

# Pinocchio's Children's Nursery - Gilmerton Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
22 August 2025

**Service provided by:**  
Pinocchio's Children's Nursery Ltd

**Service provider number:**  
SP2003002984

**Service no:**  
CS2008174605

## About the service

Pinocchio's Children's Nursery Gilmerton is registered to care for a maximum of 48 children aged between birth and entry to primary school.

The nursery is based in the Gilmerton area of Edinburgh. The building provides separate playrooms for the different ages and stages of the children attending. There are two designated outdoor play areas, one of which is used for the younger children and one which is set up to be more suitable for the older children's stage of development.

## About the inspection

This was an unannounced inspection which took place on Monday 18 August 2025 from 09:15 until 17:30 hours. 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;
- reviewed feedback from eight families;
- observed practice and daily life;
- reviewed documents; and
- spoke with management.

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; and
- 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 with children were positive and caring. Staff were kind and warm in their approach.
- To keep children safe and healthy, the procedures for infection prevention and control needed to be improved. This service had started to address these concerns during the inspection and improvements were made.
- Children's personal plans should be further developed with a focus on detailed support strategies. This would ensure children were supported to achieve their full potential.
- Further development of the environment is needed to ensure play spaces offer a range of resources and materials.
- The service should continue to develop and embed a focused and effective approach to quality assurance processes, including improvement planning.

## 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?	2 - Weak
How good is our leadership?	3 - Adequate
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. While the strengths had a positive impact on outcomes for children, key areas needed to improve.

### Quality Indicator 1.1: Nurturing care and support

Most children experienced warm, nurturing approaches. This offered children reassurance and supported overall wellbeing. Staff used soft, calm tones when speaking which helped foster a sense of calmness in playrooms. There were some inconsistencies in the responsiveness of staff to children's non verbal cues. This resulted in some opportunities for meaningful interactions being missed.

Systems for medication could be further developed to keep children safe. Healthcare plans were in place for children who required medication. However, these were not stored alongside the medication. This meant there was a potential risk where children could be given the incorrect dosage of medication. Most medication was stored appropriately and consent forms were in place. Not all forms had been recently reviewed to ensure the information remained up-to-date. The manager agreed to audit and improve medication procedures to ensure the health and safety of children at all time (**see area for improvement 1**).

Information had been gathered by staff to give a basic overview of each child. These documents made up a child's personal plan. Feedback from families was mixed regarding personal planning. Some indicated that they had not been involved in reviewing their child's personal plan and one family stated "Nothing about my child's care plan has been communicated". Whilst another stated "We have been kept fully up to date with how they support all areas of my child's development". Some information was available to help staff support children's basic needs. However, some personal plans needed significant work to ensure they were useful documents. Some children had individual support plans in place for specific areas of their development. However, at times, the identified areas took too long to implement. For example, developing visual timetables or using signs to assist children in their communication. Plans should be working documents which were shared with other staff to ensure consistent approaches to children's care. An area for improvement made at our last inspection in relation to children's personal planning remains in place (see section, What the service has done to meet any areas for improvement we made at or since the last inspection).

Some mealtime experiences promoted opportunities for children to develop independence and skills for life. Children were encouraged to participate in these daily routines which provided them with some opportunities to be responsible and independent. For example, serving their food, collecting crockery and clearing away. At times, children's mealtimes were disrupted due to limited planning and preparation by staff which led to missed opportunities for meaningful engagement and support. Families indicated that they were happy with the food on offer. However, some families indicated they would like more information around what is offered if their child does not like the choice of food offered. We have asked the manager to evaluate the lunch experience for children. This would support children to have a safe, sociable and supportive mealtime.

Children's health and development needs benefited from the good arrangements in place for sleep. Parents' wishes had been taken into account in relation to sleep routines for babies and younger children so that they received the opportunity for rest as and when needed. Children were supported to sleep safely through comforting, nurturing interactions.

### Quality Indicator 1.3: Play and learning

Children were confident, secure and most were having fun, following their interests on a daily basis. Younger children were happy and had access to a range of resources and opportunities to develop their physical skills and were beginning to gain confidence in walking, balancing and sharing.

Children had some opportunities to develop skills, knowledge and understanding in literacy and language. Babies and toddlers enjoyed regularly hearing and singing action songs and rhymes. Story books were available and staff read to them. Opportunities for older children tended to be adult led, for example, at set times rather than on demand. This approach did not always fulfil children's interests and needs. There was scope to develop a wider range of mark making activities for children to promote development of fine motor and early writing and skills. This included providing opportunities for children to make choices about how and where they wanted to draw and make marks.

The manager had provided training on planning and observation. Staff told us that they understood the system and were planning for individual children. However, the system for planning of activities did not clearly or accurately reflect how staff followed and developed children's interests, skills or learning. At times, next steps or evaluations were not completed. To improve outcomes, strands of learning should be developed from and linked to observations, ideas and interests. This would support, extend and progress children's learning. An area for improvement made at our last inspection in relation to planning, observations and next steps remains in place (see section, What the service has done to meet any areas for improvement we made at or since the last inspection).

Younger children had opportunities to participate in sensory and messy play opportunities that included sand, water and painting. This provided children with some developmentally appropriate experiences, and they were having fun. Older children only had access to basic learning provision. This meant there were significant gaps in opportunities especially around music, role play, puzzles, small world, art and craft. There were some loose parts and open-ended objects within the indoor playrooms to support curiosity and enquiry. However, these were not presented in an inviting way to capture children's interests. We have asked the service to ensure children have access to play resources that inspire, engage them and support meaningful play experiences (**see area for improvement 2**).

Older children had begun attending regular visits to a local woodland area. To support continuity in learning, these experiences would benefit from careful planning to include meaningful developmental opportunities.

### Areas for improvement

1. To support the health and wellbeing of children, the manager should ensure that medication practices are managed in accordance with best practice guidance. This should include but is not limited to:

- a) ensuring the paperwork around the signs, symptoms and dosage of medication is stored alongside the medication; and
- b) implementing an effective system for management to audit and review the management of medicine.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19).

2. To enable and support all children to reach their full potential, the service should ensure play spaces offer a range of resources and materials. These areas should be structured to provide developmentally appropriate and appealing places that challenge and stimulate children's development and learning and reflect their current interests and curiosities. This should include, but is not limited to, increasing the range of sensory play experiences, loose parts, open ended and natural materials available to foster imagination and creativity.

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.' (HSCS 4.11).

## How good is our setting?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare or safety of children may be compromised

### Quality Indicator: 2.2 Children experience high quality facilities

Children experienced an environment that provided some warm and homely spaces where they could relax. Thought had been given to providing plenty of space for babies and toddlers within the caterpillar room to safely develop gross motor skills such as walking, crawling and balancing.

Children's comfort and wellbeing was affected by the high temperature indoors with limited shade outdoors. The service was asked to review their approaches to ensure children's comfort and wellbeing, both indoors and in the garden.

Infection prevention and control practices required improvement to ensure children's safety, health, and wellbeing. A number of issues were identified, for example, the changing area in the Caterpillar Room was visibly dirty, and the storage of personal care items, such as nappies and creams, did not meet best practice. Furthermore, although not used for personal care, one cubicle was cluttered with resources and equipment, including a dirty bucket. This risked cross contamination and potential spread of infection. Consideration should be given to the air quality in the main building through ensuring extractor fans in nappy and toilet areas were clean and windows used to promote good ventilation. These issues were discussed with the management team **(see requirement 1)**.

Aspects of the environments used by children required attention to ensure that they provided welcoming, organised and safe areas for children's care and play. Outdoor areas had not been appropriately maintained to clear rubbish. Resources and equipment in the playroom used by older children needed cleaned and areas de-cluttered. Entrance ways needed tidied to make them welcoming and attractive **(see requirement 1)**.

Most staff followed infection prevention practices by encouraging children to wash their hands before snack and lunch, washing their own hands after personal care, and wearing aprons and gloves when changing nappies. We discussed with the leadership team about the importance of regularly monitoring staff practice to ensure this is consistent in reducing the potential spread of infection and ensuring a safe and clean environment for children.

Children's wellbeing was promoted by the opportunities to play outdoors. Families indicated that their children received regular access to the outdoor area. Whilst these opportunities were present, the outdoor space needed to be developed into an inviting play space. This would provide children with engaging, hands-on experiences with real-life resources, such as exploring a mud kitchen or caring for plants. These opportunities develop essential sensory, fine motor, cognitive, language, social-emotional and practical skills. Children did not have the opportunity to free flow between the indoor and outdoor environment. This limited children's choice **(see area for improvement 2 under Quality Indicator 1.3: Play and learning)**.

Indoor environments for the Butterflies needed further consideration. Some evaluation of the environments had taken place, but this was in the early stages. Resources needed to be cleaned across both rooms. The service should continue to develop the play environments both indoors and outdoors. This should include appropriate resources and materials to support learning. We suggested that the service looks at providing a balance of play invitations across the playrooms that would support children's curiosity, imagination and creativity **(see area for improvement 2 under Quality Indicator 1.3: Play and learning)**.

## Requirements

1. By 24 October 2025, the provider must ensure sufficient standards of infection prevention and control practices.

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

- a) environments used by children are welcoming, clean and tidy to meet good practice guidance;
- b) facilities for storage of resources and equipment are improved and support good infection prevention and control practice and guidance;
- c) staff are aware of and carry out appropriate cleaning to maintain infection prevention and control standards; and
- d) effective auditing of cleaning schedules are carried out to ensure that standards are maintained and potential gaps addressed.

This is to comply with Regulations 4(1)(a) (Welfare of users) and 10(2)(d) (Fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I experience 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?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact on outcomes for children, key areas needed to improve.

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

The setting's vision, values and aims had been shared with families and was displayed on the noticeboard. The service were asked to make sure the noticeboards were up to date and relevant. Parental engagement

was in place and we saw parents being warmly welcomed into the setting. Staff were on hand to discuss the child's day. Feedback about family engagement was mixed. Some parents agreed that they received enough information about their child's day, while others noted that this was not consistent across all staff. Further opportunities were available through questionnaires, parent committee and workshops including potty training, school ready and schematic play. A family commented positively about the manager and stated "The nursery manager, is excellent! If ever we have a concern or question they are able to help and very open and approachable". This meant that the service recognised the importance of parental involvement and sought parents' views.

A quality assurance calendar was in place to support self-evaluation. A variety of audits had been carried out on aspects such as personal plans, planning and observations and some aspects of the environment. However, processes were not yet consistent enough to support ongoing improvement. The leadership team need to further develop quality assurance methods, along with monitoring and follow-up processes, to consistently measure and reflect the impact on children's care, play, and learning, as well as on staff skills, knowledge, and understanding. As a result an area for improvement in relation to quality assurance remains in place (**see section, What the service has done to meet any areas for improvement we made at or since the last inspection**).

Monitoring of staff practice was in the early stages of development. There were some opportunities to support staff to reflect on and develop their practice, however this was not yet having a measurable impact on children's outcomes. The inclusion of clear next steps would support staff to reflect on their progress and support continued improvements within the service.

We found that opportunities for the children to be included in the service were limited. Planning was at the early stages of being embedded and understood by staff. There were no opportunities for children to influence the pace of the session or have choices apart from basic indoor or outdoor play. No individual observations or tracking was in place, meaning children were not active participants in their learning.

## How good is our staff team?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact on outcomes for children, key areas needed to improve.

### Quality Indicator 4.3: Staff deployment

Throughout the inspection staff engaged positively with us to share the work they had carried out since our last visit. Children were supported by a team who knew them and tried their best to meet their needs. However, at points across the day, there were gaps in specific skills needed to keep children safe and promote high quality experiences and outcomes. This meant there were times when the care of the children could be improved. The operations manager was aware of the challenges and had a plan to support staff to improve outcomes for children.

Staff were flexible in their deployment and most supported each other well throughout the day. Staffing levels in the playrooms did not always meet children's needs especially on the woodland walk and over lunch time although this was rectified with staff from a different branch. Staff deployment did not allow for free flow in and out of the garden. This should be addressed. This would support positive interactions, enhance children's freedom to choose where to play outdoors, and support their engagement and development.



The service had been through a period of staff changes, however this was beginning to settle. Some of the teams were taking a while to establish, however the leadership team were aware and hoped to provide more opportunities to support team building. Most staff were confident and comfortable in their roles and told us they felt supported by the leadership team. These systems helped create a positive staff team which supported some consistency for the children.

There was a mix of skills and qualifications within the team. An ongoing induction and mentoring programme supported staff in developing knowledge and confidence. The manager used the national induction resource to help support learning and build confidence. Some staff leadership was also provided through regular observations, one-to-one reviews, and appraisals. We discussed the importance of regular follow-ups to ensure support remains meaningful and promotes continued professional growth. Families all indicated that the more consistent staff team was making an impact on the quality of the service. However, some stated "The big thing for us is the consistency of staff- which we appreciate is really tricky, but we've missed some of the "champion" stuff that used to happen when there were more longstanding staff who had the capacity and confidence to bring in extra experiences for the children". Whilst others stated that they would like staff to introduce themselves. We shared these with the service.

## 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 ensure that children's individual wellbeing is supported, the manager should develop an effective, personal planning approach. Each child should have a personal plan that is consistent with their individual needs and include clear detailed support strategies if required. Staff should ensure that these plans inform their daily practice, are followed accurately and evaluated to assess the impact on children's progress or wellbeing.

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 20 January 2025.**

#### Action taken since then

Personal planning did not fully meet the needs of most children. Although there was an auditing process for personal plans, this was not yet having an impact on the quality of information held in the personal plans. Information was variable in quality. Some plans did not have up to date 'all about me' information, whilst others did not have a depth of information to allow staff to plan for children's care needs effectively.

Not all staff were aware of or fully understood the details and strategies recorded to support children's needs. Support plans were not working documents, meaning staff did not provide consistent approaches to children's care or have an overview of the support that some children needed. Strategies were not evaluated, meaning it was difficult for staff to ensure they were still relevant and fully supporting children.

This area for improvement has not been met and remains in place.

## Previous area for improvement 2

To help children to reach their potential, the service should ensure that an effective cycle of high-quality observations, planning for play and identified next steps supports and meets children's individual learning and development needs.

This would ensure they provide opportunities which support the learning, development and progression 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 am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27)

**This area for improvement was made on 20 January 2025.**

## Action taken since then

Staff were carrying out observations of children and recording these for their key children. This should inform individualised planning for each child, however it is not effective and depended on the capacity of the member of staff. The level of play and learning provided on the day of our visit did not evidence that responsive planning had been carried out for individual children.

Planning and observation training had taken place and evaluations from staff stated they understood the planning cycle and felt more confident.

The manager has reviewed observations within the online app but these have not been triangulated with evidence from planning within the room. Children's observations lack information and any relevant/challenging next steps, and this is not linked with any intentional or planned play activities. Auditing systems lack depth, evaluation or follow up information to show how improvements are making progress or changes to outcomes for children. Therefore it is difficult to evaluate how children are being challenged in their learning.

This area for improvement has not been met and remains in place.

## Previous area for improvement 3

To ensure the quality of children's experiences are improved, the provider should implement robust quality assurance processes, including self-evaluation, covering key areas of practice. This should include, but not be limited to, monitoring children's personal plans, children's play and learning experiences, monitoring of staff practice, and evaluating and improving the nursery as a whole.

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

'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 20 January 2025.**

#### Action taken since then

Auditing systems lack depth, evaluation or follow up information to show how improvements are making progress or changes to outcomes for children. Although the manager had implemented quality assurance in terms of auditing and commented on the quality of this service. The observations lacked depth, evaluation and was not being used to inform the improvement plan which could be monitored. It was more an ongoing check.

We found gaps across areas of practice that were having a direct impact on outcomes for children. This included infection prevention and control measures, general cleanliness of the environment, the quality of resources and play opportunities for children.

Further work was required by the provider, manager and staff team to ensure that quality assurance systems are effective and contribute to the ongoing developments of the service.

This area for improvement has not been met and remains in place.

## 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	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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