

# The City Nursery Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
17 May 2024

**Service provided by:**  
Links Nurseries Ltd

**Service provider number:**  
SP2007009491

**Service no:**  
CS2009229782

## About the service

The City Nursery is registered to provide a care service to a maximum of 143 children aged birth to five years, of whom no more than 30 children aged 24 months to under three years are accommodated at a building known as 'The City'. A maximum of 57 children aged birth to 28 months are accommodated in a separate building known as 'Little City'. The accommodation includes various playrooms and all children have access to garden spaces.

The buildings are within walking distance of each other and are in a residential part of Edinburgh, close to bus routes and local amenities. The service works in partnership with the City of Edinburgh Council to provide pre-school education for children between the ages of three and school entry.

## About the inspection

This was an unannounced inspection which took place on 14-15 May 2024 between 08.30 and 17.00 . 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 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:

- spoke with and observed children using the service;
- received written feedback from 50 families;
- spoke with staff and received written feedback from four staff members;
- spoke with the manager and the leadership team;
- observed practice and children's routines and experiences;
- reviewed documents.

**Key messages**

- Children experienced a sense of belonging which positively impacted their overall wellbeing.
- Parents should routinely be able to enter the playroom for drop-off and pick-up.
- Staff ensured children had fun while engaging in high-quality play, learning, and development opportunities.
- Parents were complimentary of the staff team and the way in which they cared for their child
- The setting made good use of the local community to enhance children's play and learning.
- All actions required from the last inspection had been carried out, resulting in improved outcomes for children.

**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

Strong relationships had been developed between staff and children. This was confirmed by parents who told us, 'There is always a warm welcome, my child thrives there and is excited to go and the staff are warm and inclusive' and 'The staff are excellent. The love and care provided to our child is exceptional'. Through their warm and caring interactions, staff not only fostered a sense of security and confidence but also actively promoted the building of meaningful relationships among the children. The genuine love shown by the staff was evident by visibly happy children, whose wellbeing was of significant importance. As a result, children experienced a sense of belonging and nurturing support, which positively impacted their overall wellbeing.

Staff demonstrated an understanding of the children and considered their home experiences, such as a period of absence or becoming a sibling, recognising how these events could affect their emotional wellbeing and routines. We observed staff discussing strategies to best meet each child's needs, including providing extra comfort when necessary. However, staff should extend this responsive approach to address changes in a child's sleep pattern. By doing so, they would further support children's overall wellbeing, ensuring they consistently felt secure in routines that met their needs.

Personal planning was in place and used to gather essential information to support children's overall wellbeing. Regular consultations and reviews with parents and the sharing of children's play and learning experiences, enabled parents to be involved in their child's care, play and learning. A staff member told us, 'I strive to be warm and welcoming towards parents so they can feel assured that their children are safe, supported and nurtured while in our care'. However, the setting should be mindful that a small number of parents did not agree when asked if they felt fully involved in their child's care, including developing and reviewing their personal plan. A parent shared, 'Beside from initial information I provided about my child, I have not really been contacted since about this or what the personal plan is used for'. Management was in agreement that personal plans needed further development and were currently working with the staff team to identify gaps in staff knowledge and practice. This would ensure that all families received the same level of information and engagement.

Parents were not routinely able to enter the playroom for drop-off and pick-up. While parents had the option to request entry, this fell short of enabling meaningful interactions with staff or observing their child at play. The setting should now explore how to ensure that parents entering the playroom was both safe and enriching. Reference to the practice note 'Me, my family, and my childcare setting' (Care Inspectorate, 2024) would enhance understanding and commitment to finding a secure solution to parents entering the playroom, fostering stronger connections between families and their child's daily experiences within the setting.

Overall, lunchtime was a positive experience for each age group. Food choices were nutritious and reflected current guidance. The nursery chef was a valued member of the team who children were fond of, shown through their engaging interactions and warm approach. Recent reviews of practice had impacted positively as we observed confident children engaging in a lunchtime routine that promoted choice, independence, and positive social interactions in an unhurried environment. Staff sat with children to

facilitate conversation and were nearby to provide support as needed. While it was positive that staff encouraged the youngest of children to self-feed, they needed to closely monitor food intake so they could have an accurate record of how much the children ate. Additionally, the routine for children returning from a walk should be reviewed to ensure that potentially hungry children could eat sooner, which would further enhance their mealtime experience and comfort. Management agreed to consider this with staff so that all children experienced a positive as possible lunchtime experience.

### Quality indicator 1.3: Play and learning

Children experienced play spaces indoors and out that promoted learning and engagement. Parents told us, 'Experiences provided are varied and change regularly with children helping decide on themes' and 'Child-led experiences ensure my child's learning is personal'. Children were freely transporting resources around the spaces to lead their own play. As a result, children were busy and engaged in their play for long periods of time as they extended their interests and developed their own ideas.

Staff were skilled in ensuring children had fun while engaging in high-quality play, learning, and development opportunities. They demonstrated an awareness of children's voices, placing the needs and interests of children at the centre of activities and experiences. As a result, older children were empowered to be fully involved in their play and learning. For example, when a group of children set up a game of rugby, they developed teamwork, physical fitness, and negotiation skills. When children built a rocket, they developed their creativity, problem solving, language, literacy and numeracy skills. Staff played a vital role by using effective questioning to extend children's thinking and by knowing when to step back, allowing them the freedom to play, learn, and grow together in a supportive environment. This demonstrated an understanding of child development theories and practices. However, consistency was lacking, as younger children were occasionally asked not to explore toys with their mouths. Moving forward, staff should recognise babies as sensory learners and facilitate this natural curiosity to support their development.

While we acknowledged the enriching play experiences provided, we noted inconsistencies in the quality and frequency of written observations of children's play. Some written information lacked a clear picture of children's learning experiences and did not always capture their interests and the support provided for their development. This was reinforced by parental feedback indicating a need for more frequent and higher-quality individual observations of their child's development. The manager had already recognised these gaps in practice and identified a need for additional staff development through training and peer support. This work would lead to ensuring all children were developing a broad range of lifelong learning skills and reaching their full potential.

The setting made good use of the local community to enhance children's play and learning. The recent reintroduced forest schools sessions within the early learning room, fostered creativity, curiosity, and deeper connection with nature. Younger children also regularly went out on walks and visits to the local woodland area. This contributed to children's sense of belonging and supported them to have new opportunities out with the setting. However, not all parents felt their child had enough opportunities to be involved in outings. The management team agreed to monitor this so all children had opportunities make connections with the wider community.

## 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 high quality facilities

The setting was comfortable, furnished to a high standard and welcoming. Children had ample space for their care, play and learning needs, giving a strong message that they mattered. The natural light and ventilation created a refreshing atmosphere. Some staff should be mindful of the purpose of loud background music and regulate the volume of their voices. Doing so would contribute to fostering a calm and nurturing environment for all.

Careful consideration had been given to the layout of the playrooms to offer a range of spaces for children to make choices, support their interests and develop their ideas. Staff spoke enthusiastically about making sure that the spaces and experiences were right. As a result, they had created spaces for children to play together or be on their own to help to support their choices and emotional development.

Health and wellbeing was promoted through outdoor play experiences. The 3-5 year old garden provided a range of spaces for development of physical skills and exploration. Opportunities for risky play were provided where children assessed their own risks, for example, large blocks, planks and a climbing frame. Children made good use of this and were confident when using all areas of the outdoor space. A parent told us, 'My child can play outside at the nursery each day and the garden area is constantly being developed to provide different activities to promote learning and fun'. We were encouraged that management had plans in place to enhance the outdoor play areas for the younger children. This would ensure that they too, had access to a wide variety of outdoor resources for their overall wellbeing.

Housekeepers had been employed to support staff to maintain a clean environment, ensuring the wellbeing of children. This helped create a nurturing and organised setting, allowing staff to focus on children's care, play and learning without disruptions.

Staff adhered to infection, prevention and control procedures, including regular hand washing. This helped minimise the risk of spreading illness and infection among staff and children. Children were keen to show us how good they were at washing their hands. Cleaning rotas were maintained to uphold standards throughout the setting.

## 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 led well.**

The management team engaged well throughout the inspection and showed a commitment to making improvements in the setting to promote good outcomes for children. All actions required from the last inspection had been carried out, resulting in improved outcomes for children.

Regular whole team meetings and development of roles enabled staff to take responsibility and be accountable for the quality of the setting. Staff had worked hard to develop their self-evaluation processes, and these had contributed to bringing about positive changes in their practice. We saw a number of ways in which staff used self-evaluation and reflective practice. For example, daily reflective discussions, floor books to plan and implement changes to spaces and experiences and in daily planning conversations. This helped to develop a staff team who were motivated to provide positive outcomes for children.

As part of the quality assurance process, the manager devised improvement plans for the rooms informed by their observations of experiences, interactions, and spaces within the playrooms. These plans were then discussed and shared with the staff, providing them with clear direction and understanding on how their

practices linked with the overall quality assurance systems. As a result, staff felt confident in discussing the process and the positive impact on their practice, empowering them to initiate informed changes and share responsibility for improvement.

Effective auditing and monitoring systems were implemented, enhancing the quality of the setting. Staff provided examples of using a quality improvement tool cycle known as Plan Do Study Act (PDSA). They told us how this methodology empowered them to adapt their practice, such as revising children's lunchtime routine and experiences. By testing ideas through temporary trials and assessing their impact, staff successfully identified areas for improvement. This approach not only facilitated the necessary adjustments to practice but also fostered a culture of ongoing improvement within the setting. However, the setting needed further time to strengthen and improve their quality systems to ensure that gaps in staff practice were identified and addressed. This would support improved outcomes for all.

### 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.

Staff recognised the importance of nurturing, warm, and interactions. This meant children experienced genuine love and care. Staff were proud of the work they did, with one telling us 'I'm really happy working here, its a great nursery with some really lovely people who I feel privileged to work alongside and I feel valued'. This contributed to the positive atmosphere that children and families experienced. Management should continue to support staff to develop their skills and knowledge to further promote positive outcomes for children. The manager was receptive to this feedback. This would continue to build staff confidence in their role and further enhance children's care, play and learning.

Parents were complimentary of the staff team and the way in which they cared for their child, example comments being, 'The staff are wonderful, caring people and I trust them implicitly with my child. I see how much my child loves the nursery and staff and management and that is down to those involved on a daily basis. The nursery is an extension of home and I couldn't be more thankful for what they do for our child and us as a family' and 'I trust all of the staff at the nursery 100%, I know our child is in very good hands and can go about my day without any doubts that our child is enjoying every minute'. This reflected a nurturing care and support approach from staff.

Staff communicated well across the spaces to ensure that they were all working together to best meet the needs of children, for example, staff informed each other and children as they were about to leave play areas. This supported positive relationships and children were being reassured as to where key members of staff were and when they would return. A staff member told us, 'We have focused on deployment and adjusted staff breaks to make sure the needs of the children come first'. Staff had defined roles and responsibilities in the playroom which helped them work together to ensure needs were met. This contributed to both staff and children feeling valued and important.

The induction process gave opportunities for staff to reflect at various stages and discuss their knowledge and understanding of their roles and responsibilities. The management team used the 'national induction resource' (Scottish Government 2023) to promote a partnership approach between management and staff. As a result, staff were given sufficient time and support to understand what was expected of them. Staff told us they had received a thorough induction and learnt a lot from their mentor. This contributed to children being cared for by staff who felt valued and supported.

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

### Requirements

#### Requirement 1

By 1 August 2022, the provider must ensure that children receive high-quality care and support through quality assurance systems that have clear priorities focussed on outcomes for children. Staff input and involvement must be central to this process.

To do this, the provider must, at a minimum ensure:

- a) When required to improve outcomes for children, there must be management presence and oversight of staff practice.
- b) The manager carries out formal reviews of staff performance that is based on observations of practice.
- c) An action plan is developed and implemented to provide a clear and robust plan for how the service will improve. Staff must be involved in this process to ensure a shared understanding.
- d) A clear and manageable system for self-evaluation, auditing and monitoring is implemented for all areas of the service. These systems must be aligned to best practice guidance to support the manager and staff to drive forward and sustain improvements.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'As a child, I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

**This requirement was made on 17 May 2022.**

#### Action taken on previous requirement

The follow-up on this requirement demonstrated it had been met. This was evidenced by management's presence in playrooms, modelling good practices, and providing ongoing feedback and support to staff. This had resulted in increased confidence among staff to raise concerns and seek assistance when needed.

Additionally, the setting had implemented a quality assurance calendar aligned with the quality improvement framework, facilitating ongoing improvements within the setting. We spoke about streamlining the quality assurance processes to avoid duplication and enhance depth, a suggestion the manager agreed with.

**Met - within timescales**



## 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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