

The Murrayfield Nursery Day Care of Children

52 Saughton Crescent
Edinburgh
EH12 5SP

Telephone: 0131 346 4459

Type of inspection:
Unannounced

Completed on:
28 May 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.

The service is situated in the Murrayfield area of Edinburgh. It is close to a local train station and bus routes. Schools, shops and parks are within walking distance. Street parking is available for drop-offs and pick-ups. The premises consists of two playrooms on the ground floor for the older children and two playrooms upstairs to 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.

About the inspection

This was an unannounced inspection which took place on Monday 26 May 2025 between 08:15 and 16:15 and Tuesday 27 May between 08:45 and 15:15. 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
- received written feedback from 13 parents
- spoke with staff and management
- observed practice and how children's care, learning and routines were supported
- 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

Management demonstrated commitment to improvement. This resulted in outcomes for children improving. The two requirements made at the last inspection, and four of the five areas for improvement had been met. As a result, the following improvements had positively impacted on outcomes for children:

- all staff demonstrated child centred, value-based practice in line with children's rights, such as, listening and responding respectfully to children's needs and wishes
- play spaces had been improved in all rooms to create defined areas
- a broad range of accessible play materials were available to invite and entice children to explore and engage with
- effective quality assurance and self-evaluation processes were in place which clearly detailed expected standards and actions planned.

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 on positive outcomes for children.

Quality Indicator: 1.1 Nurturing Care and Support

Staff interactions with children were kind, calm, fun, and compassionate. Children sought staff out for comfort and reassurance and always received these. A current focus was highlighting and exploring children's rights and expectations. This was demonstrated by the flow of the day being led by children.

Management had focussed on improving the personal planning approach since the last inspection. All children had a personal plan, which had recently been reviewed and updated with parents. Staff worked closely with parents to consider planned strategies to support children's individual needs and to review progress made. Similarly, staff worked with other professionals, for example, speech and language therapists. They implemented therapists advised support strategies into practice to help children progress in their learning and development. For example, signing and song signifiers. The service was now at a stage to develop the personal planning approach further. To do this they could ensure that there are areas of focussed support for every child which reflects their stage of development. Improvements should now be embedded into practice along with effective quality assurance procedures to make sure that every child is given the best support tailored to their needs.

Children benefited from improved mealtime experiences. Meals and snacks were sociable and safe experiences where children took time to relax and eat at their own pace. Independence was promoted and dietary needs were known and catered for. As a result, mealtimes were an extension to children's play and learning. To enhance learning opportunities, children could be supported to wash their own dishes, and to be included in shopping for and preparing their own snacks. Recent monitoring of mealtimes carried out by the management team suggested that ongoing monitoring and guidance would help to ensure that this good practice is consistently embedded.

Quality Indicator: 1.3 Play and learning

Improvements had been made to indoor and outdoor play spaces to enhance play and learning opportunities since the last inspection. Staff gave children time and space to follow their own ideas, adding value through additional resources. For example, the creative area in the Little Ted's room was now more accessible and inviting for children to independently select resources. Clay was available every day for children to be able to express, create and design. Improvements had been made to the eco garden where children were given opportunities to develop gardening skills, such as planting.

Children's literacy and numeracy skills were being developed throughout their experiences. Writing prompts, books in play spaces and place signs were around the setting. Children enjoyed interactive stories and songs. Language was further supported through the regular use of the 'I wonder bag' and the 'tap tap' box to promote singing. For older children we heard conversations littered with new vocabulary and skilled questioning to support children to share their ideas. Management were encouraging all staff to use the phrase, "I wonder if...". This was helping them to develop their skill of asking effective questions to provoke children's thinking and ideas. This was in the early stages and staff would benefit from this continued support.

Staff were consciously considering ways to extend and ensure depth to children's understanding, knowledge, and skills. For example, following babies' interest in water play through adding new resources to provoke and extend their learning. There were a few occasions when staff missed opportunities to empower the children to lead their own play. For example, stopping children from transporting sand to the water tray. Management should continue to support staff to always take time to consider the learning value in situations rather than stepping in too quickly and halting an experience.

We had made an area for improvement during previous inspection visits for the provider to ensure that child centred planning systems are streamlined and effective. This included ensuring that significant observations of children's development are captured. Improvements were being made to the planning for play and learning. With support from the local authority early years team, the introduction of responsive and intentional planning was being cascaded throughout the service. This was in the early stages and continued to be a work in progress. Moving forward, next steps in learning should be more specific and linked consistently to children's development trackers and planning. Similarly, evaluating planning could be developed with more focus on evaluating the learning when considering the next planned focus. We recognised improvements in this area. However, it was not consistent enough to benefit all children, therefore this area for improvement will remain **(refer to the section - outstanding areas for improvement: area for improvement 2)**.

Parents comments included:

"They are always sharing a detailed description of the day and posting so many nice pictures of our kids on the app. I'm really thankful for them doing such an amazing job."

"We like that there are lots of arts and crafts, time in the garden and the food."

How good is our setting?

4 - Good

We evaluated this key question as good, where several strengths impacted on positive outcomes for children.

Quality Indicator: 2.2 Children experience high quality facilities

Improvements had been made to the quality of facilities within the service. Children were having fun in a stimulating and well-resourced environment. They were engaged in prolonged play and independently moved between indoor and outdoor play spaces depending on their ideas and plans. Access to outdoor play for babies had to be planned due to the location of their playroom, however staff ensured that they also benefited from daily outdoor play opportunities.

Play spaces were comfortable and children had areas to rest and have time away from the busyness of the room. Staff reset areas to keep them usable and inviting for children. Sleep areas were planned to ensure that sleep times did not impact on the quality of play for children who did not go for a nap. The back garden was secure and spacious. It was a mix of natural spaces, an open space for physical movement and an outdoor classroom.

Maintenance issues were promptly addressed. For example, the recent installation of higher fence to the side of the building. This helped to keep children safe as it limited opportunities for children to leave the service unattended. Similarly, effective infection, prevention and control practice meant that the setting was clean.

Improvements had been made to handwashing procedures and children now washed their hands before and after eating.

Management recognised that children having regular access to the local community was limited and planned to improve this area. Parents comments told us that this is an area that they would like to see improved.

Parents comments included:

"The building is clean, well equipped, and well maintained. There were some fallen slates after a storm, and these were fixed so quickly."

"It would be better if there were occasional outings and reinstating forest school for preschool children."

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted on positive outcomes for children.

Quality Indicator: 3.1 Quality assurance and improvements are led well

Good leadership and effective quality assurance procedures had resulted in action being taken to improve the service. For example, staff now understood their responsibility to uphold children's rights, improve value-based practice, and to enhance learning environments. Improvements made within a short timescale showed that management and staff were committed to enhancing outcomes for children.

There had been a number of changes to the staff team, including management. However, staffing was now more stable. The current manager had been in post for approximately six months and had made good progress in improving the quality of the service. They had prioritised building positive and supportive relationships with children, parents, and staff. Improvements made had instilled newfound confidence about the quality of the service provided and had improved staff morale.

Parents comments included:

"There is a big improvement under the current management and the staff are working very hard to look after our children."

"Jen (the manager) has a really positive and enthusiastic energy about her & is really turning the nursery around."

Management had introduced regular and meaningful monitoring and auditing procedures.

For example, auditing personal plans and management of medication. Moving forward, to secure the continual effectiveness of auditing procedures, management should ensure that all identified areas have been actioned and purposeful. This would ensure that improvements have a positive impact to enhance outcomes for children.

Regular practice observations were carried out by management and senior staff. Staff were being supported to reflect on their practice. Regular, formal support and supervision sessions had been introduced. Staff were being given clear guidance about how to enhance practice and improve outcomes for children. This is now at the stage of being embedded. Review sessions should provide opportunities to evaluate improvements made and offer further guidance. Management should continue to embed improved support and supervision sessions into practice.

There were several ways that children and families' views were being sought. Information was shared using the service App and through regular newsletters. Parents were informed and included through home link activities and transition arrangements for children moving rooms and onto school.

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted on positive outcomes for children.

Quality Indicator: 4.3 Staff deployment

There had been improvement to staff deployment. Management recognised the importance of ensuring that the service was appropriately staffed throughout the day. Staffing levels were within, and at times, above the required adult to child ratio. Management were also on hand to help at busier times when needed. As a result, staff interactions with children were more purposeful and consistent because staff were less distracted with tasks.

Staffing in general was more settled, and staff told us that morale had improved. Staff knew their roles and responsibilities and specific tasks were delegated, which resulted in consistent support being provided for children. They communicated well with each other, modelling respect. They asked for help and delegated tasks to each other, keeping children's experiences at the centre.

Parents comments included:

"Staff are warm, welcoming and interested. They always check in and I feel we work in partnership."

"The staff team is more stable now which enables us to develop a better relationship. They seem to really care about the children."

Staff were being supported to reflect on and develop their practice through meetings and observations of practice and feedback. This should continue to be embedded and revisited to ensure that improvements have been actioned to enhance outcome for children.

Management prioritised the use of regular, consistent agency staff. This meant that agency staff were familiar with the children, staff, and room routines. As a result, they added value for children.

Staff in promoted posts were being supported to develop leadership skills. Staff took on specific roles in line with their skills and experience. For example, one member of staff had taken on the role to support all rooms to develop planning for children's learning.

Team meetings and access to training were used to develop the staff team. These opportunities helped identify staff skills, areas of interest and supported professional development. Induction for new staff was now being prioritised. Staff felt that the induction process was useful to inform them of expectations and felt supportive. Agency staff also felt they were given enough information about the service and the children to help them do their job. Moving forward, management should continue to embed the induction process to ensure that it is purposeful in adding value to the team.

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

Requirements

Requirement 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).

This requirement was made on 30 November 2023.

Action taken on previous requirement

All children had a personal plan which had been recently reviewed with parents. Staff worked closely with parents to consider strategies to support children's individual needs. Similarly, staff worked with other professionals, for example, speech and language therapists, and implemented advised support strategies into practice to help children progress in their learning and development. For example, signing and song signifiers.

All children had a wellbeing overview page. This was a chronology of achievements, identified needs, and important information for staff to be able to fully support each child. Similarly, chronologies were appropriately used to record significant information and decision-making surrounding wellbeing and safeguarding concerns.

The management of children's medication and medical needs reflected the best practice guidance. This helped to keep children safe and healthy.

Improvements should now be embedded into practice along with effective quality assurance procedures to make sure that every child is given the best support tailored to their needs.

Ongoing monitoring should ensure that recording in all aspects of personal plans, including health care plans and medication forms are actioned and reviewed to a consistent standard.

This requirement has been met.

Met - outwith timescales

Requirement 2

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

The management team had introduced regular and meaningful audits to address the areas for improvement identified at previous inspections. Similarly, regular monitoring and support of staff practice had helped staff to develop their interactions with children to reflect a strong value base. As a result, improved experiences and outcomes for children were evident.

Regular, formal support and supervision sessions had been introduced. Staff were given clear guidance on areas for improvement to enhance practice and improve outcomes for children. This was now at the stage of being embedded with reviews to evaluate improvements made and further guidance given.

The service should continue to embed improved quality assurance systems into practice to ensure they remain robust and maintain the journey of continuous improvement.

This requirement has been met.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

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).

This area for improvement was made on 5 February 2025.

Action taken since then

Staff were being supported to develop their skills to facilitate quality interactions. Staff demonstrated an awareness of children and a curiosity about their thoughts, feelings, and behaviours. Interactions were thoughtful, allowing children to lead discussions and to be listened to. The pace of the day provided opportunities for children to problem solve and make decisions. As a result, children were confident, empowered, and led in their own care.

This improvement was continuing to be securely embedded into all staff practice.

This area for improvement has been met.

Previous area for improvement 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).

This area for improvement was made on 30 November 2023.

Action taken since then

Improvements were underway to ensure that child centred planning systems became streamlined and effective. The City of Edinburgh Council Early Years Team were supporting staff to introduce responsive and intentional planning, which was being cascaded throughout the service to ensure a consistent approach.

Children's ideas and interests were leading planning in the moment and within larger contexts. Staff were consciously considering ways to extend and ensure depth to children's understanding, knowledge, and skills.

Recorded observations of children's learning were more frequent. Significant observations of children's development were beginning to emerge. Staff would benefit from continued support to develop the purposefulness of observations. This should include considering how to support children's specific next steps to further enhance progression in learning.

The service is at the beginning of developing this area for improvement and needs more time to progress and embed, therefore this area for improvement will be restated.

Previous area for improvement 3

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).

This area for improvement was made on 5 February 2025.

Action taken since then

Effective handwashing had been a focus of improvement since the last inspection. Children had been supported through planned play experiences to understand the importance of good hand hygiene. Regular monitoring of staff practice had been carried out to ensure that effective handwashing practice was embedded.

As a result, children were familiar with the routine of washing hands at significant points of the day and engaged in it enthusiastically. Staff were vigilant and reminded children about the importance of good personal hygiene. This helped children to develop important life skills to reduce the spread of infection and to help them to stay healthy.

This area for improvement has been met.

Previous area for improvement 4

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

The induction process allowed regular structured support for staff over a period of time. The process consisted of practical and informative tasks, such as familiarisation of the building, reading policies and watching clips about safeguarding. A programme of meetings were planned to help the manager and the staff member to assess progress and ongoing training needs. Staff felt the process was useful to inform them of expectations and felt supportive.

Agency staff also felt they were given enough information about the service and the children to help them to support children.

The service should continue to embed the induction process and ensure it is purposeful in adding value to the team.

This area for improvement has been met.

Previous area for improvement 5

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

Recent changes within staff teams had improved the balance of staff skills, knowledge, and experience across the service. This also supported the development of individual staff and provided mentoring opportunities.

The introduction of regular monitoring, alongside formal support and supervision sessions provided opportunities for staff to reflect on and improve their practice.

Ongoing guidance should help staff to continue to develop their skills and lead to improved experiences and outcomes for children. This was now at the stage of being embedded with reviews to evaluate improvements made and further guidance given. Moving forward improvements should be strengthened, embedded, and sustained.

This area for improvement has 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?	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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