

# Bright Sparks Nursery Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
31 July 2025

**Service provided by:**  
Edinburgh Childcare Limited

**Service provider number:**  
SP2004004489

**Service no:**  
CS2015335199

## About the service

Bright Sparks nursery is registered to provide a care service to a maximum of 71 children at any one time aged from 6 weeks to entry into primary school.

The setting operates from a converted detached house. The ground floor accommodates children from two to five years old and the younger children in the upstairs playrooms. The enclosed garden to the rear of the house was accessed from all of the downstairs playrooms. It is close to local transport links, shops and community services.

## About the inspection

This was an unannounced inspection which took place on 28 - 30 July 2025 between 09:00 and 18:00. 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, 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
- reviewed six completed questionnaires from families
- spoke with staff and the management team
- observed practice and daily life
- 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 under three experienced high-quality play and learning opportunities.
- The environment was safe and the garden provided opportunities for children to be engaged in play and learning.
- Quality assurance processes had been introduced which were improving experiences for children and families.
- Staff were accessing training to enhance their knowledge.
- The preschool environment and approaches to planning did not yet support consistently high-quality experiences for older children.
- Staff in the pre-school room required further training and support to deliver the Curriculum for Excellence.

## 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?	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?

## 3 - Adequate

We evaluated different parts of this key question as good and adequate, with an overall grade of adequate, where strengths only just outweighed weaknesses.

### Quality Indicator 1.1: Nurturing care and support

Children experienced warm, caring and respectful interactions from staff throughout the day. Staff were responsive to children's needs and promoted choice, asking children where they would like to play and inviting them in a gentle and respectful way when it was time for a nappy change. The nursery had a calm and happy atmosphere, with laughter and positive interactions heard between staff and children across the setting.

Children's independence was supported well and care routines reflected parental preferences, including approaches to food and sleep. This helped ensure a consistent and individualised approach to meeting children's needs.

A chef prepared nutritious, home-cooked meals and snacks that followed the Setting the Table (Care Inspectorate 2004) guidance. Parents were happy with the meals provided and told us "The food the nursery provides always seems healthy and my child enjoys each meal and snack" and "The menus are healthy and varied". The chef had a clear understanding of children's allergies and food preferences and spoke confidently about how food was adapted to meet these needs. Across all age groups, children had opportunities to build independence by self-serving, pouring drinks and clearing away after meals. Staff sat with children whilst they were eating which provided a sociable experience and allowed staff to respond quickly if support was needed. However, at times some pre-school children were observed eating without staff engagement or supervision, we discussed this with the manager who agreed to address this with staff.

All children had personal plans in place, which had been developed in partnership with parents and were reviewed regularly. A parent confirmed this saying "The personal plan gets reviewed and updated regularly". Staff working directly with children were familiar with the contents of personal plans and could describe how these supported children's care and wellbeing. We discussed with the manager and staff how they might further develop this process by adding a short summary of each child's progress and sharing it with families. This could help encourage greater parental involvement in setting meaningful next steps for their child.

While almost all children had personal plans in place before starting, we noted that one child who was settling on the first day of inspection did not yet have a completed plan. We reminded staff that personal plans must be in place before children are left in their care, in line with current guidance. Staff should discuss the completed plan with parents to ensure that they are clear about information provided (see area for improvement one).

New medical care plans had been developed and these held comprehensive and relevant information to support safe administration of medication. These detailed individual symptoms, the treatment to be given and the actions to take if treatment was not effective. This helped ensure children's health needs were met appropriately and safely.

### Quality indicator 1.3: Play and learning

Children under three years were meaningfully and actively involved in leading their own play and learning. They experienced a balance of spontaneous and planned activities that promoted choice and independence. Planning was informed by observations of children's interests and experiences were linked to these observations in their learning journals. This contributed to children under three years developing confidence, independence and enjoyment in their play and learning.

The playroom for children under the age of three years were well set up with a variety of resources to choose from. Planned activities and experiences engaged children and enriched their play and learning. There was a good range of sensory and creative activities available, alongside planned learning experiences. Observations recorded in learning journals showed children engaged in activities, with next steps identified. Children benefitted from staff reading to them throughout the day, supporting language development and fostering a love of stories.

Children of all ages accessed the garden regularly and enjoyed the learning opportunities available there. They also participated in trips within the local community, including visits to the museum, railway path and local parks. In addition trips within the wider community included trips to Princes Street Gardens, "Pets at Home", Edinburgh Zoo, and Camera Obscura. These outings were linked to planned learning experiences and provided opportunities to extend children's curiosity and understanding of the world around them.

The main preschool room did not provide a stimulating or challenging environment. Resources were limited and did not fully support children to lead their own play, revisit previous learning, or extend their interests. Opportunities for developing literacy and numeracy skills were often missed. While activities were provided, the environment lacked the resources needed to promote sustained and independent learning. This was an area for improvement identified at the last inspection and remained outstanding (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').

The pre-school creative room was well set up and offered a range of activities, including sand and water play and a playdough-making area. These activities provided opportunities for pouring, measuring, colour mixing and developing fine motor skills. Children were engaged in these activities however, their learning could be further extended through staff using more mathematical language and open-ended questions.

Staff had not fully engaged with the City of Edinburgh Council's transition programme for children moving to primary one. As a result, children did not have the same preparation for school as those in other settings. This demonstrated a lack of understanding of the importance of transitions and how children could be better supported to ensure they felt confident and prepared for school.

Approaches to planning for children over three years were not sufficient and required further development to ensure children experienced the breadth and depth of learning they are entitled to. Staff would benefit from further training and support to develop their understanding of Curriculum for Excellence, improve planning processes and enhance the quality of observations. A parent told us "I would like to see greater consistency in the quality of learning journal entries across different staff". The service plans to access training to support these improvements. This was an area for improvement identified at the last inspection and remained outstanding (see area for improvement 2, 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 ensure that children receive the right care, the provider should ensure that personal plans are in place before children start at the service. Staff should discuss the personal plan with parents at the time of completion to ensure that they understand all of the information. This would contribute to ensuring that staff were aware of children's needs and how to meet them.

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).

## 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

There had been significant improvements to the environment since the previous inspection. The setting was well maintained, clean and comfortable, with furnishings of a high standard. Spaces were bright with natural light and ventilation, creating a welcoming and calm atmosphere for children. There was ample room both indoors and outdoors to meet the needs of the children.

The outdoor environment had been significantly enhanced. Children were fully engaged in a wide range of high-quality outdoor experiences. The large outdoor kitchen area was particularly popular throughout the inspection, with children mixing earth and water to make 'chocolate cake' and 'soup' and experimenting with coloured water in tuff trays. Parents were positive about the outdoor environment and told us "The garden seems to have a wide range of toys and activities and my child will regularly be in the garden" and "The garden is great with plenty varied activities". These experiences encouraged children to be sociable, imaginative and develop their fine motor skills through pouring and mixing.

In addition to the outdoor kitchen, the garden offered a large construction area, climbing frame and see-saw, providing rich opportunities for children to be active and develop their gross motor skills. There was also a well-used art area equipped with chalks, pens, paints and scissors and a quiet book nook where children could rest or read with a staff member. These areas were well used by children and supported a balance of energetic and quieter play.

The baby garden had been revamped and now included a variety of age and stage-appropriate resources and activities. This helped ensure that younger children could explore and play safely in a space suited to their age and stage of development.

A system was in place for recording and replacing damaged resources. A central resource cupboard had been introduced and was in the early stages of development. Staff spoke positively about the impact this would have on the quality and variety of experiences offered to children.

Staff worked well as a team to identify and address risks. Areas were reset throughout the day to maintain safety and engagement. Risk assessments were in place for all areas indoors and outdoors, as well as trips in the local and wider community. This supported a safe and well-organised learning environment for children.

Infection prevention and control measures were embedded in daily practice. We observed good handwashing routines, appropriate nappy changing procedures and effective cleaning practices across the nursery. Children were supported and reminded to wash their hands at key times, such as before eating and after outdoor play. This contributed to good hygiene habits and children's overall wellbeing.

The setting was safe and secure. Children could not access the front of the building, and the garden gate leading to the car park was secure. This contributed to the safety of children.

## How good is our leadership?

4 - Good

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

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

The service's vision, values and aims were under review. Children, parents and staff had been invited to contribute their views. While only one parent responded to the most recent questionnaire about the nursery's vision, the manager was actively exploring ways to improve engagement, such as using a whiteboard at the entrance for quick feedback or planning interactive activities for parents and children. Parents confirmed this saying "We are regularly asked for feedback and involved in discussions about the nursery" and "We are often asked for suggestions for activities or for new items on the menu". Previous successful initiatives, such as the "Where are you from?" activity, so that families could share the countries they were from, demonstrated that creative approaches encouraged greater participation.

Staff planned to offer more opportunities for families to contribute to nursery life, for example, through "stay and play" sessions or sharing their skills with children. Children's views were gathered effectively through floorbooks, and questionnaires were regularly used to seek parents' feedback.

There was a clear management structure in place. Staff knew who to approach in the manager's absence, addressing an issue identified at the last inspection. The roles and responsibilities of the manager and depute had been clarified. This meant that staff were aware of who they could go to for support.

The manager had worked hard to introduce quality assurance processes that were improving experiences for children and families. Examples included the introduction of updated personal plans and detailed health care plans and more interactive staff meetings. Staff spoke positively about these meetings, sharing that they had strengthened their knowledge and understanding. The manager had also established a partnership with the manager of a sister nursery to share good practice and resources. We discussed with the manager ways in which she could streamline the quality assurance systems.

Regular observations of staff practice took place, with constructive feedback shared. We discussed with the manager that storing these observations in staff files would support ongoing supervision and professional development. Staff were encouraged to reflect on training to ensure they understood key learning and how it could enhance their practice.

The manager had demonstrated a strong commitment to their own professional development, having completed a level 8 qualification and beginning level 9. This had increased their confidence, skills and knowledge, which was having a positive impact on the service.

## How good is our staff team?

4 - Good

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

### Quality indicator - 4.3 Staff deployment

The importance of ensuring that the service was appropriately staffed during the day was recognised by leaders as essential to the wellbeing of children. Arrangements were in place to ensure continuity of care across the day ensure positive transitions and communication with families. Staff breaks were planned to minimise the impact on children whilst allowing staff to rest and be refreshed. Absences, whether planned or unplanned, were managed to support minimum disruption to children's routines. The manager and depute worked within play rooms to support staff. Staff from the sister covered staff holidays, this provided continuity of care for children.

The majority of staff were qualified, with only one support worker and one modern apprentice. Two staff were currently working towards their Level 4 qualification and were enthusiastic about their studies, describing how their learning was already enhancing their practice and confidence in their roles. This contributed to improved outcomes for children.

Staff were positive about their access to training. They valued the flexibility of the Noodle platform, which offered a wide range of courses that could be accessed at any time. Staff spoke with enthusiasm about the training they had already completed, such as leadership and schemas and identified future areas of interest, including treasure baskets. This supported a culture of ongoing professional learning and development.

Recent changes within staff teams had been carefully considered to ensure a mix of skills, knowledge and experience. This had a positive impact on children's experiences. Staff working with children under three spoke very positively about the changes and the strengths that different colleagues brought to their team. Parents were positive about staff saying "The staff are great and conscientious. The staff are all friendly and seem to really connect with their kids" and "Staff are always friendly and approachable and the management are quick to answer queries via email".

Staff communicated well with each other throughout the day. They kept colleagues updated about their movements, which supported effective supervision and ensured children remained safe. In the pre-school room, there were occasional interruptions to activities, such as when a staff member paused a story to inform others they were leaving the room briefly. While this was not a significant concern, staff should continue to reflect on how communication can be managed sensitively to avoid disrupting children's play and learning.



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

### Requirements

#### Requirement 1

By the 14 October 2024 to ensure children's health, welfare and safety, you the provider must ensure that every child has a comprehensive and up to date personal plan in place.

To do this, you must, at a minimum, ensure that:

- a) Personal plans outline how staff will meet the children's health, welfare, and safety needs.
- b) Personal plans are reviewed within the above timescale.
- c) All staff have an appropriate understanding of each child's current needs and use this knowledge to fully meet them.
- d) Managers take responsibility for liaising with other professionals and record chronologies and communication clearly to support children.

This is to comply with Regulations 4(1)(a) and 5(1) & (2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 26 July 2024.**

#### Action taken on previous requirement

- a) Personal plans outlined how staff would meet the children's health, welfare and safety needs. These had been developed with parents.
- b) All personal plans had been reviewed and updated with parents, this ensured that staff were aware of children's needs and how to meet them.
- c) Staff had an appropriate understanding of each child's current needs and used this knowledge to meet them.
- d) A system was in place where confidential chronologies were recorded and stored in the office. The manager was aware of these and took responsibility for ensuring that were updated and shared with appropriate staff.

**Met - within timescales**

#### Requirement 2

By the 30 October 2024 to ensure children's health, welfare and safety, you the provider must by ensure that:

- a) There is a clear management structure in place which details the overall responsibilities of individuals

responsible for managing aspects of the service.

b) A quality assurance process is identified to enable the improvements identified in this report, to be monitored, sustained and built upon.

c) Managers are present in play rooms to monitor staff practices and children's experiences.

This is to comply with Regulations 3, 7(2)(c) and 17(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 24 July 2024.**

## Action taken on previous requirement

a) A management structure was in place to ensure that staff were aware of whom was in charge at all times. The roles and responsibilities of the manager and depute had been clarified.

b) An improvement plan and quality assurance calendar supported the manager to ensure that improvements were monitored, sustained and built upon. This also allowed the manager to see where improvements were not embedded or having the expected results and to make changes.

c) As part of the Quality Assurance process the manager carried out observations in the playrooms and used this information to support staff, either through professional dialogue or identifying training.

**Met - within 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 to achieve their full potential, the provider should ensure children experience high quality play, learning, and development opportunities. This should include a well resourced environment both indoors and outdoors to allow children to lead their own play and learning.

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 26 July 2024.**

### Action taken since then

There had been improvements to the play and learning opportunities for children through improvement to the environment. This included a well resourced garden with a range of resources and activities for children to be involved in. The baby and toddler room offered opportunities for children to play, learn and explore.

Although there had been an improvement in the number and quality of resources, this was not evident in the pre-school main room. There was a lack of breadth and challenge for children. This area for improvement is carried forward in relation to the pre-school room.

This area for improvement has not been met.

### Previous area for improvement 2

To support children's wellbeing, learning and development, the provider should ensure staff access training appropriate to their role, and apply their training in practice. This should include, but is not limited to observation writing, becoming familiar with the curriculum, and providing high quality play and learning environments.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, and skilled' (HSCS 3.14).

**This area for improvement was made on 26 July 2024.**

#### Action taken since then

Staff within the pre-school room required further training in the Curriculum for Excellence to enable them to provide a positive and enriching learning environment.

This area for improvement is carried forward in relation to the pre-school room.

This area for improvement has not been met.

### Previous area for improvement 3

To promote children's health and wellbeing the provider should ensure that all children are cared for in a safe environment. Staff should promote a safe environment both indoors and out, by identifying and removing risks to children.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "My environment is safe and secure" (HSCS 5.17).

**This area for improvement was made on 26 July 2024.**

#### Action taken since then

There had been huge improvements to the physical environment since the last inspection. Staff conducted thorough and specific risk assessments of the environment, to identify all potential hazards before the children used the space. The manager also quality assured this to ensure that the practice was impacting on providing a safe environment.

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](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	3 - Adequate
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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