Easthouses Primary School Nursery
Day Care of Children

Easthouses Road
Dalkeith
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Telephone: 0131 285 9433

Type of inspection:
Unannounced

Completed on:
29 May 2026

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Service no:
CS2024000310

About the service

Easthouses Primary School Nursery is registered to provide a care service to a maximum of 80 children aged from 3 years to those not yet attending primary school at any one time. The service is provided by Midlothian Council and is located within the Easthouses area of Dalkeith.

The service operates from a wing of Easthouses Primary School. The service has direct access to an outdoor area, which is fenced of from the secure school playground. The service is close to local amenities, green spaces, parks, and transport links.

About the inspection

This was an unannounced inspection which took place on 26 and 27 May 2026 between 09:00 and 17:30. This inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- Spoke and spent time with children using the service.
- Spoke with 12 staff, 3 seniors staff, the business support worker and the headteacher.
- Spoke with the cluster principal teacher and the local authority quality improvement manager.
- 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, no improvements were identified relating to core assurances.

Key messages

- Staff built warm, caring relationships. Most children felt safe, settled and confident, and parents spoke positively about the support their children received.
- Children enjoyed a good range of play opportunities. Many were happy, engaged and developing confidence, particularly during play they chose themselves.
- Children benefited from indoor and outdoor play, although improvements in how staff supervise and support children would help keep everyone safe all the time.
- Staff worked well together and were keen to improve. Better use of monitoring and follow-up actions would help make sure changes improve children's experiences.
- Leadership systems were not fully effective in driving consistent improvement and some weakness in robust supervision and monitoring processes reduced overall quality of experiences for all children.
- Daily routines could be more flexible, as waiting times sometimes reduced children's involvement and enjoyment.
- Planning was in place to support learning. More consistency in how this is carried out would help all children make the best possible progress.

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	3 - Satisfactory / Adequate
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

We evaluated this key question as adequate, where strengths just outweighed weaknesses.

Staff developed warm, caring relationships with children and families. Parents consistently described staff as "amazing", "like family" and "nurturing." Where practice was strongest, children were settled, confident and engaged in their play, demonstrating a secure sense of belonging.

The service vision, values and aims had not been reviewed since the service relocated almost two years ago. As a result, the views of newer children and families had not been incorporated. Although staff demonstrated understanding of values such as respect and inclusion, these were not consistently embedded in practice. For example, we observed occasions where children were not always treated with dignity, including children being given cereal taken directly by hand from a bag, which did not reflect respectful practice. This inconsistency meant children's experiences were variable and not always aligned to the service's stated values.

The quality of interactions was mixed. At times, staff engaged sensitively, speaking at children's level and responding to their cues. However, there were occasions where this was not evident. For example, one child was not meaningfully interacted with for a considerable length of time, despite showing a need for engagement. This reduced opportunities for communication, inclusion and learning, meaning some children were less involved in play and not fully supported to achieve positive outcomes.

We observed some missed opportunities to extend learning. For example, when a child showed interest in a spider, staff did not build on this curiosity to develop learning. This meant children were not consistently supported to develop thinking, language and exploration through play, limiting the depth of learning experiences.

There was a positive culture of reflection, with staff open and honest when discussing strengths and challenges. Systems such as a quality assurance calendar, regular staff meetings and accident monitoring were in place. These identified issues, for example a child experiencing a high number of recorded accidents. However, there was limited evidence of clear actions or strategies to reduce these risks. As a result, monitoring did not consistently lead to improvements, and children were not always supported to stay safe or develop risk awareness (see area for improvement).

Staff also identified challenges within the environment and layout, particularly in outdoor areas and spaces that limited supervision. These concerns had not yet been fully addressed, resulting in reduced opportunities for safe, engaging and well-supported play. We sought assurance from the Local Authority representative that these challenges would be considered and actions taken to remedy, we gained a positive response.

Children and families were not consistently involved in self-evaluation or improvement planning, limiting opportunities for the service to reflect their current needs and preferences. This restricted how well children's rights and voices were embedded in leadership approaches.

Recruitment processes were safe and robust, supporting children's wellbeing. Staff worked well together and described feeling part of a team. However, induction processes were brief and largely procedural, which contributed to variation in practice, including inconsistent approaches to interactions and play.

Overall, while there were clear strengths in relationships and staff commitment, improvements were needed to ensure leadership systems, including vision, self-evaluation and staff development, consistently result in positive, high-quality outcomes for all children.

Areas for improvement

1. To improve children's wellbeing, involvement and learning, the provider should ensure that self-evaluation and quality assurance processes lead to sustained, evidence-informed improvements in practice.

This should include, but not limited to:
- ensuring staff access relevant training and professional learning
- evaluating the impact of this on children's experiences
- ensuring identified actions lead to measurable improvements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I use a service and organisation that are well led and managed' (HSCS 4.23); and
'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 thrive and develop in quality spaces — 3 - Satisfactory / Adequate

We evaluated this key question as adequate, where strengths just outweighed areas for improvement.

Staff provided a variety of play experiences both indoors and outdoors, including painting, water play, construction, woodwork and quiet areas. Most children arrived happy and settled quickly, showing they felt comfortable and secure. When staff responded effectively to children experiencing distress, they used restorative approaches to reduce anxiety, helping children to become calm and re-engage in play. This supported children's emotional wellbeing and sense of security.

The quality and safety of the environment were inconsistent. While risk assessments and environmental audits were in place, these were not consistently reflected in practice. We observed occasions where children engaged in activities that presented an increased risk of injury, and staff did not always intervene appropriately or in a timely manner. This meant children were not consistently supported to stay safe or develop the skills needed to recognise and manage risk. As a result, children's wellbeing and safety were not always promoted (see area for improvement).

Supervision, particularly outdoors, was variable. At times, staff adopted a passive approach, such as standing with arms folded rather than actively engaging in children's play. This limited opportunities to guide behaviour, model safe use of resources and extend learning. It also reduced children's ability to develop confidence in managing risk safely. While some safer practice was evident, for example encouraging the use of safety glasses during woodwork, this was not consistent across all activities.

The environment was generally well resourced, offering a range of experiences that supported play. However, aspects of the outdoor area, including hidden or poorly visible spaces, made effective supervision difficult. We also identified environmental features, such as the positioning of play equipment, that required further consideration to ensure any potential risks were appropriately assessed and managed. This would help support children to play and explore within a safe and secure environment.

Infection prevention and control practices were inconsistent and required improvement. For example, staff were observed handling food directly by hand without appropriate hygiene measures, blowing children's noses without washing hands, and toilet doors being propped open, increasing the risk of contamination of personal items. These practices contributed to a heightened risk of illness, which negatively impacted children's health and wellbeing.

There was limited evidence that children influenced the environment. While some displays of children's work were visible, these were undated and not regularly updated. Floor books were in place but had not been maintained, with some entries last completed several months prior. They also lacked children's and families' voices, meaning children were not consistently supported to shape their environment or feel that their ideas were valued.

Information was stored securely, with records kept in locked cabinets and systems password protected. Staff demonstrated awareness of data protection responsibilities, which supported children's privacy and safety.

Areas for improvement

1. To support children's safety, wellbeing and learning, the provider should ensure that environments are consistently safe, well supervised and hygienic, and that children are supported to take appropriate, measured risks in play.

This should include, but not limited to:
- strengthening active supervision and staff engagement in children's play
- ensuring risk assessments are implemented consistently in practice
- improving infection prevention and control measures
- increasing opportunities for children to influence and shape their environment.

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 5.19).

Children play and learn — 3 - Satisfactory / Adequate

We evaluated this key question as adequate, where strengths just outweighed areas for improvement.

Staff provided a variety of play experiences, both indoors and outdoors, supporting imaginative, creative and physical play. Many children were engaged and motivated, particularly during child-led experiences. For example, children sustained imaginative play in a "McDonald's" role play, taking orders, making food with playdough and interacting with peers. This supported social skills, creativity and confidence. Parents told us their children had "grown in confidence", were making friends and becoming more independent.

Engagement was not consistent for all children. While many were involved in play, some remained on the periphery without meaningful interaction. For example, during playdough experiences, some children were not supported to participate fully. This reduced opportunities to develop communication, social skills and sustained involvement. We also observed missed opportunities to extend learning, such as not introducing measuring, weighing or counting during playdough activities, or adding coins and price labels to role play. This limited children's progression and depth of learning.

Children had opportunities to make choices and lead their play, particularly when routines allowed. They moved confidently between areas, selecting activities such as baking, drawing, block play and outdoor experiences. For example, a child independently set up a dinner scenario for dolls, demonstrating imaginative thinking and ownership of play. This supported independence and decision-making. However, at times adult-led routines interrupted play, limiting children's ability to sustain engagement. For example, children waiting for lunch were required to participate in group games, such as repeated "duck, duck, goose" activities, which did not meet all children's interests. This reduced choice, autonomy and sustained learning.

Children demonstrated curiosity and creativity, particularly in outdoor and practical experiences. For example, in the sand area, children created shapes such as ovals and rectangles, and worked collaboratively to solve problems with water sprays. Staff sometimes used encouragement and questioning, such as "how will you get it out?" or "let's do it as a team", which supported problem-solving and thinking skills. However, this practice was not consistent, and some children did not benefit from this level of support.

Children had access to both indoor and outdoor environments, with experiences including woodwork, climbing, water play and creative activities. While this supported a wide range of learning opportunities, staffing and supervision challenges impacted the quality of outdoor experiences. At times, limited staff engagement reduced opportunities to extend learning safely, and routine interruptions reduced sustained play, affecting children's involvement and continuity of learning.

The quality of staff interactions was variable. There were clear examples of warm, nurturing engagement, where staff supported emotional regulation, encouraged children and praised their efforts. These interactions supported language development and wellbeing. However, this was not consistent across the setting. Some children experienced limited interaction, and opportunities for sustained shared thinking were missed, particularly for those less engaged. As a result, not all children were supported to fully extend their learning (see area for improvement).

Planning systems were well established and collaborative, with staff using observations and children's interests to inform ongoing learning. For example, children's interests in stories, caterpillars and outdoor experiences were revisited and developed over time. However, this was not consistently reflected in daily practice. Some children did not experience fully responsive or personalised learning, particularly those requiring additional support. This meant children's progression was not always clear or sustained.

Areas for improvement

1. To improve children's learning, development and wellbeing, the provider should ensure that all children experience consistently high-quality interactions and inclusive learning opportunities that extend their thinking and support progression.

This should include, but not limited to:
- ensuring all children are actively engaged and supported in play
- strengthening staff interactions to extend thinking and learning
- reducing routine interruptions to sustain play
- ensuring planning is consistently implemented and responsive to individual needs.

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); 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

We evaluated this key question as adequate, where strengths just outweighed areas for improvement.

Staff developed positive, caring relationships with children and families. Parents consistently described staff as "brilliant", "caring" and "like family", demonstrating a high level of trust and confidence. Where interactions were nurturing, staff provided comfort and reassurance, for example offering cuddles when requested and using language such as "I am here to help you." Children were supported to regulate their emotions and re-engage in play, which supported their wellbeing and sense of belonging.

However, nurturing care was not consistently experienced by all children. We observed occasions where young children were expected to manage personal care independently without appropriate support or reassurance. There were also examples of restrictive practices, such as children being physically guided or carried to another area, or having exits blocked to control movement. These approaches reduced children's dignity, choice and sense of control, meaning not all children consistently felt respected or supported. When we raised this with the provider and manager, we were satisfied with the actions they proposed to take, to improve outcomes for children.

Care routines were not always responsive to children's needs. During lunchtime, children experienced lengthy, adult-led transitions, including waiting in the quiet room, then moving to wash hands and waiting again before being served food. Some children were observed becoming disengaged or distressed. Mealtimes were largely task-focused and adult-led, with food served onto plates and limited opportunities for children to develop independence, such as serving themselves or controlling their portion sizes. For example, when a child showed interest in helping at snack, they were redirected rather than included. This reduced opportunities to build confidence, independence and social skills.

Staff were sometimes attuned to children's emotional needs. For example, children who were frustrated were reassured and supported to re-engage. However, this was not consistent. Some children, particularly quieter children, experienced limited interaction for extended periods, such as two children in the soft play area receiving little engagement for an extended time period. At times, staff focus on tasks reduced their ability to respond promptly to children's emotional cues. This meant not all children received timely, responsive support, impacting their wellbeing and sense of security.

Transitions throughout the day were often lengthy and adult-led, which affected children's experiences. For example, children were grouped in a quiet room with limited engagement while waiting for lunch, and staff were not always able to provide individualised support due to large group sizes. On one occasion, a child left the quiet room independently and settled in the home corner, indicating a preference to play, but was redirected back to the group. This reflected a lack of responsiveness to children's cues, impacting their confidence and emotional security (see area for improvement).

Personal planning systems were in place, and children's needs were clearly identified, with involvement from external professionals where required. However, these were not consistently reflected in practice. For example, strategies identified to support a child were not always followed, and interactions remained task-focused, such as offering food without engagement or encouragement. This reduced opportunities to support wellbeing, communication and development.

Relationships with families were a clear strength. Parents felt welcomed, engaged and involved in their child's experiences through daily communication, digital platforms and opportunities such as stay and play. This supported children's sense of security and continuity between home and nursery.

Areas for improvement

1. To support children's wellbeing and emotional security, the provider should ensure that care and support are consistently nurturing, responsive and respectful, particularly during routines and transitions.

This should include, but not limited to:
- ensuring all children receive compassionate, responsive care
- reducing restrictive practices and promoting children's dignity and choice
- improving routines and transitions to minimise waiting and distress
- ensuring staff prioritise interaction and emotional support over tasks.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation' (HSCS 1.1).

Complaints

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

Detailed evaluations

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

Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	3 - Satisfactory / Adequate

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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