Maybury Primary Early Learning and Childcare
Day Care of Children

13 Turnhouse Road
Edinburgh
EH12 0AX

Telephone: 0131 529 2160

Type of inspection:
Unannounced

Completed on:
16 September 2026

Service provided by:
City of Edinburgh Council

Service provider number:
SP2003002576

Service no:
CS2025000028

About the service

Maybury Primary Early Learning and Childcare service is a day care service located in the West of the city of Edinburgh. It is part of the Maybury Community Hub, which also houses the primary school and the health centre.

The service is registered to provide an early learning and childcare service to 110 children from the age of two years to entry into primary school. Children have access to two large playrooms, toilets, a cloakroom, and a large enclosed outdoor area for outdoor play off both playrooms.

The school is close to local amenities and parks.

About the inspection

This was an unannounced inspection which took place on Monday 7 September 2026 between the hours of 09:00 and 16:45. We returned to complete the inspection on Tuesday 8 September 2026 between the hours of 08:00 and 16:45. 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 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 and four of their families
- reviewed electronic feedback from eight families
- observed practice and daily life
- spoke with staff and management
- reviewed documents relating to children's care and development, and the management of the service.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary within the quality indicator 'Nurturing care and support'.

Key messages

• The service had made significant improvements to children's safety within the environment.

• Personal planning processes had improved and were supporting staff to provide more consistent care and support for children.

• Opportunities for staff development and reflective practice had strengthened, including the introduction of a more structured induction programme.

• A more cohesive and collaborative staff team had been established. Staff demonstrated a reflective approach and a strong commitment to continuous improvement.

• The quality of the environment had improved. Children benefited from access to a broad range of experiences that supported their learning and development.

• Further improvements should be made in the management of children's medication to ensure all staff have a clear understanding of children's health needs and the support required.

• Documented information relating to children's health needs should be reviewed to ensure actions are consistently clearly recorded and reflect children's individual needs and preferences.

• Safeguarding practice must improve to ensure child protection concerns are consistently managed in line with child protection procedures and relevant practice guidance.

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	3 - Satisfactory / Adequate

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

Leadership 4 - Good

Quality indicator: 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 majority of children experienced a nurturing and inclusive environment where the setting's vision and values were increasingly reflected in practice. Staff spoke about the importance of relationships, inclusion and wellbeing. Quality assurance systems should be used to help ensure the vision, values and aims are meaningfully and consistently reflected in practice by all staff.

Children were supported to contribute to aspects of service development through floor books, safety discussions and participation in their own risk assessments. This meant their voice was heard within improvement. As the service continues to develop, leaders could strengthen ways in which all children's and families' views are used to influence service developments.

The staff team demonstrated a commitment to self-evaluation and continuous improvement. Staff were able to confidently explain improvement priorities. They understood both the reasons for changes made and their role in sustaining improvements over time. Shared leadership was established, with staff taking responsibility for different areas of development and contributing to ongoing improvement work. Moving forward, we encouraged leaders to consider making the process for identifying, actioning and evaluating improvements more consistent across the service. This could help ensure that children's experiences and outcomes continue to remain at the heart of all improvement work.

Leaders had implemented quality assurance systems to help them identify children's changing needs and respond appropriately. Audits, monitoring activities and partnership working had led to improvements in individual supports, communication approaches and environmental adaptations. Almost all parents reported that they felt listened to and involved in their children's care and learning. Staff also described a more reflective culture and were able to identify improvements made to their own practice. As a result, children experienced care and learning that better reflected their individual preferences and needs. This supported their wellbeing, engagement and progress.

There were opportunities to strengthen quality assurance processes, including medication and personal planning audits. Strengthening these audits could help ensure information is consistently recorded clearly and understood by all staff. There was also opportunity to enhance accident and incident audits by considering factors, such as, the time of day and staff deployment. This could support more meaningful reflection on actions taken and help identify strengths and opportunities for improvement. A child protection concern identified during the inspection highlighted the importance of leaders prioritising robust quality assurance of safeguarding arrangements **(see requirement 1 within the quality indicator 'Nurturing Care and Support' and area for improvement 3 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').**

Improved induction, mentoring and staff support arrangements had contributed positively to staff confidence and consistency of practice. This meant children benefitted from a well-supported staff team. Staff described leaders as approachable, supportive and responsive. Newer staff spoke positively about the guidance they had received as they became familiar with the service and children's needs. As mentoring arrangements become more established, leaders should continue to evaluate their impact. This should include developing ways to assess staff knowledge of children's health needs, medication requirements and safeguarding responsibilities.

Children play and learn 4 - Good

Quality indicator: Children play and learn

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 majority of children engaged in meaningful play experiences and benefited from an environment that promoted choice, independence and curiosity. Children had access to a broad range of experiences. This enabled the development of a variety of skills in ways that suited them.

The environment was well-resourced and regularly replenished. This contributed to children's sense of worth. Children were given time and space to revisit ideas and develop their play over time, resulting in high levels of involvement for many.

A particular strength was the extent to which children's interests were used to motivate and sustain engagement. Staff responded thoughtfully to children's curiosities and used emerging interests to extend learning experiences. For example, children's interest in aeroplanes was developed through plane spotting and flight-tracking technology. There were also positive examples of early literacy development supported through play. This supported children to make meaningful progress across different areas of their learning and development.

Learner engagement had been identified as an improvement priority. Staff had begun evaluating children's engagement, particularly later in the day. As a result, changes had been made to staff deployment and play opportunities. This work was beginning to have a positive impact on children's experiences. Leaders and staff should focus on ensuring experiences consistently provide sufficient challenge, progression and depth for all children.

The majority of children benefited from warm, responsive relationships with staff who knew them well. Interactions were most effective when practitioners used children's interests to extend learning, communication and problem-solving skills. Staff adapted their communication successfully using visual supports, choice-making tools and individualised approaches. This supported children to participate in play and daily routines. Importantly, staff were able to describe the progress individual children had made and spoke positively about children's achievements. As a result, the majority of children experienced positive relationships and were able to participate meaningfully in their learning and daily experiences.

Staff encouraged children to share ideas through discussion, storytelling and imaginative play. There remained opportunities to further develop approaches that extend children's thinking skills. A more curious approach to some behaviours would further support children's confidence, independence and problem-solving skills.

Planning was informed by a balance of intentional and responsive approaches, with children's interests clearly influencing experiences and learning opportunities. Children requiring different support had benefited from targeted strategies and consistent approaches across the team. This included use of environmental print, visuals and song signifiers. Further work could now focus on the evaluation of observations, planning records and floor books. Documentation often described what children had done. However, it did not always clearly identify children's significant learning and next steps. Further development around this impact would ensure children were being supported to make progress in their learning and development.

Children are supported to achieve — 3 - Satisfactory / Adequate

Quality indicator: Nurturing care and support

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

Overall, the service had managed child protection concerns in line with child protection procedures and practice guidance. However, during the inspection, we identified one occasion where these procedures had not been followed consistently. This had the potential to compromise children's safety and wellbeing **(see requirement 1).**

Overall, children's wellbeing was supported through warm and nurturing relationships with staff who knew them well. Children were observed to seek comfort, reassurance and interaction from familiar adults. This helped to create secure relationships and trust. Practitioners generally responded sensitively to children's verbal and non-verbal communication and adapted their approaches to meet individual needs. These approaches supported children's participation and sense of belonging. Staff demonstrated flexibility and responsiveness. They adapted routines and expectations when children were engaged. This showed respect towards children's play choices.

Transitions were thoughtfully supported, with staff demonstrating an understanding of children's individual needs. Sensitive approaches helped children separate from family members, build confidence and establish positive relationships. This showed staff commitment to working alongside parents to help children to feel safe and secure.

Personal planning arrangements had improved and were helping staff provide more consistent care and support. Plans were accessible and contained information about children's wellbeing, interests and additional support needs. Staff were able to describe how information gathered from families and partner agencies informed day-to-day practice. Effective partnership working had contributed to environmental adaptations, communication supports and personalised approaches. These enabled meaningful participation for children alongside peers. To further support staff in meeting children's needs consistently, personal planning could be enhanced through clearer and more consistent documentation of support strategies.

Health care plans were in place which had been created alongside parents. Staff had undertaken training to help develop their knowledge, skills and promote safe administration. The management of children's medication would benefit from some further improvements to help ensure all staff have a clear understanding of children's health needs and the support required. Information relating to children's health needs would benefit from review to ensure actions and support strategies are recorded consistently, clearly, and in a way that reflects each child's individual needs and preferences. Strengthening documentation in

this way could support continuity of care and help ensure health care plans align with the service's strong values and child-centred approach **(see area for improvement 3 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').**

The service demonstrated a strong commitment to developing meaningful partnerships with parents and families. On the whole, parents reported positively about the service; Parents described staff as approachable, caring, and supportive and said they felt welcomed and involved in their children's care. Families provided examples of effective collaboration with staff to support children's wellbeing, development and individual needs.

Requirements

1. By 31 December 2026, the provider must ensure that child protection concerns are identified, recorded and responded to effectively. Quality assurance systems must be developed to reflect on the management of safeguarding concerns.

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 that: 'My care and support meets my needs and is right for me' (HSCS 1.19) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

1. By 1 March 2026, the provider must ensure that children are safe and protected from harm.

To do this, the provider must at a minimum:

a) establish and regularly review systems to ensure that children are accounted for at all times
b) ensure that staff caring for children understand their role and responsibility to keep children safe
c) plan, review and reflect to reduce the significant risks that have the potential to compromise children's safety.

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 that: 'My care and support is consistent and stable because people work together well (HSCS 3.19), and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 1 March 2026.

Action taken on previous requirement

Following the previous inspection, a review of systems and practice to strengthen children's safety in the setting had been undertaken.

Well-considered changes had been made. These included regular recorded headcounts, a call-and-response system, clear staff deployment arrangements, a requirement for two staff to be outdoors at all times, visual tracking systems and daily safety-focused discussions.

Measures were highly visible throughout the setting and consistently demonstrated by staff.

Staff could confidently explain their individual responsibilities for keeping children safe and described the actions they would take if a child could not be immediately accounted for. Staff demonstrated a good understanding of why systems had been introduced rather than simply describing the procedures themselves.

Leaders had undertaken ongoing monitoring and evaluated their effectiveness. They had sought support from external partners including health and safety, educational psychology and inclusion services to inform improvements.

Environmental safety remained a regular focus through staff meetings, professional learning, reflective discussions, quality assurance activity and daily huddles.

Children were involved in promoting safety through involvement in risk assessments and discussions. This helped them to develop their own awareness of risks and personal responsibility. Staff reported that children increasingly identified unsafe situations and used the language of safety in their play and routines.

This requirement has been met.

Met - within timescales

Requirement 2

By 1 March 2026, the provider must ensure that children's care and support needs are met through effective personal planning and practice.

To do this, the provider must at a minimum:

a) ensure that staff review personal plans in response to children's changing needs and incidents that affect them
b) ensure that families and other agencies are involved in personal plan reviews
c) ensure that staff are using and understanding personal plans to meet children's needs in practice.

This is to comply with Regulation 4(1)(a) and 5(2)(b) 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 needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS1.23), and 'I am fully involved in developing and reviewing my personal plan, which is always available to me'(HSCS 2.17).

This requirement was made on 1 March 2026.

Action taken on previous requirement

Accessible strategy sheets and regular reviews had strengthened information sharing across the team.

Staff were able to describe how information gathered from families and partner agencies informed day-to-day practice.

To further support staff in meeting children's needs consistently, personal planning could be enhanced through clearer and more consistent documentation of support strategies.

This requirement has been met.

Met - within timescales

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

In order to support high-quality outcomes for children, the service should ensure that staff are fully supported in their roles.

This should include but is not limited to:

- An effective induction process, which allows protected time to engage in materials that equip all staff with the knowledge and skills necessary for providing high-quality care for children.
- Clear processes for ongoing mentoring and support of staff, with time allocated to move this forward.
- Regular opportunities for reflection and planning for a newly forming team to enhance opportunities to improve outcomes for children.

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

This area for improvement was made on 20 November 2025.

Action taken since then

A more structured induction programme had been created based on the national induction resource. This was supported by mentoring arrangements and protected time for reflection and professional learning. All staff had been allocated mentors. New staff were provided with opportunities to shadow experienced colleagues.

Staff described improved communication, stronger teamwork and increased confidence in their practice. They demonstrated an understanding of children's needs and their role in contributing to positive outcomes.

This area for improvement had been met.

Previous area for improvement 2

To increase engagement which leads to progress in play and learning, the service should ensure the experiences, spaces, and interactions indoors and outdoors reflect children's interests, their stage of development, and the diversity of the Maybury community.

This should include but not limited to:

• The development of communication-rich spaces, interactions, and experiences, and regular review of the whole environment to ensure that it is appropriately resourced throughout the day.
• Staff to use their observations of children and responsive planning in the moment to ensure that interest, creativity, and motivation is sustained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and
creativity' (HSCS 2.27), and 'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27).

This area for improvement was made on 20 November 2025.

Action taken since then

Positive action has been taken to improve children's engagement, their experiences and their learning environments.

Professional learning, support from external partners, visits to other settings and ongoing evaluation had contributed to improvements.

During the inspection, the majority of children were observed to be engaged in a range of meaningful play experiences indoors and outdoors. This was supported by responsive practitioners who knew children well and adapted experiences to children's interests.

Improvements to communication-rich environments were evident through the extensive use of visual supports, environmental labelling, communication aids and song signifiers. These helped children understand routines and participate more fully in play and learning.

Staff demonstrated an awareness of children's interests and used these to extend learning.

The environment was observed to be well-resourced and organised, with evidence that resources were regularly reviewed and replenished.

This area for improvement has been met.

Previous area for improvement 3

To ensure children's health and medication needs are fully and safely supported, the provider should improve the management of medication procedures in line with guidance.

This should include, but is not limited to:

•Robust auditing of all information to ensure that expiry dates and accurate prescribing information is held.
•Consistent accurate documentation of all appropriate information, in particular, the name of the health condition. These improvements will support safe practice, enhance staff confidence, and ensure care aligns with the Health and Social Care Standards.

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).

This area for improvement was made on 20 November 2025.

Action taken since then

Medication sampled was within date and documentation reflected prescribing information.

Improvements should be made to the documentation of children's health care needs, medication audits and staff knowledge.

This area for improvement has not been met and has been restated.

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	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.scot

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.gov.scot

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.