

The Murrayfield Nursery Day Care of Children

52 Saughton Crescent
Edinburgh
EH12 5SP

Telephone: 0131 346 4459

Type of inspection:
Unannounced

Completed on:
5 February 2025

Service provided by:
Mini Rainbows (Murrayfield) Ltd

Service provider number:
SP2017012925

Service no:
CS2017356426

About the service

The Murrayfield Nursery is registered to provide a day care of children service to a maximum of 90 children aged from birth to entry into primary school, of whom no more than 34 children will be under two years of age.

Mini Rainbows (Murrayfield) Limited is the provider.

A partnership is in place with the City of Edinburgh Council who provide funded early learning and childcare to eligible children.

Premises consist of two playrooms on the ground floor for the older children and two playrooms upstairs accommodate babies. A portacabin located in the back garden represents the toddlers' play space. A garden area sits at the front of the property and a larger garden is situated at the rear with a connecting eco garden.

Local facilities and transport links are easily accessible.

About the inspection

This was an unannounced, follow up inspection which took place on Tuesday 4 February 2025 between the hours of 09:30 and 16:45. We returned to complete the inspection on Wednesday 5 February 2025 between the hours of 10:30 and 15:30.

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 the last inspection report, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- received 21 responses from parents to our electronic request for feedback
- received eight responses from staff to our electronic request for feedback
- spoke with and interacted with children
- spoke with staff and management
- observed practice and daily life
- reviewed documents relating to children's care and learning and the management of the service.

We provided feedback to the service on Wednesday 5 February 2025. Attendees were the chief operations officer for Mini Rainbows (Murrayfield) Limited, the head of nurseries for the provider group in Scotland, the registered manager and a representative from the City of Edinburgh Council.

Key messages

During this unannounced, follow up inspection, we assessed three restated requirements and three restated areas for improvement from the previous inspection which was carried out on Monday 18 November and Tuesday 19 November 2024.

We have summarised the outcome of this follow up inspection below:

One requirement met:

The restated requirement within quality indicator 1.1: Nurturing care and support has now been met. This is because sufficient progress had been made in relation to staff's ability to effectively identify and meet children's emotional needs.

Two requirements restated for the second time:

Insufficient progress had been made to developing children's plans to be streamlined and purposeful. This means that the requirement within quality indicator 1.1: Nurturing care and support has been restated for the second time.

The requirement within quality indicator 3.1: Quality assurance and improvement are led well has also been restated for the second time. This is because insufficient progress has been made to create robust quality assurance systems that lead to continuous improvements.

Three restated areas for improvement:

The area for improvement within quality indicator 1.3: Play and learning has been restated for the third time. This is because not enough progress has been made to planning cycles.

Staff induction required further improvement. This means that the area for improvement within quality indicator 4.3: Staff deployment has been restated for the third time.

The area for improvement within quality indicator 4.3: Staff deployment has been restated for the second time. This is because work still needs to be carried out to improve the deployment of staff.

Two new areas for improvement:

To help staff demonstrate greater understanding of what children may be communicating through their behaviour, we created a new area for improvement within quality indicator 1.1: Nurturing care and support. This will help children to feel heard and be supported by staff who are sensitively attuned to their needs.

We created a new area for improvement within quality indicator 2.2: Children experience high quality facilities as improvements should be made to handwashing practices. This will help to reduce infection spread and promote children's health and wellbeing.

The evaluations for each key question remain the same.

Since the unannounced, full inspection on Monday 27 November and Tuesday 28 November 2023 when the three requirements above and two of the areas for improvement above were originally created, the service has experienced six different managers.

How good is our care, play and learning?

Insufficient progress had been made to developing children's plans to be streamlined and purposeful. This means that the requirement within quality indicator 1:1: Nurturing care and support has been restated for the second time.

To help staff demonstrate greater understanding of what children may be communicating through their behaviour, we created a new area for improvement within quality indicator 1.1: Nurturing care and support. This will help children to feel heard and be supported by staff who are sensitively attuned to their needs.

The area for improvement within quality indicator 1:3: Play and learning has been restated for the third time. This is because not enough progress has been made to planning cycles.

Requirements

1. By 11 April 2025, the provider must ensure that children's personal plans are streamlined and purposeful.

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

- make sure support strategies are explicit and reviewed in a timely manner
- demonstrate how children and parents are involved in shaping support strategies and working together to put these into practice
- develop the use of chronologies to ensure information and decision-making surrounding wellbeing and safeguarding concerns is recorded in greater depth
- ensure that the management of children's medication and medical needs reflects the best practice guidance.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 2011/210).

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

Areas for improvement

1. To support children's emotional wellbeing, learning and development, the provider should develop staff skills to facilitate quality interactions. These should demonstrate greater curiosity towards what children may be communicating through their behaviour. This will help children to feel heard and be supported by staff who are sensitively attuned to their needs.

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' (HSCS 3.14).

2. To support children's wellbeing, learning and development, the provider should ensure that child centred planning systems are streamlined and effective.

This should include but is not limited to ensuring significant observations of children's development are captured. Staff should demonstrate how they have extended children's learning and empowered children to lead their learning more.

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).

How good is our setting?

Effective handwashing practice should be evident across the service. This will help to prevent infection spread and promote children's health. Not all children were supported to wash their hands before lunchtime. Some children who reported that they had washed their hands had not been supervised, so there was no guarantee that this had been carried out. During previous inspections, we have shared that the guidance is that children wash their hands with running water and soap after eating. At this inspection, we found that wipes were used to clean children's hands after eating. Children's immune systems are particularly vulnerable to infection; hand washing should be used as a protective measure (**see area for improvement**).

Areas for improvement

1. To support children's health and wellbeing, the provider should ensure that effective handwashing practice is in place for both children and staff.

This should include, but is not limited to supervising handwashing to make sure all children wash their hands with running water and soap before and after mealtimes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (4.11).

How good is our leadership?

The requirement within quality indicator 3.1: Quality assurance and improvement are led well has been restated for the second time. This is because insufficient progress has been made to create robust quality assurance systems that lead to continuous improvements.

Requirements

1. By 11 April 2025, the provider must ensure that quality assurance systems are robust and lead to continuous improvements.

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

- ensure that regular, meaningful audits are carried out on children's personal plans, the management and administration of children's medication, children's accidents and incidents and the cleanliness and maintenance of the service
- facilitate regular observations of staff practice to ensure staff's interactions with children reflect a strong value base
- ensure all staff support children to feel safe and secure and achieve developmental progress
- introduce and embed regular, formal support and supervision sessions for staff to reflect on their practice. This should be informed by staff's own reflections along with practice observations carried out by the management team and senior staff.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 2011/210)).

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

Staff induction required further improvement. This means that the area for improvement within quality indicator 4.3: Staff deployment has been restated for the third time.

The area for improvement within quality indicator 4.3: Staff deployment in relation to the deployment of staff has been restated for the second time.

Areas for improvement

1. To support children's safety, wellbeing and development, the provider should ensure that the induction process for new staff is robust.

This should include but is not limited to ensuring that new staff are regularly supported to reflect on their practice and develop their knowledge and skills by making effective use of the best practice guidance: Early Learning and Childcare - National Induction Resource (The 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).

2. To support children's wellbeing, learning and development, the provider should ensure that across the service there is a balance of staff skills, knowledge and experience.

This is not limited to, but should include the senior management team having a clear overview which informs staff deployment. Staff have the opportunity to reflect on and improve their practice, which enables learning needs to be identified which are centred on improving outcomes for children and professional learning that is well planned, reviewed and matched to identified individual needs.

This is to ensure care and support is consistent with 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 requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 January 2025, the provider must ensure that all staff are well equipped to demonstrate that they can effectively identify and meet children's emotional needs.

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

- ensure that staff undertake training on children's brain development, emotional needs and emotional containment strategies
- introduce and embed quality assurance systems to assess how this training is reflected in staff practice and the impact on securing positive outcomes for children
- make sure staff are aware of the service's core values and ensure these are reflected in staff practice including their interactions with children.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me' (HSCS 3.9) and 'As a child or young person I feel valued, loved and secure' (HSCS 3.10).

This requirement was made on 30 November 2023.

Action taken on previous requirement

'Signalong' training had been undertaken by staff. We saw this communication strategy being used in practice by some staff and how this benefited certain children's emotional regulation and speech and language development.

Staff were required to document how the training had impacted on their knowledge and skills. We advised how this process could be more meaningful. For example, by considering how the training can help a particular child's development to progress and reporting on the outcome.

We observed some nurturing interactions facilitated by staff which benefited children's emotional wellbeing. For example, some staff positioned themselves at children's level and used a warm tone of voice. As a result, positive relationships were developing.

Observations of staff practice carried out by the manager demonstrated staff values. For example, when helping a child to settle into the service, staff had expressed nurture. Values should continue to be highlighted within quality assurance systems to help embed them as part of the nursery culture.

Within the babies' room, there was a core staff team. This familiarity helped to promote children's feelings of safety and security.

For children to feel heard and understood, staff should show greater curiosity to what children may be communicating through their behaviour. For example, rather than simply discouraging children from throwing resources, staff should consider the underlying need and emotions and ensure stimulating play and learning opportunities are provided. We have created an area for improvement in relation to this (**see area for improvement in quality indicator 1.1: Nurturing care and support**).

This requirement has been met.

Met - within timescales

Requirement 2

By 31 January 2025, the provider must ensure that children's personal plans are streamlined and purposeful.

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

- make sure support strategies are explicit and reviewed in a timely manner
- demonstrate how children and parents are involved in shaping support strategies and working together to put these into practice
- develop the use of chronologies to ensure information and decision-making surrounding wellbeing and safeguarding concerns is recorded in greater depth
- ensure that the management of children's medication and medical needs reflects the best practice guidance.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 2011/210)).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 was made on 30 November 2023.

Action taken on previous requirement

Support strategies should be clearly documented so staff understand what they look, and sound like in practice. This will help to promote continuity for children. While some staff could tell us about children's achievements, these were not always recorded. There should be clear links between written strategies and observations documented within children's online journals to show how strategies are leading to developmental progress.

Partnership working with parents should be more evident within children's personal plans. For example, there were missed opportunities to show what parents found helpful at home and equally how staff had inspired parenting to help children to achieve.

We noticed that some information documented within children's personal plans was duplicated. The process should be streamlined to promote efficiency.

The management of medication was generally in line with best practice guidance. However, not all information recorded matched with what was noted elsewhere; for example, in relation to dietary needs. Information should consistently be clear and accurate to help ensure positive outcomes for children's health.

This requirement has not been met and has been restated with a new timescale of 11 April 2025.

Not met

Requirement 3

By 31 January 2025, the provider must ensure that quality assurance systems are robust and lead to continuous improvements.

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

- ensure that regular, meaningful audits are carried out on children's personal plans, the management and administration of children's medication, children's accidents and incidents and the cleanliness and maintenance of the service
- facilitate regular observations of staff practice to ensure staff's interactions with children reflect a strong value base
- ensure all staff support children to feel safe and secure and achieve developmental progress
- introduce and embed regular, formal support and supervision sessions for staff to reflect on their practice. This should be informed by staff's own reflections along with practice observations carried out by the management team and senior staff.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 2011/210)).

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

This requirement was made on 30 November 2023.

Action taken on previous requirement

While the service had audited children's personal plans, the gaps that we had identified had gone unnoticed. These are noted within 'action taken on requirement', requirement 2, quality indicator 1:1 Nurturing care and support. The auditing process should be improved to ensure that the points within requirement 2 are assessed and any areas for improvement promptly addressed.

Improvements identified at the last inspection in relation to the management of medication had generally been sustained.

Standards of cleanliness had been maintained which contributed to children's health and sense of value.

Staff generally demonstrated greater skill at identifying and meeting children's emotional needs. This resulted in requirement 1 within quality indicator 1:1 Nurturing care and support being met.

The quality of provision within some of the playrooms required further attention. For example, some play areas contained minimal resources. As a result, sustained, purposeful play was limited as the environment did not provide sufficient inspiration, breadth or depth. A well-resourced environment and quality interactions facilitated by staff should empower children to achieve their learning potential.

Reflective practice had been facilitated by the manager to help improve outcomes for children. For example, strengths and areas for development had been identified within support and supervision sessions. Formal processes for assessing staff skills, knowledge and values now need to be embedded to show how agreed goals have been actioned and the impact of these on outcomes for children.

This requirement has not been met and has been restated with a new timescale of 11 April 2025.

Not met

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

To support children's wellbeing, learning and development, the provider should ensure that child centred planning systems are streamlined and effective.

This should include but is not limited to ensuring significant observations of children's development are captured. Staff should demonstrate how they have extended children's learning and empowered children to lead their learning more.

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).

This area for improvement was made on 30 November 2023.

Action taken since then

As noted within the 'action taken on previous requirement' requirement 2 quality indicator 1.1: Nurturing care and support, connections between documented support strategies and the effectiveness of these should be clear within children's online learning journals.

This would show that support strategies are having the desired impact on children's development.

Gaps within the quality of the environment have been highlighted within the 'action taken on previous requirement' quality indicator 3.1: Quality assurance and improvement are led well. A rich learning environment should spark children's curiosity to explore and discover. This in turn should enable staff to capture significant observations of children's stages of development.

A mixture of staff ideas in the form of intentional promotion and children's needs influenced planning. For example, in one playroom staff planned activities to acknowledge mental health week and to reflect individual children's emotional needs. This included use of a particular book. Staff told us how children's emotional resilience and empathy had increased. However, these had not yet been documented due to staffing levels and resource. This meant that planning systems did not accurately reflect and build upon children's achievements.

The service had introduced a 'curriculum focus'. For example, during day two of the inspection, each room considered how to promote children's 'life skills'. We highlighted that a child centred ethos in relation to planning needs to be promoted. Staff should be able to identify how learning opportunities reflect children's stages of development, interests and provide appropriate developmental challenge. Provocations (the display of resources) should consistently be inspiring to motivate children's engagement.

To help increase the frequency of observations recorded, the manager had set an expectation around this. This had been introduced in one of the playrooms and some children's online learning journals reflected this expectation. Next steps should be specific and followed up on to meaningfully build upon children's progress.

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

Previous area for improvement 2

To support children's safety, wellbeing and development, the provider should ensure that the induction process for new staff is robust.

This should include but is not limited to ensuring that new staff are regularly supported to reflect on their practice and develop their knowledge and skills by making effective use of the best practice guidance: Early Learning and Childcare - National Induction Resource (The 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).

This area for improvement was made on 30 November 2023.

Action taken since then

Staff induction required further investment to ensure the process is purposeful. Meetings should be regular, and actions completed in a timely manner to help secure positive outcomes for children. Open-ended questions were used, which provided an opportunity for staff to demonstrate their knowledge of child development, relevant theory and best practice. However, the answers were brief. Mentors should ensure staff add depth to their responses or identify learning and development opportunities to help address gaps in staff knowledge, skills and values.

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

Previous area for improvement 3

To support children's wellbeing, learning and development, the provider should ensure that across the service there is a balance of staff skills, knowledge and experience.

This is not limited to, but should include the senior management team having a clear overview which informs staff deployment. Staff have the opportunity to reflect on and improve their practice, which enables learning needs to be identified which are centred on improving outcomes for children and professional learning that is well planned, reviewed and matched to identified individual needs.

This is to ensure care and support is consistent with 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 29 October 2024.

Action taken since then

We highlighted opportunities where staff in leadership roles could have demonstrated greater attunement towards children's needs and delegated tasks accordingly. This would have enabled leaders to invest more time role modelling quality interactions and helped to improve children's experiences.

While staffing levels in a certain room exceeded minimum ratio requirements, we advocated that increased staffing resource along with improvements to the mix of skill set and experience would better reflect children's needs. For example, where children required more individualised support and to promote children's autonomy by facilitating free flow play outdoors so children's movements are less constrained.

Staff should be allocated regular, protected time to plan for and document children's learning and development. Ideally, this should be outwith the playroom, so staff can fully focus. This will help to improve the quality of children's personal plans and play and learning opportunities.

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

Complaints

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