

# Rocking Horse Nursery Day Care of Children

60A Duddingston Road  
Edinburgh  
EH15 1SG

Telephone: 01316 690 819

**Type of inspection:**  
Unannounced

**Completed on:**  
28 November 2024

**Service provided by:**  
Greenan, Lisa

**Service provider number:**  
SP2006008715

**Service no:**  
CS2008184593

## About the service

Rocking Horse Nursery is registered to provide an early learning and childcare service to a maximum of 30 children aged from three months to eight years. The service is in partnership with City of Edinburgh Council to provide funded childcare to eligible children.

The nursery building is set in a residential part of South Edinburgh. The accommodation has two playrooms and an outdoor play space to the back of the building. The service is close to local parks and has good transport links.

## About the inspection

This was an unannounced inspection which took place on Wednesday 27 November 2024 between 10:00 and 15:45 and Thursday 28 November between 09:00 and 12:15. 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 with children using the service and received feedback from 13 families
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

**Key messages**

Staff were kind and caring, which helped children to feel confident and safe.

The small setting contributed to a home from home experience for children, where they could confidently move around the available spaces and use them as they wished.

Children's right to play was recognised and valued. As a result, children were engaged in their play for most of the day.

The manager demonstrated commitment to improving the quality of the service. This meant that improvements had been made, including two out of three areas for improvement from the last inspection being met.

To keep children safe and protected, we made an area for improvement to ask that all staff undertake relevant child protection and safeguarding training. This should support staff to fully understand their responsibilities in relation to why, how and when to make relevant referrals to appropriate agencies.

The induction process for new staff was not yet robust to ensure that staff were well equipped to improve outcomes for children. We reinstated an previous area for improvement about staff inductions.

**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 outweighed areas for improvement.

### Quality indicator 1.1: Nurturing care and support

All children were settled, happy and busy in their play. The kind and nurturing staff helped to create a home from home family atmosphere. Children confidently approached staff when they needed support or reassurance. Parents appreciated staff kindness and nurturing approaches. One parent told us, "I find the staff lovely and very caring towards the children and also to the parents."

Positive relationships meant that staff knew children well. This was a protective factor to help to keep children safe, secure and protected from harm. However, some staff could not confidently tell us about their role and responsibilities to competently respond to and action wellbeing, children protection and safeguarding concerns. All staff should undertake relevant training to ensure that they fully understand how to keep children safe and protected (**see area for improvement 1**).

Meals and snacks were nutritionally balanced and prepared in consideration with best practice guidance. This helped to encourage children to develop lifelong healthy eating habits. Children's food allergies and preferences were carefully considered to ensure that children were kept safe, and that family preferences were respected. Mealtime experiences had improved since the last inspection. Children could decide when they would like to eat. This meant that they were afforded the right to continue with their play, should they wish. Self-service had been introduced, with appropriately sized serving utensils to promote confidence in developing independence skills. Children enjoyed lunch and could choose to have more. One parent shared, "My child says please tell them the macaroni and chicken curry is what I like!" Similarly, alternatives were offered when children were not keen to eat what was on the menu. For example, one child chose to have toast, and this was accommodated. As a result, children were respected to make decisions about what they would like to eat, which contributed to feeling that they are valued and that their opinions matter.

All children had a personal plan, which took account of the wellbeing indicators and was regularly reviewed in partnership with parents. A parent told us, "We regularly update the plan in conjunction with our child's key worker." As a result, effective information sharing ensured consistency and continuity of care. Staff knew children's needs, preferences and wishes well and responded quickly and compassionately. For example, one child's love of helping the younger children was facilitated when they were able to spend time helping with the babies in their playroom. This provided them with opportunities to develop responsibility, empathy, and caring skills.

Children's safety, emotional security and wellbeing was supported through sensitive sleep arrangements. Routines reflected individual children needs and family wishes, and promoted good habits around sleep. For example, parents supplied bedding from home, which added more comfort and security for children. Children were given their comforters when settling to sleep as noted in their personal plans. Staff checked sleeping children on a regular basis and recorded these checks, this helped ensure children were safe while they slept.

### Quality indicator 1.3: Play and learning

Children's right to play was recognised and valued. As a result, children were engaged in their play for most of the day. Improvements had been made to daily routines to ensure that children could lead their play without unnecessary interruptions. To enhance children's physical, cognitive, social and emotional development, children now had consistent opportunities to independently access the outdoor play space. Similarly, regular use was made of the local community, such as trips to Figate Park. This promoted increased opportunity to engage in physical play and discover the natural world around them. Walks within the local environment, visits to shops and trips to places of interest supported children's involvement and awareness of their community. Parents appreciated that children could regularly access the local community and told us, "My child enjoys playing in the garden, and the outing to the botanical garden," and "children benefit from regular trips to the park and occasional trips to the beach, museum or to local special events."

Staff had developed their knowledge and skills around responsive planning, and observing children's learning to be more informed about specific learning that has taken place. As a result, play and learning experiences were relevant and personalised. For example, facilitating when a child wanted to collect sticks and leaves to make a pretend fire, and trips to the local fire station to build on this interest. Moving forward, staff could enhance their skills to evaluate the impact and outcome of activities children participate in. This could support them to plan experiences, with more focus on supporting children's specific next steps to further enhance progression in learning. Staff could continue to develop their knowledge of the best practice guidance, *Realising the Ambition* (Education Scotland, 2020).

Recent training had supported staff to develop their knowledge about when it is appropriate to intervene to support children in their play. To build on this, staff could develop their interventions to ask effective questions which could challenge and extend children's thinking and consolidate their learning in play.

Communication, language and literacy skills were promoted through fun activities. For example, reading stories, singing, rhymes, repetition of words and phrases when chatting. Numeracy skills were promoted through games, natural counting opportunities and children's curiosity. For example, in the block area children enjoyed measuring the length of their constructions with a measuring tape. Print was displayed throughout the playroom and garden areas. This supported children's continual interest and recognition of signs, letters and numbers.

### Areas for improvement

1. To be sure that all children are protected from potential harm. The provider should ensure that all staff receive child protection and safeguarding training. This will enable management and staff to fully understand their responsibilities in relation to why, how and when to make relevant referrals to appropriate agencies.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

## How good is our setting?

4 - Good

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

### Quality indicator 2.2: Children experience high quality facilities

Children experienced a warm, bright and welcoming environment. Furnishings were comfortable and appropriate to the children in attendance. There was plenty of natural light and ventilation which supported children's wellbeing.

Children were kept safe and protected when attending the service. The setting was safe and secure, potential safety issues had been carefully considered and measures put in place to remove hazards. For example, high locks on office and staff toilet doors, and signs to knock the playroom door before entering in case children are sitting behind the door. Risk assessments identified potential hazards when in the service or out in the community.

Children were protected as staff took necessary precautions to prevent the spread of infection. The kitchen was cleaned to a high standard and safe food practice was in place. Children washed their hands at key points throughout the day supported by staff when needed. Toys and resources were clean and well maintained. Children's toilet and changing areas had been redecorated, in line with the guidance of the best practice document, Space to Grow and Thrive (Scottish Government, 2024). Improvements made had resulted in enhanced hygiene and safety, and privacy and dignity for children.

Play spaces enabled free movement, encouraging children's choice, independence and self-led play and learning. Children could access comfortable areas. This gave them a space where they could rest and relax, and enabled them to set their own pace of day. Recent training had supported staff to develop their understanding about the important role that environments contribute to children's play and learning. As a result, positive changes had been made to the environment within the two-five year old play spaces. For example, a greater breadth of open ended objects gave children the freedom to use their creativity and engage in imaginative play.

Staff were considering how to create a more homely environment for babies. For example, walls could be covered in neutral tones with soft furnishings to create an environment which is safe and calming. This would enhance the space for babies to relax and be cosy in, giving a sense of care and wellbeing. Similarly, play areas could be reorganised to offer a continuous balance of stimulating resources for babies to explore and discover.

Children's personal information was stored securely. Appropriate systems were in place to manage electronic information and paper records. This was in line with the general data protection requirements and ensured children and families safety and confidentiality.

## How good is our leadership?

4 - Good

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

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

Good leadership of the service and relationships between staff supported meaningful involvement in the development of the service. The improvement plan prioritised areas to be improved as advised at the previous inspection. Actions for improvement included guidance and training for staff. This supported staffs understanding of the adult role when planning for children's learning, and how to skilfully interact without interrupting their play. This demonstrated that management and staff were committed to making improvements to enhance outcomes for children.

Families' views were sought to inform the development of the service and regular newsletters helped to communicate important information. Parents told us, "We are often asked on our opinions and given opportunities to feed back about our thoughts and ideas", and "I think the monthly newsletter could include information about all the activities and achievements from that month."

Management had carried out some monitoring since the last inspection and were beginning to make regular use of a quality assurance calendar to guide their journey of improvement. Moving forward, they should develop formalised quality assurance processes. Monitoring and self-evaluation should clearly state, what the service is doing well, what they will do next, and what are the intended outcomes for children as a result of improvements made. Monitoring should be revisited and evaluated to ensure that change has positively impacted on children (**see area for improvement 1**).

### Areas for improvement

1. For children to have positive outcomes, the provider should ensure there are robust self- evaluation and monitoring systems in place. this is to ensure high quality standards and to support further improvement within the service. This should include, but not be limited to, monitoring being revisited and evaluated to ensure that change has positively impacted on children.

This is to ensure that 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'. (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 outweighed areas for improvement.

#### Quality indicator 4.3: Staff deployment

Staff worked well together and had clearly built strong relationships across the team. This contributed to the kind, caring and respectful environment that children experienced. The deployment and levels of staff took account of the skills mix, routines and activities of the day. Staff were motivated and wanted to do well, they were engaged and open throughout the inspection to our ideas and suggestions.

Staff were confident, and worked flexibly to support children when they were moving areas, going on walks, or required additional support. They willingly worked together to ensure that the routine of the day for children worked well. Staff that we spoke to told us that they felt they were supported. One staff member said, "I feel fully supported by the manager, senior staffing and colleagues as well as the owners of the nursery."

We found that the induction process could be further developed to ensure that there is a robust induction and mentoring process using the best practice guidance: Early Learning and Childcare - National Induction Resource (The Scottish Government, 2019). This would ensure that children consistently benefit from knowledgeable staff who understand their responsibility to help improve outcomes for children. The induction process for new staff was not yet robust to ensure that staff were well equipped to improve outcomes for children. Staff should be encouraged to identify specific learning and how this will support practice to improve outcomes for children. During the last inspection, we created an area for improvement about staff inductions. This has been restated (**see area for improvement 1**).

Staff benefited from regular review meetings with the manager, which was focussed on developing practice. Staff were being given leadership opportunities to develop areas of the service. For example, two staff were leading on developing the outdoor space, increasing available natural resources, outdoor musical instruments and the development of a fairy garden. Similarly, staff have been leading in developing resource bags for use within the playroom and for families to borrow to take home.

## Areas for improvement

1. To ensure that children consistently benefit from knowledgeable staff who understand their responsibility to help improve outcomes for children. The provider should develop a robust induction and mentoring process to encourage staff to identify specifically have they learned and how this will enhance their practice. This should include, but not be limited to, using the guidance: Early Learning and Childcare – National Induction Resource (Scottish Government, 2019).

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).

## 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 children's choice and enable them to lead their own play without interruptions, the provider should ensure that routines are improved to reduce times when children's play is interrupted and access to outdoor play is limited.

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 and creativity' (HSCS 2.27).

**This area for improvement was made on 16 November 2023.**



**Action taken since then**

Management had focused on improving daily routines to ensure that children could lead their own play without interruptions. This included enhanced opportunities for children to move freely from the playroom to the outdoor play space. Snack time opportunities had evolved to allow children to independently choose whether they wished to go for a snack, or to continue with their play. The adapted routines had created more opportunities to honour children's right to play, and their right to express their views and wishes.

**This area for improvement has been met.**

**Previous area for improvement 2**

To support children to progress at pace that is right for them in order to reach their full potential, the provider should ensure that staff are supported to develop their skill of planning for and documenting children's learning. This will help staff to understand the child's stage of development and to consider what to do next to build on children's learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 16 November 2023.**

**Action taken since then**

Training and guidance helped staff to develop their knowledge of responsive and intentional planning. Improved observations of children's learning identified children's interests and developing skills. This supported staff to understand the child's stage of development for them to provide personalised and relevant play experiences. Ongoing development of staff skills to recognise children's possible next steps in learning could create more opportunities for children to progress at a good pace that is right for them.

**This area for improvement has been met.**

**Previous area for improvement 3**

To ensure consistency of quality care, play and learning for all children, the provider should consistently and effectively use a comprehensive induction programme for staff. This should include, but not be limited to, using the guidance: Early Learning and Childcare – National Induction Resource (Scottish Government, 2019). Staff could then apply their induction training in practice 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).

**This area for improvement was made on 16 November 2023.**

**Action taken since then**

Induction review meetings were in place. However, the induction process for new staff was not yet robust to ensure staff were well equipped to improve outcomes for children. Induction should be improved to effectively support staff to reflect on, record specific learning and to consider how to use this learning to enhance practice .

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

## 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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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