

Thrive Teviot House Nursery Day Care of Children

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Type of inspection:
Unannounced

Completed on:
17 April 2025

Service provided by:
Bertram Nurseries Limited

Service provider number:
SP2003002955

Service no:
CS2015336531

About the service

Thrive Teviot House Nursery is registered to provide a care service to a maximum of 69 children aged three months to those not yet attending primary school, with a maximum of 24 children under two years.

The service is based in a large building on a residential street in the Merchiston area of Edinburgh. It is close to local amenities such as shops, parks and community resources.

The building consists of three floors. The playrooms for babies and younger children are on the ground floor, children aged two to three years are accommodated on the second floor and children aged three to five years old are based on the top floor. The service has two enclosed gardens to the front and side of the property.

About the inspection

This was an unannounced inspection which took place on Monday 14 April 2025 between 09:20 and 17:15. We returned to the service on Wednesday 16 April 2025 between 09:10 and 16:50. 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 children using the service and two parents onsite
- received written feedback from eight parents via an online questionnaire
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

As part of this inspection we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

Children had positive play experiences. As a result, children were busy, engaged and having fun.

Children experienced warm and supportive interactions from staff.

The environment was clean, homely, and welcoming.

Positive relationships had been established with children and families. This promoted a welcoming and inclusive ethos.

Quality assurance processes supported the service to make improvements and monitor the quality of the service.

Personal planning approaches needed further development to ensure information was clear and enabled staff to implement consistent and effective support.

To ensure children's wellbeing, the service should improve the quality of mealtimes and menu planning.

At times, staff deployment needed to be more outcome focused to ensure children experienced consistently positive outcomes.

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?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate

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

How good is our care, play and learning?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. While the strengths had a positive impact, key areas need to improve.

Quality indicator 1.1: Nurturing care and support

Children experienced warm and caring interactions from staff. These nurturing approaches supported their overall wellbeing. When asked what was positive about the service, one parent said, "My child's interactions with the staff who all know him well. It says a lot about the staff when your child asks for them regularly at home." On a few occasions staff did miss opportunities to prioritise some children's wellbeing, which meant a few children were at times unsettled. For example, a child settling into a new room would have benefitted from a consistent adult engaging with them to aid transitions. To ensure children's individual needs are consistently met, staff should further consider the support provided so that care is as positive as possible.

Children's sleep preferences and cues were recognised and followed. Sleep experiences were calm, relaxed and safe. This helped ensure children were able to rest and recharge as needed.

Personal planning approaches needed further development to ensure they effectively supported all children's care, play and learning experiences. Most personal plans were reviewed with parents to support their involvement in their child's care. Overall, children's preferences were followed, helping to support a continuity of care between home and the setting. For some children, additional support plans guided staff on the strategies of support that should be used to aid children's development and wellbeing. However, some plans, particularly those for the youngest children did not hold enough information to fully support their care. For example, in relation to the weaning needs of babies more information and clarity was needed. Due to the inconsistency of personal planning approaches, there were missed opportunities to fully ensure all children's needs were safely and sensitively met (see area for improvement 1).

Mealtimes were at times impacted by staff deployment and organisation. Children were supervised as they ate, helping to promote their wellbeing and safety. Older children had good opportunities to be independent as they self-selected their own food and poured their own drinks. Some mealtimes were effectively organised meaning children experienced a relaxed and unhurried approach. However, on other occasions children had to wait for extended periods for food to arrive. Staff also had to often leave the rooms to gather other items such as cutlery and more food options. This resulted in some mealtimes being less positive for children.

The quality of meals and menu planning varied. Many options were nutritious and reflected current guidance, however, this was not always consistent. For example, some alternative choices were not always balanced or sufficient in variety to meet children's nutritional needs. The manager was aware that further work was needed to improve the menus and presentation of food to ensure children enjoyed the meals provided. Where children were weaning, the setting needed to improve staff knowledge of weaning practice and ensure they had up to date information about children's needs and preferences. We highlighted to the manager that some of the meals provided to the youngest children did not follow good practice guidance and there was potential for children's wellbeing to be compromised as a result. The manager provided support to the staff team during the inspection, however, to ensure children's wellbeing the service should improve the quality of mealtimes, develop the quality of menus and ensure children's weaning needs are understood and implemented by all staff (see area for improvement 2).

Quality indicator 1.3: Play and learning

Overall, the range of experiences, toys, and resources supported children to experience interesting and motivating play and learning opportunities. Most play spaces offered a range of core resources such as sand, water, dough, stories, mark making, arts, role-play and construction. Staff provided open-ended materials that stimulated children's ideas. One parent told us, "They have different activities every day, they are very aware what our child likes." The experiences and resources helped children engage in sustained periods of play.

Most staff engaged in effective questioning which helped to extend children's thinking and supported them to consolidate their learning through play. For example, during a story a staff member used questions to encourage children to think about where real-life animals might live and where they might find them. Children enjoyed this discussion because of the fun and thoughtful engagement of the staff member. Staff in the baby room recognised children's cues for communication and narrated their play. This supported children to consolidate their skills and understand their experiences.

Children could lead their own play through a balance of spontaneous and planned experiences that promoted their interests and choices. The planning approaches were responsive to interests and stages of development. Staff understood some aspects of child development theory, which enabled them to plan appropriate experiences and activities. For example, young children's need to roll, throw, rotate and explore objects was promoted through an understanding of schematic play. The planning approaches and staff knowledge respected children's right to play and learning opportunities, which reflected their needs and interests.

The service was developing the approach to observations and the assessment of children's learning, progress, and achievements. Staff recorded observations of children's play and learning in floor books and online learning journals. Some observations were beginning to highlight children's skills development and progress; however, this was not always consistent. As a result, it was not always clear what children were learning or how they were progressing. Recorded next steps did not always show significant learning or how children would make further progress. The management team were beginning to develop systems to support staff to better capture and track children's skills, but this was at an early stage. An area for improvement made at previous inspections has been continued to support the service's approach to children's learning (see area for improvement 1 in, 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Areas for improvement

1. To effectively and consistently support children's wellbeing, the provider should improve personal planning approaches. This should include but not be limited to, ensuring there is enough information to support the planning of children's care and ensure strategies of support are recorded and implemented by staff.

This is to ensure 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).

2. To ensure children's nutritional and wellbeing needs are sensitively and safely met, the provider should improve the quality of mealtimes and menus provided for children. This would include ensuring meals are

balanced, healthy and well presented and ensuring staff have an effective knowledge and understanding of the needs of children who are weaning.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS, 1.33) and 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS, 1.34).

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

Children experienced a clean, homely and comfortable environment, which promoted their wellbeing. One parent said, "The space is calm, clean and secure." Access to the building was managed well by staff and staff were vigilant as children moved around the building. This helped to promote their safety.

Improvements had been made to changing facilities and new sinks had been added to rooms. This supported children's access to high-quality spaces. Maintenance systems were in place and evidenced action being taken to aid the quality of the environment. The service should continue to review and upgrade spaces, including paintwork, flooring and decoration as needed to support ongoing improvement. Checklists supported staff to provide a safe and comfortable environment for children. The management team should continue to implement quality assurance processes to ensure any tools in place are consistently used by staff. For example, on the first day of the inspection, staff had not used a checklist that was in place to aid the setting up of spaces.

Overall, handwashing practices were consistent, helping to reduce the spread of infection. Children were familiar with routines and staff supported them effectively. The service should continue to use quality assurance processes to ensure cleaning, personal care and handwashing practices align with good practice. For example, on a few occasions staff forgot to wash their hands after helping children to wipe their noses.

Overall, spaces were developmentally appropriate. Playrooms had good quality equipment, materials and resources that met the needs of children. Children had a sense of belonging as photos and artwork were attractively displayed throughout playrooms. Most playrooms provided children with areas to rest and relax. This supported their wellbeing.

Children benefitted from spacious gardens where they could be active and have fun. Older children had good opportunities for physical play as they used bikes and balancing equipment daily. The service had identified that garden areas could be further enhanced to support children's play and learning. For example, the garden for younger children could have more resources to promote curiosity through play. The management team were beginning to develop an action plan to support improvements.

Following an incident concerning the collection of children and access to the outdoor spaces, the service had taken action to improve fencing and security. They had also reviewed collection practices with staff. This showed that the provider, management team and staff had reflected on the incident and taken action to help minimise future incidents.

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

Children and families were welcomed into the service by the enthusiastic and motivated staff team. As a result, positive relationships had developed, strengthening the approach to working in partnership with families. The atmosphere in the setting was warm and caring, despite recent changes to the staff and management team.

The visions, values and aims of the service had been reviewed and there was a sense of teamwork and commitment across the staff team. However, due to recent staffing changes the service would benefit from revisiting these so that all staff, children and families were familiar with them. This could help staff, parents, and children to have a shared understanding of the service's vision, values and aims.

Regular communication and engagement through events, meetings, daily conversations and community newsletters helped to create a sense of inclusion. One parent said, "The nursery is very proactive in seeking parent feedback and ideas for improvement through surveys and parents' evenings." Overall, most parents told us they felt well informed about the service and the recent changes. One parent said the changes had been explained well and they had been given information about how the management team were supporting staff during this time. This open and responsive approach helped parents to feel confident in the service during a time of change. Another parent said, "Management team has recently changed but transition seems to have happened fairly seamlessly with no impact on standard of care or overall ethos."

The service improvement plan highlighted the priorities of the service, which aligned with some of the findings from the inspection. This showed the management team had the capacity to measure quality and understood when improvements were needed. As planned, the management team should continue to collaborate with staff, children and families to support improvement planning and self-evaluation approaches.

Overall, quality assurance processes were in place and enabled the service to audit, assess, and monitor the quality of the service. Effective systems had been further embedded since the last inspection. For example, audits of practice such as in nappy changing had allowed the management team to assess practice and offer guidance. This was promoting consistency in this area. Staff had been given constructive feedback in other areas of practice. This was beginning to improve their confidence and skills. For example, staff had developed their understanding of promoting play using interesting and motivating resources. One staff member told us, "I have learnt how to create better experiences for the children that more closely link to the curriculum or frameworks. I have worked on the environments within rooms to better understand how these impact children's play and learning and how we can use these to offer better learning development and play opportunities for children." While quality assurance processes were leading to improvements, the management team should revisit processes to ensure they are as effective as possible. For example, further monitoring was needed in relation to the quality of children's mealtimes and the provision of meals for the youngest children.

How good is our staff team?**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. While the strengths had a positive impact, key areas need to improve.

Quality indicator 4.3: Staff deployment

The service had been through a recent period of change within the staff team. During the period of transition, parents had been kept informed about staffing. This helped to ensure parents were familiar with staff. New staff told us they felt well supported and had been able to ask questions to aid their understanding of the service and children's needs. Inductions were well planned meaning staff had time to review information and learn about the service before joining children in the playrooms. Parents spoke positively about the staff team and felt they were caring and kind. Inspection evidence highlighted staff interactions as a strength, supporting children to feel comfortable and included.

The balance of non-qualified staff to qualified staff was high due to the recent changes within the staff team. The management team were working with staff to provide support and guidance to help them in their roles. However, on some occasions the mix of skills, knowledge, and experience did not always support consistently positive outcomes for children. One the first day of the inspection, staff present did not always have enough knowledge of the children in their care. This resulted in inconsistent support. For example, a child was moved away from sensory experiences which they were enjoying. At other times, staff became task focused, which meant some children did not get the support they needed. For example, in the toddler room all children were kept within one space with one staff member, while two staff completed different tasks. This meant the children's opportunities for play were limited during this time. To ensure children's care is sensitively provided, the management team should ensure that staffing is planned based on staff skills and experience as well as their knowledge of the children in their care (see area for improvement 4 in, 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Staff deployment at times impacted children's experiences and supervision. While on the whole children were supervised there were areas of the service where staff needed to be more vigilant and consider their positioning. For example, one of the rooms on the upper floor had an inset area, when staff were in this space, they could not see the other parts of the room. Also, during outdoor play staff did not consistently supervise children using bikes on a ramp. The ramp had steps to the side, which presented a risk. These instances had the potential to impact on children's safety. The service should further review deployment to ensure staff are skilled in effectively monitoring all areas of the service (see area for improvement 4 in, '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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support children to achieve, the service should improve the approach and skills of staff in relation to planning for children's learning and development needs. Staff should be supported to develop their understanding of how to effectively observe and assess children's learning so they can plan quality learning experiences and consider meaningful next steps.

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); and 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS 1.31).

This area for improvement was made on 24 April 2023.

Action taken since then

Some progress had been made in relation to staff observing and assessing children's learning. This work was at an early stage and there remained missed opportunities to capture children's skills and significant learning. The provider should continue to support the management team and staff to develop their skills and approaches to ensure children's learning is well planned for and to support the development of meaningful observations and next steps.

This area for improvement has not been met.

Previous area for improvement 2

To align the facilities with good practice guidance and ensure there are enough facilities for children based on conditions of registration, the provider should review and make adjustments to the current nappy changing facilities within the setting. This would include creating additional nappy changing areas where needed and addressing maintenance to existing facilities including but not limited to sinks and units. This is to ensure they can be properly cleaned.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS, 5.24).

This is to ensure the environment is consistent with, Space to Grow and Thrive: 'Design guidance for early learning and childcare and school age childcare settings' (Scottish Government, 2024).

This area for improvement was made on 10 May 2024.

Action taken since then

The provider had taken action to improve the quality of nappy changing facilities and had improved items such as sinks and units. The provider was aware that should the numbers of children increase they would need to further review the number of facilities to ensure they met the needs and numbers of children. The provider should keep the Care Inspectorate informed about this matter to ensure that children experience high quality facilities.

This area for improvement has been met.

Previous area for improvement 3

To ensure outcomes for children improve further, the provider should ensure the service embeds effective quality assurance and improvement planning processes. This is to support a culture of continuous improvement that secures consistently positive outcomes for children and families.

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 area for improvement was made on 10 May 2024.

Action taken since then

The service had introduced and further embedded quality assurance processes that supported improvements to be made. The management team were able to assess the quality of the service and had a good understanding of what improvements were needed. As a result, a culture of continuous improvement was developing.

This area for improvement has been met.

Previous area for improvement 4

The provider should ensure planning for staff deployment consistently promotes positive outcomes for children. This would include, but not be limited to, ensuring busier times of the day are planned with an outcome-focused approach that puts children's needs at the centre and ensuring staff are supported to develop their skills, knowledge and confidence in effectively and sensitively meeting the needs of all children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14) and 'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 10 May 2024.

Action taken since then

Further work was needed to improve staff deployment. At times, some staff did not have the skills and knowledge needed to effectively and consistently support all children. Some staff were task focused, which impacted on the quality of some experiences.

This area for improvement has not been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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