improvement equally and clearly setting out next steps.

Registers were maintained electronically to record children's attendance. However, a minor inconsistency was identified during sampling, and we discussed implementing a contingency plan, such as a paper backup. This should ensure accuracy at all times, keeping children safe.

Children play and learn 4 - Good

Quality Indicator: Playing, learning and developing

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children engaged positively in play and enjoyed activities such as outdoor games and construction. Staff respected children's creations, supporting their sense of achievement and pride. Children were supported to share their work with others, promoting confidence and communication. However, some routines, including the early tidying of areas, interrupted children's play and limited their engagement. Reviewing these would further support children's engagement and independence.

Children accessed two playrooms, which supported their developmental needs and provided space for a range of experiences. Gates supported children's safety while families accessed the service, and the service planned to continue reviewing this arrangement to ensure it met families' needs. While children had access to a range of resources, some were not presented in ways that encouraged sustained engagement. Meaningful provocations were limited, reducing opportunities for creativity, curiosity and independent exploration. Sensory and open-ended experiences, including sand, water and malleable materials, were not consistently available indoors. Opportunities to extend learning through play and build on children's emerging interests were sometimes missed. Increasing access to stimulating resources, open-ended materials and meaningful provocations would further enhance children's engagement, independence and learning outcomes.

Staff worked collaboratively across playrooms, helping to ensure continuity of experiences and support for children. Although at times, children's choices were restricted, limiting opportunities to explore resources freely and develop their own ideas. For example, children were directed to use scissors or paint only in specific areas without a clear rationale. This reduced opportunities for child-led learning and exploration. Greater flexibility would further support sustained learning and positive outcomes.

Planning approaches incorporated the well-being indicators safe, healthy, active, nurtured, achieving, respected, responsible and included, which supported children's overall development. Some planned experiences were implemented effectively, such as hopscotch outdoors, which supported physical development and coordination. However, some planned experiences were overly task-focused and did not consistently promote children's creativity or independence. Providing a more consistent approach to meaningful, open-ended experiences would support children's creativity, independence and engagement in learning.

Observations captured children's learning and were shared regularly with parents through an electronic platform. This supported communication with families and increased awareness of children's development. Staff also tracked children's development providing an overview of progress. There were opportunities to strengthen links between observations and children's individual targets to better inform planning and support progression. Strengthening these areas would support more responsive planning and assessment, leading to improved outcomes for children.

Children are supported to achieve 4 - Good

Quality Indicator: Nurturing care and support

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Staff demonstrated warm, nurturing interactions that helped children feel safe, secure, and valued. They offered reassurance and comfort, including cuddles when children were upset, and respected children's dignity by seeking consent before providing personal care. As a result, children responded positively and showed trust and confidence in staff. Parents commented: "My child loves them and they work hard to make them feel safe, welcome and included." While interactions were predominantly positive, there were opportunities to further enhance consistency in nurturing practice. For example, staff did not consistently use children's names and occasionally called out to colleagues in other areas for support. We discussed how consistently using children's individual names can promote respectful interactions, alongside adopting more nurturing approaches to staff communication. This would help create a calmer and more consistently

nurturing environment for children.

Children from different age groups came together at lunchtime, promoting positive social interactions and relationships with their peers. Children were encouraged to wash their hands before eating, although hand hygiene practices among staff and children were not always consistent. Staff responded sensitively to children's individual needs and preferences, offering alternatives when required. Parents commented: "All dietary requirements are met and alternatives are put in place so my child never misses out." Children made choices, requested additional servings and developed independence through serving food, pouring drinks and clearing away dishes. Lunch was provided in two sittings, enabling staff to respond to individual needs and support positive engagement. Children served their lunch from a central table; however, this reduced opportunities for staff and children to consistently sit together and engage in meaningful conversations during mealtimes. Further evaluation of lunchtime routines, including self-service approaches and helper roles, would support more consistently positive, sociable and healthy eating experiences for children.

Children had personal plans in place which supported their health, well-being, and development. Children requiring additional support had detailed plans developed using a multiagency approach. This supported targeted interventions and positive outcomes. Communication records supported awareness of children's changing needs. However, plans lacked clarity on how staff would support identified targets. Stronger links were required between observations and identified outcomes. Improved consistency would support all staff to meet children's needs effectively.

Staff knew children well and supported transitions effectively. Children were prepared for school through visits and planned activities. Ongoing communication supported children's understanding and reduced anxiety. This contributed to positive transition experiences and emotional well-being.

Medication was stored securely, and regular reviews ensured medications remained necessary and appropriate. However, some medication labels were unclear, requiring clarification with parents. Recording practices required improvement to ensure clarity and accuracy. For example, one sampled medication form did not clearly specify the specific ailment for which the medication was required. This did not help staff know when to administer medication safely. The manager will review these to ensure it is clear when the medication is to be administered. This would ensure children were kept safe.

Staff had developed positive relationships with families, supporting trust and effective communication. Parents commented: "Staff are always friendly, warm and open." Parents were welcomed into the service, and staff shared children's learning through regular communication, including observations, planned meetings, and parent's evenings, which provided opportunities to discuss progress and next steps. Stay and play sessions further supported parental engagement and involvement in children's learning. Parents commented: "At drop off and pick up they are very personable. "They provide regular updates and our daily informal conversations show they know my child very well." Staff commented: "We talk to all our families on a daily basis, communicate through our electronic platform and hold parents' evenings twice a year."

Child protection information was clearly displayed and accessible within the service. Staff were confident in reporting procedures and understood their responsibilities. All staff had completed training, ensuring up-to-date knowledge. This supported a strong safeguarding culture and protected children's well-being. Staff commented: "My child protection training allows me to always be vigilant with every child in the nursery."

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

The service should review the portion size of meals and promote independence at lunchtimes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states; 1.35 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible.'

This area for improvement was made on 24 April 2023.

Action taken since then

Children were supported to serve their own food and pour their own drinks at mealtimes. They were also encouraged to clear away their plates and independently wash their hands and faces after lunch. Portion sizes had been reviewed and children were able to select more food throughout mealtimes. Therefore, this area for improvement has been met.

Complaints

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

Detailed evaluations

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

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

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

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