

# North Edinburgh Childcare Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
25 April 2024

**Service provided by:**  
North Edinburgh Childcare

**Service provider number:**  
SP2003003092

**Service no:**  
CS2003013314

## About the service

North Edinburgh Childcare can provide a daycare of children's service to a maximum of 85 children at any one time from birth to 14 years, of whom no more than 20 are less than two years of age and no more than 30 are of age to attend primary school.

Situated in the north side of Edinburgh, the service shares premises with the organisation's training centre. There are three playrooms with secure outdoor space and a large hall available for children. It has private parking and good links to local transport routes.

## About the inspection

This was an unannounced inspection which took place on Monday 22 April 2024 between the hours of 09:10 and 15:45. We returned to complete the inspection on Wednesday 24 April between the hours of 09:15 and 15:45. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke to and interacted with children using the service
- spoke with staff and the manager
- observed practice, daily routines and children's experiences
- reviewed documents in the service relating to children's care, play and learning
- took into account feedback we received from 14 families.

We provided feedback to the manager, provider and local authority representative on Thursday 25 April 2024 by video call.

**Key messages**

A requirement was met from the last inspection. This meant that children's needs were being planned for with detailed information. Further development of personal planning will be supported by an area for improvement.

A second requirement was met from the last inspection. This had resulted in the early development of processes to assure quality across the service. Further embedding of these processes will be supported by an area for improvement.

Children were cared for with warmth and compassion by calm and kind staff. This supported children to feel safe whilst having their needs and wishes respected.

Opportunities for children to play and learn were improving. Further work was needed to ensure children were consistently achieving their full potential. An area for improvement will support this.

A varied environment offered children opportunities to play in different ways. For example, outdoors, soft play, playrooms and in the community.

An area for improvement was not fully met from the last inspection. It will remain in this report to support further development of staff knowledge, skills and support.

**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

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

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

## How good is our care, play and learning?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### Quality indicator 1.1: Nurturing care and support

Children were nurtured and supported throughout their daily experiences. Interactions were warm and familiar which was comforting for children. Staff used their knowledge of children to notice what they needed, such as comforters and songs they liked. This resulted in children being valued. Positive relationships had been built between children and staff which helped children feel safe and secure. Children's feelings were often validated which meant their experiences were recognised. A parent said, "The love and care that my child receives from all staff is clear to see, they are wonderful staff and show a great deal of care, commitment and dedication to the children in their service". However, to support dignity and respect, staff need to notice and respond to younger children's need for nose wiping support.

Daily routines were generally flexible and responsive to children's needs and wishes. For example, younger children slept in a safe and calm environment when they needed to. Personal care such as nappy changing, was respectful and dignified. Mealtimes were safe and sociable with children having some opportunities to practice skills such as pouring, decision-making and self-feeding. The service should continue with their plans to extend children's independence and involvement in mealtimes, at age-appropriate levels. For example, involving children in the preparation of mealtimes.

Children's individual wellbeing was benefiting from improved personal planning. New documents had been introduced, resulting in more details being sought from parents to support continuity for children. Staff were recording significant changes and were beginning to monitor progress. There was a better use of chronologies to record and monitor circumstances in order to take action to support children when needed. However, gaps for some children were evident, which meant that they were not fully getting the support they needed. Further work was needed to support staff and embed consistent use of personal planning across the service (see area for improvement 1).

Medication was organised and stored safely for staff to access it when needed. Staff were aware of children's health and medication needs so action could be taken swiftly to keep children healthy. The service should continue to ensure termly reviews of medication take place. This would keep information up to date and relevant for children.

### Quality indicator 1.3: Play and learning

Children were having fun as they experienced play, learning and development opportunities. They were curious, adventurous and mostly engaged in what they were doing. There was lots of laughter, chat and creativity, suggesting happy and settled children.

A mix of free play and some planned activities offered variety and some new experiences. Children were mostly leading their own play through discussing ideas with peers, extending their thinking and negotiating with each other. A parent said, "Our child is involved in so many different types of play, their favourite kind is messy play, paint, sand, water". Children sought staff out who engaged in fun ways, such as chasing games, imaginative play in the mud kitchen and songs and stories. Opportunities and resources to enhance

children's literacy and numeracy skills were developing. The use of repetitive, simple language supported younger children whilst signs, instructions and mark-making challenged older children. Literacy and numeracy prompts should be further extended throughout all aspects of the playrooms to allow children to consolidate new learning.

At times staff supported children's learning through the provision of additional resources, offering suggestions and asking questions. However, this was inconsistent. There were missed opportunities across the rooms for children's learning to be enhanced, as some staff supervised children rather than engaging them in quality interactions. For example, managing situations for children rather than solving a problem together; or staff noticing what a child was doing but did not interact to support learning. In summary, children's play and learning was mostly being enabled through the space, resources and autonomy children had, rather than consistent intentional interactions and planning from staff. The provider should ensure children are consistently able to reach their full potential (see area for improvement 2).

Staff were noticing and starting to record children's learning needs and achievements. Whilst this allowed sharing with parents, the planning for learning was not yet consistently linked to what children needed. This meant that play and learning was not always meeting children's needs at their stage of development. The service was being supported by the local authority to enhance planning for play and learning.

### Areas for improvement

1. To ensure children's needs and wishes are met, the provider should continue to develop the consistent use of personal planning and embed quality processes across all rooms.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'My personal plan (sometimes referred to as a careplan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'My needs, as agreed in my personal plan, are fully met and my wishes and choices are respected' (HSCS 1.23).

2. To ensure children are supported to reach their full potential, the provider should continue to develop enhanced play opportunities, which are supported by skilled interactions with staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'As a child, I can direct my own play and activities in the way 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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

## How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### Quality indicator 2.2: Children experience quality facilities

The setting was well-furnished, comfortable and homely, providing children with relaxed places within the busy playrooms. Children and parents looked happy and comfortable coming into the service. They had places to store belongings and children's art work and photographs decorated the walls. These details made children feel that they were valued, whilst also encouraging ownership of the setting. Previous organisation

of rooms had been maintained, allowing staff good access to resources. However, general decoration was starting to need attention, particularly in the preschool room. For example, marks on the door frames and scribbling on walls.

Children had safe places to sleep and play. Most children could move freely between indoors and the garden. Staff were vigilant about children's movements to contribute to their safety. Infection prevention and control measures were in place such as handwashing. Children were actively supported to understand why they should wash hands regularly and how to do it effectively.

The indoor and outdoor environments continued to improve towards being developmentally appropriate spaces. Core resources were available across each room, such as sand, water and dough. This was a particular improvement for babies who now had free access to these sensory items to explore and experiment with. Loose parts and real items were available to make play experiences more authentic and open-ended. For example, real pots and utensils. These open-ended resources should continue to be increased particularly for younger children to foster greater curiosity, challenge and problem solving. In general, play spaces would benefit from being more inviting and intriguing. This would entice children in and spark their interest and ideas.

Differing spaces offered children variety. A soft play area in the setting was used each day by small groups, offering physical challenge and fun. The local community was used for walks and visits to local parks. All children had play outdoors each day. Separate secure garden spaces offered each age group safe places to explore, with some having free access throughout the session. Some opportunities were available for risk, imaginative play and large movement. Children enjoyed being outside and exploring natural areas. A parent said, "My child gets physical activity in adequate amounts everyday with trips to the garden, park and the indoor soft play area".

## How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### Quality indicator 3.1: Quality assurance and improvement are well led

Management was visible within the setting. This meant that staff, children and parents could access them directly to build relationships and seek support when needed. Staff generally felt listened to and respected which created positive conditions to work within.

A strength of the service was the commitment to work alongside parents and children, building opportunities for support and engagement. Families were welcomed into the service each day and to structured sessions such as stay and play times. The service should continue with plans to increase these opportunities. Parents also helped out with fundraising activities. These informal approaches helped build relationships where parents felt safe and supported. The team demonstrated values of compassion and acceptance, creating a safe, positive space for children and parents to be. Parents feedback confirmed this and expressed appreciation of the support. One parent said, "Welcoming staff, very compassionate with the children, always do their best to make the transition as comfortable as possible for parents and children". Another parent said, "The staff are always open to feedback and do focus on areas that I suggest needs focus". Moving forward, the service should consider how to gain feedback from parents about specific aspects of the service to inform future improvements.

Quality assurance and self-evaluation were in the early stages of development and so were only starting to lead to improvements for children. For example, babies benefited from an improved mealtime experience following a review of the routine. Whilst the quality of the service was improving for children, further work was needed to make processes purposeful for aiding continuous improvement. For example, room observations and audits were carried out, however gaps in provision were not always being identified and addressed. Quality assurance processes should continue to be developed and used to aid improved outcomes for children across all aspects of the service (see area for improvement 1).

Staff were beginning to reflect on what children should expect from a quality early learning and childcare service. Self-evaluation and reflection activities should be used to identify training needs and priority actions to guide staff in their professional development. This would support and enable staff to increase their knowledge and enhance their confidence in their role.

Whilst outcomes in general were improving for children, progress needed to be implemented more quickly. We advised management to revisit their learning from the Care Inspectorate's improvement programme, to support further timely interventions. The Care Inspectorate's website The Hub should also be used more to access best practice documents to shape and guide improvements.

## Areas for improvement

1. In order for children to receive high quality care, play and learning consistently, the provider should ensure purposeful and regular quality assurance is used. This will identify gaps in quality and help to plan for continuous improvement.

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

## How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### Quality indicator 4.3: Staff deployment

Deployment and levels of staff were starting to ensure positive outcomes for children. Each room was staffed to meet the minimum recommended ratio of staff to children. During busier times of the day such as lunchtime, staff ensured children's needs were prioritised by seeking additional help. At times however, practical tasks tended to dominate the rooms which impacted on experiences for children. For example, children should be involved in tasks such as snack preparation, rather than having one staff removed from children to do this. The manager was receptive to making changes to enhance staff deployment.

Children benefited from a mix of experience, knowledge and skills in each room. Some staffing changes meant that rooms were in transition, however all staff were familiar for children. Staff were flexible and supported each other to work as a team to benefit children. In general, staff across the rooms communicated well with each other, delegated to each other, sharing their movements and information about children to support their care.

The team reported general satisfaction with the accessibility of management and the support they received

daily. Opportunities to attend training and reflect on practice were increasing. Further developments were needed to support staff in gaining and using knowledge and skills to enhance outcomes for children. Some informal action had taken place to coach and train the staff team. For example, room discussions around new personal planning formats. However, the manager should revisit new knowledge and skills with staff through quality assurance processes. This would help to ensure there has been a positive impact for children. Whilst some action had been taken to meet an area for improvement from the last inspection, further development was needed. This area for improvement will remain in this report (see 'What the service has done to meet any areas for improvement we made at or since the last inspection').

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

### Requirements

#### Requirement 1

In order to identify, plan for and meet children's care, support and learning needs, the provider must ensure their personal plans are up to date and relevant to them.

By 15 August 2022, the provider must have specifically but not exclusively:

- worked alongside parents to update children's personal plans
- recorded enough information in children's plans to guide staff in providing consistent care
- ensured that all staff understand the purpose of personal plans and are familiar with Care Inspectorate guidance 'Guide for Providers on Personal Planning, Early Learning and Childcare'
- used the personal plans to inform children's individual care, support and learning.

This is to comply with Regulation 5(2)(b)(c) (Personal Plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices" (HSCS 1.15).

This requirement will remain in place with an extended timescale of 31 January 2024.

**This requirement was made on 6 November 2023.**

#### Action taken on previous requirement

Sufficient improvements had been made to enhance children's care and support through effective personal planning:

- new personal planning formats had been introduced to the team in partnership with the local authority
- all children had an up to date personal plan showing detailed relevant information to guide staff in their care
- parents were involved in creating and reviewing the personal plans to ensure continuity of care
- staff were observed referring to the personal plans for guidance and to record updates and changes for children.



This requirement has been met, however an area for improvement will be added to `key question 1: How good is our care, play and learning?`. This will support consistency for all children and the continued embedding of the personal plans.

### Met - within timescales

#### Requirement 2

To ensure the best health, safety and welfare outcomes possible for children, the provider must quality assure key aspects of children's care and support, to aid improvement.

By 15 August 2022 the provider must have a robust procedure in place to monitor at a minimum:

- Children's personal plans including medication
- Child protection concerns
- Staff and child interactions
- Children's play experiences

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulations 3 and 4.

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

This requirement will remain in place with an extended timescale of 31 January 2024.

**This requirement was made on 6 November 2023.**

#### Action taken on previous requirement

Some improvements had been made to outcomes for children through the development of quality assurance processes:

- room observations had been carried out to support the development of practice which led to improved mealtime experiences for babies
- audits were carried out on children's personal planning which highlighted some gaps in information.

However, further work is needed to develop, embed and make quality assurance and self-evaluation purposeful to aid continuous improvement:

- gaps remained in personal planning for some children and so we discussed a more measured way of spot checking to ensure a holistic view across the rooms
- self-evaluation and reflection activities should be used to identify training needs, set priority actions and measure the impact on outcomes for children.

This requirement has been met, however an area for improvement will be added to `key question 1: How good is our care, play and learning?`. This will support further development of quality assurance processes to aid continuous improvement.

### 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 for children to experience consistent high quality care, play and learning, the provider should continue to coach, nurture and train the staff team. This should include the use of best practice documents and quality assurance to ensure quality outcomes for children.

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

**This area for improvement was made on 6 November 2023.**

#### Action taken since then

The team reported general satisfaction with the accessibility of management and the support they received daily. Some informal action had taken place to coach and train the staff team around specific aspects of the service. However, further developments were needed to support staff in gaining and using knowledge and skills to enhance outcomes for children. The manager should focus on the impact of coaching and training to ensure it is purposeful for improvement.

This area for improvement has not been met as yet and so will remain in 'key question 4: How good is our staffing?'.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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