

Chapter One Childcare Kirk Brae Day Care of Children

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Type of inspection:
Unannounced

Completed on:
15 August 2025

Service provided by:
Chapter One Childcare (UK) Limited

Service provider number:
SP2021000080

Service no:
CS2021000134

About the service

Chapter One Childcare Kirk Brae is a daycare of children's service registered to provide a care service to 36 children not yet attending primary school at any one time - of those 36 children no more than 15 are aged under 2 years.

The nursery operates from a traditional Victorian house, which has been adapted into a nursery. There are four playrooms spread over two floors, with 0-3 years upstairs and 3- 5 years playroom downstairs. Children have access to a secure outdoor area at the rear of the property.

About the inspection

This was an unannounced inspection which took place on Tuesday 12 August 2024 between 09:15 and 16:00. 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, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with several children using the service
- considered feedback from 12 families through an online form
- spoke with staff and management
- observed practice and daily life including staff interactions with children
- 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

- Interactions between staff and children were warm, caring, and respectful.
- The service were developing their planning approaches to support good quality care, play and learning.
- Improvements had been made within the environment to support good outcomes for children.
- Quality assurance was at an early stage and needed further development.
- The staff team had remained more consistent and team relationships had developed.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

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

How good is our care, play and learning?

4 - Good

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

Quality Indicator 1.1: Nurturing care and support

Children experienced warm, and nurturing care to support their wellbeing. This helped children to feel happy, relaxed, and safe in the nursery. Some children in the younger room were settling into their new environment. They were being supported through their transition by staff who understood their individual needs. Staff in the 3-5 years room clearly knew children well. They were confident, settled and comfortable in their environment. One parent told us, "My child takes some time to become comfortable with staff members, and I feel as though her teachers have really understood this and made the effort to get to know them at their own pace."

Overall, lunchtime was a positive experience for each age group. Food choices were nutritious and reflected current guidance. Small additions such as a tablecloths, flower pots and real crockery added to the nurturing, positive atmosphere. Younger children's lunch experience was mixed. A small group of children confidently self-served their lunch while others waited and became impatient. Some children were upset and others needed help. We asked the service to reflect on this to make the experience more balanced and effective. This would encourage staff to consider key factors such as, children waiting and noise level during this time. This could contribute to the nurturing experience that staff were working hard to create.

Medication was stored in line with good practice guidance. Systems for recording medication including parental permissions, storage information and records of administration were in place. Staff were more familiar about medication procedures and children's health care needs. To ensure consistent safe and effective administration of medication to children, we asked the service to review all records which state medication is to be given 'when needed'. This will make sure staff know when to administer medication safely to children.

Sleep routines were responsive to children's needs and staff knew children's routines and preferences. This helped children rest and recharge which supported their wellbeing and overall development. One parent told us, "My child enjoys two naps a day. The team listen to our requests of when to put our child down and when to wake them. They communicate if our child does not go down to sleep at their usual time."

Personal plans were in place for all children and included information on how the child's needs would be met. We found strategies of support for some children were not included in their plan. Some children's wellbeing reviews had not been updated to identify and provide ongoing support and most were not evaluated or audited. Staff should regularly monitor and record updates to children's strategies and plans. This would ensure they reflected all information received from parents and appropriate support strategies were in place **(See area for improvement 1)**.

Quality Indicator 1.3: Play and learning

Children were involved in leading their play and learning. Older children were engaged and content in their play, we saw some good examples of sustained play as children created their own junk model hotels. Staff supported this by good questioning and provided different craft materials. Staff were down at children's

height interacting with younger children during their play. Children enjoyed sand play with shells and stones and this was extended with good interaction from staff. They discussed numbers, colours and introduced language such as, tap, pat, flat. This led to children being creative and their language and numeracy skills being developed.

Staff had undertaken a range of in-house training that included child development and how children play and learn. They had focused on age and stage appropriate resources, free choice and structured play for children. In addition, staff had reviewed planning for children's learning with help from the Local Authority. Staff had a better understanding of child development and used this in their practice to support children's individual learning. This had impacted positively on play experiences available and outcomes for children. One parent told us, "Lots of outdoor play. Range of structured and unstructured play. My child enjoys reading, singing and dancing, building bricks, sensory toys, crafts, messy play, dressing up."

Individual observations were recorded to progress children's learning. Whilst these evaluated children's achievements, they did not always inform planning appropriately to meet children's individual needs. We signposted the management team to Education Scotland materials such as, monitoring and tracking, and progression pathways. This would support staff to embed responsive approaches and ensure children are fully supported to reach their full potential. These can be found at <https://education.gov.scot>

Areas for improvement

1. To support children's wellbeing and ensure they are supported to achieve their potential, the provider should ensure children's personal plans include individual strategies of support where required. These should be regularly reviewed and updated.

Furthermore, children's plans should be streamlined to ensure the information kept on the online family app, matches the information held within all key documents that make up a child's personal plan.

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

We acknowledged improvements had been made within the environment to support good outcomes for children. For example, older children were able to move freely across the available spaces. This provided them with choice and developed their interests. Children were confident in accessing these spaces. Younger children were encouraged and supported to move between play spaces which were organised to support children's independence and interests. As a result, children were happy, moved freely and were engaged in their play.

The entrance hall was welcoming; however, it was busy and cluttered with items hanging from the ceiling and notice boards were full of information. There were some interesting displays around the rooms and in the cloakroom. Moving forward, the service could consider displaying more of children's work and their achievements. This would enable children to see, share and take pride in their artwork.

Cosy areas were used to create spaces for children to rest and relax. We observed these being used well at times, where staff and children were reading books together. This offered a suitable space for children to experience a homely environment, using a comfortable area to unwind. A suitable area was available for children to sleep. Sleeping children were monitored by staff to ensure their safety.

There had been positive changes to the outdoor area and a garden action plan was in place to support further developments. Additional resources were added which included a range of open ended and loose parts materials. We observed children working together whilst playing in the mud kitchen. They enjoyed mixing and creating muddy soup while laughing and enjoying being outside. Younger children played in the sand pit, on bikes and using their imagination at the campfire whilst singing songs along with staff. One parent told us, "There is age-appropriate play in the garden including; swings, slides, sand and balance bikes. Children can run around and sit on the bench.

Children were supported to be healthy through effective infection prevention and control procedures. Handwashing took place by children and staff at appropriate times. This helped to minimise the risk of spread of infection. Children who needed personal care were involved in the process. There were warm interactions during this time to support children.

Daily checks of the outdoor area were conducted by staff. However, a broken swing had not been removed. Therefore, the outdoor checks were not always effective in making sure areas were safe and well maintained (**see area for improvement 1**).

Areas for improvement

1. To promote a safe and secure play environment for the children, the provider should ensure the outdoor environment and resources are clean, well maintained and any damaged items are removed.

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 5.22).

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

We acknowledge the leadership team had made some improvements in the service over a short period of time. They had developed positive relationships with staff and developed more open communication. As a result, staff reflected together as a team and made positive changes in the service.

Quality Assurance processes were being developed however these were at an early stage. Audit systems supported senior staff to monitor personal planning, play spaces and lunch time experience for the children. Staff had audited the playrooms and outdoor environment focusing on making the spaces more accessible. This had started to improve outcomes for children.

Parent consultations were a positive improvement in the service. A parent committee meet once a term to discuss strengths, issues and areas for improvement. Parent consultation evenings took place twice a year and questionnaires were sent out regularly. This gave parents the opportunity to comment on aspects of the nursery. The family app allowed parents to be kept up to date on their child's day and there was positive interactions between staff and parents at pick up times. One parent told us, "We are always welcomed and always get an update at the end of the day, I feel like I can talk to the team if there is anything to discuss."

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 staff had built positive relationships with each other and had taken time to develop as a team. The atmosphere was positive within the nursery. Staff were open, honest, and welcoming during the inspection process. They told us, they enjoyed working in the nursery and felt the team ethos was a strength of the service. Staff knew the children well and were beginning to support children to achieve through some individualised experiences and opportunities. As a result, staff created a positive atmosphere for children to learn and develop. One parent told us, "Staff are always warm and welcoming. Staff members really seem to know, and care about, my child." Another parent told us, "The staff should be commended for the warmth and dedication to all the children's wellbeing and learning."

Staff communicated well with each other across the day. Regular team meetings, daily chats and weekly planning huddles helped support a shared approach to the quality of the service. Staff felt supported in their role and their wellbeing was considered by their colleagues and the leadership team. This meant staff were respected and valued.

Regular opportunities to meet as a team supported staff in their roles. This allowed staff to discuss aspects of the nursery and included, planning for children's individual learning and wellbeing needs. Some staff held relevant qualifications, this showed they were committed to their professional development. Other staff had undertaken a range of relevant training. This included attending formal events, taking part in professional discussion and self-directed reading. As a result, children were cared for by a staff team who were trained and motivated in their role.

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 and ensure they are supported to achieve their potential, the provider should ensure children's personal plans include individual strategies of support where required. These should be regularly reviewed and updated.

Furthermore, children's plans should be streamlined to ensure the information kept on the online family app, matches the information held within all key documents that make up a child's personal plan.

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 area for improvement was made on 31 October 2024.

Action taken since then

The service had made some progress in developing children's plans working alongside the Local Authority. These were in place for all children and included information on how the child's needs would be met. For children who required additional support, information was held which was detailed and well written. Some children's plans lacked the information provided from parents, for example, a child who needed a comforter. Some children's wellbeing reviews had not been updated to identify and provide ongoing support and most were not evaluated or auditing. Therefore, it was difficult to track progress or if strategies of support were working.

This area for improvement had been not met and will remain in place.

Previous area for improvement 2

To ensure children's health care needs are managed effectively to promote their safety and wellbeing, the provider should ensure all staff are aware of their duty of care and understand the procedures in place to manage children's medication and health care needs. Staff should have the information and skills to keep children safe.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 31 October 2024.

Action taken since then

The service had worked with staff to ensure they understood the procedures in place to manage children's medication and health care needs. The leadership team had focused on medication management with staff using challenge questions and surveys to see their knowledge and if they could manage medication

effectively. We spoke to staff who clearly understood medication procedures. Medication was stored appropriately and there were effective procedures in place for administration of medication.

This area for improvement had been met.

Previous area for improvement 3

To support better outcomes for children, the service should take time for staff to revisit child development and to understand how children play and learn. This will support staff interactions with children, develop their observation and planning skills, and allow them to better support children's play, learning and progression.

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

'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 31 October 2024.

Action taken since then

Staff had undertaken in house training to look specifically at child development and how children play and learn. They looked at age and stage appropriate resources, play experiences and children's milestones. They also looked at free choice and structured play for children. In addition to responsive planning, how to observe children and how to support children's needs. They had engaged in reflective practice and group work and hands on activities. This information was reflected in a staff training floor book.

Responsive planning outlined how staff had understood this training and were using this in practice to support children's individual learning and next steps.

The team had taken time to evaluate this training individually to outline their understanding and learning.

This area for improvement had been met.

Previous area for improvement 4

To ensure children are supported to learn through a variety play experiences, staff should maximise the spaces available to them. This will better support children to ownership of their experiences, make choices and to independently free flow between different play spaces.

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

'I can independently access the parts of the premises I use, and the environment has been designed to promote this' (HSCS 5.11).

This area for improvement was made on 31 October 2024.

Action taken since then

All spaces in the nursery were used well by children. Spaces in all areas were used better to support children's learning and developed. Children were busy and engaged in their play. Basic play was available throughout and children had good play experiences.

Resources were available to support their interest and development al stages.

Older children were able to free flow across the available spaces providing them to have choice, ownership of their experience, and develop their interests. Younger children were encouraged and supported to move between play spaces which were more organized to support children's independence and interests.

Staff had worked with the Local Authority who provided support around planning, observations and progression.

This area for improvement had been met.

Previous area for improvement 5

To promote a safe, secure and rich play environment for the children the outdoor play spaces should be further development. This should include but not be limited to:

- ensuring the environment and resources are clean, well maintained and any damaged items are removed
- reviewing the resources available to ensure they are suitable for the developmental needs of the children.

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)

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 31 October 2024.

Action taken since then

The environment was clean. Cleaning schedules were in place and staff were aware of keeping all areas and resources clean and tidy. Some new play areas and resources which were age stage appropriate had been added and these were used well by the children. Some positive changes within the outdoor areas. However, this needs further development and the leadership team and staff are aware of this. A garden action plan is in place to support further developments.

Risk assessments were undertaken to identify any hazards in the outdoor area. A swing was broken in the younger children's outdoor area. This had been identified and reported to management. However, it had not removed from the area and was a potential hazard to children.

This area for improvement had been not met and will remain in place.

Previous area for improvement 6

To enable all children to have opportunities to develop and learn at an appropriate pace, the provider should ensure that all staff enhance their understanding of how children develop and learn. This should include, but is not limited to, staff revisiting their knowledge, participating in meaningful reflective conversations, ongoing self-evaluation and further training and development on how young children play and learn.

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 31 October 2024.

Action taken since then

There was a new team of qualified and unqualified staff with a mix of different skills.

The leadership team have been working with staff on this area of practice and will continue to revisit staff knowledge and understanding. Staff had undertaken in house training looking specifically at child development. They had revisited what they know and reflected on their practice. Staff had discussed children's progression of learning, next steps, resources and activities. Team meetings and peer reviews provided further opportunities for staff to discuss and reflect on their practice.

This area for improvement had been met.

Previous area for improvement 7

To ensure consistently positive outcomes for children, the provider should further develop suitable quality assurance systems to ensure that the quality of the service is monitored and assessed effectively.

This is to ensure 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 31 October 2024.

Action taken since then

Systems were in place for quality assurance which looked at key aspects of the service. These included monitoring medication, personal plans, accidents and incidents. Quality assurance systems were at an early stage, but we could see these had made some impact. For example, some positive changes to play spaces, resources and the environment. Moving forward these systems need to continue to be audited and developed.

This area for improvement had 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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