

Victoria Quay Nursery Day Care of Children

The Scottish Government
Victoria Quay
Edinburgh
EH6 6QQ

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Type of inspection:
Announced

Completed on:
6 June 2025

Service provided by:
North Edinburgh Childcare Enterprise
Limited

Service provider number:
SP2010010995

Service no:
CS2010253738

About the service

Victoria Quay Nursery is registered to provide an early learning and childcare service to a maximum of 37 children at any one time, aged from three years to those not yet attending primary school, of whom no more than 18 are under two years. Early learning and childcare is delivered in partnership with Edinburgh City Council.

The service is a work based nursery, located in the Scottish Government building in Leith, Edinburgh. It is close to local transport routes and amenities, with car parking available. An outdoor area can be accessed from the playrooms.

About the inspection

This was an announced inspection which took place on Tuesday 3 June 2025 between the hours of 08:30 and 15:30. We returned on Wednesday 4 June 2025 between the hours of 09:45 and 13:00 to complete the inspection. The inspection was carried out by one inspector from the Care Inspectorate in collaboration with two Education Scotland inspectors.

To prepare for the inspection we reviewed information about this service. This included the previous shared inspection report, information submitted by the service and intelligence gathered since the last inspection.

To make our assessment, we:

- spoke to and interacted with children using the service
- spoke with staff and the area manager
- observed practice, daily routines and children's experiences
- reviewed documents in the service
- took into account online feedback we received from seven families and three parents who met with Education Scotland colleagues.

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 were experiencing calm and nurturing care from staff who knew them well.
- Two areas for improvement from the last inspection were met. This meant that children were benefiting from positive mealtimes and enhanced personal planning.
- One area for improvement from the last inspection was not met. This meant that children were not yet benefiting from consistently high quality planning for their learning needs.
- A requirement from the last inspection was met. As a result, quality assurance processes were in place and were starting to impact positively on outcomes for children.
- While progress had been made to improve aspects of the service, the pace of change was slow. The provider should ensure improvements continue to develop and embed into practice so children receive a consistently high quality service.

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?	3 - Adequate
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 were nurtured and supported through daily routines by warm and kind staff who knew them well. Staff respected children by engaging with them at their own pace and through seeking permission when supporting their care routines. The flow of the day was relaxed and mostly led by children. This meant that they could sleep when it suited them and play outdoors when they wished to. Children were offered comfort when it was needed and their feelings were validated. For example, staff were mindful and slower in their interactions, resulting in them being more meaningful for children. Different methods of communication were starting to be introduced for children, such as the use of signs and objects to signify changes in routine. This approach can help to empower children and support them to communicate their own needs.

Improvements had been made to mealtime experiences for children, since the last inspection. Mealtimes were safe, relaxed and sociable. Staff sat with children to supervise and model social interactions, while other staff did practical tasks. Children ate at their own pace and had opportunities to practice skills such as self-feeding, self-serving and pouring drinks. Older children had the choice of when to eat or to continue playing. To further ensure consistently positive mealtimes for all children, the manager should monitor and reduce the waiting time before food is served.

Improvements had been made to children's personal planning, since the last inspection. A new format had been introduced showing children's needs and wishes. This information was mostly used to provide children's care. Additional support plans had been created to plan for meeting children's individual needs. They were detailed and highlighted what the needs were and actions staff should take to support. Personal plans were in date and reviewed with parents, ensuring staff had current information to use. Children's progress was being monitored to ensure their needs were being met effectively. Further improvements were needed to plan consistently for all children's needs. For example, when children were transitioning to a new room in the service. A parent said, "We are regularly asked to review the care plan and I get updates via the learning journal on what my child has been up to and how they plan to develop their skills as a result". However, some parents felt improvement was needed. The service should ensure that all parents have opportunities to contribute to their child's personal plan.

Children's health and medication needs were mostly managed well to keep them safe and healthy. Some further improvements were needed to ensure high quality management of health needs. This included ensuring resources such as spacers were clean and improving the information recorded in relation to the stepped approaches staff should take to managing a health care need.

Quality indicator 1.3: Play and learning

Children had fun as they experienced a range of spontaneous and planned opportunities. They were engaged and energised throughout the day, exploring the setting and resources available to them. A parent appreciated the range of experiences and said, "They play on the bikes, build obstacle courses, play in the mud kitchen; they made a volcano to walk across recently". Literacy and numeracy development had improved across the rooms, with opportunities in most play spaces and interactions. For example, there were mark-making materials in a variety of spaces and enhanced vocabulary in general conversations. A parent said, "The team are friendly, have genuine engagement with the children and they make it a fun and enriching experience".

Children were starting to be more empowered in their learning. Staff were mostly being intentional with their interactions so as not to interrupt or change the pace of play. For example, supporting babies to explore paint with their fingers. This was not always consistent, resulting in children's play at times being stopped or directed in an adult way. Staff should be further supported to be curious about children's play and choices so they can be consistently used as learning opportunities.

Children were encouraged to be independent so learning took place in daily tasks. Help was offered at times, giving children the choice to accept it or not. This was respectful of children's wishes. A parent confirmed this, saying, "The children get a choice in indoor/outdoor play and aren't forced to be where the other children are. Independence is encouraged around self serving food, going to the toilet and putting on clothes and shoes".

Improvements had been made to the planning for play and learning. A parent acknowledged this and said, "The offerings have vastly improved, trips have been offered and the activities seem much more engaging. I think themed months have been a great success and I get lots more reports back about what my child has learned". All children had developmental trackers which were being used to identify their achievements. Children's interests were being used in planning, as well as opportunities to bring new knowledge and meet their developmental needs. However, this process was at the early stages of development and was not yet effective in planning for individual children's learning or monitoring their progress. Management knew this was a gap and were working to address it with staff. An area for improvement from the last inspection was not met and will remain **(see Area for improvement 3 in the section 'What the service has done to meet any areas for improvement we made at or since the last inspection')**.

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

The small setting was well-furnished, comfortable and homely. It offered emotional security for children and a sense of belonging. This was demonstrated in the relationships that were maintained between children and staff across all rooms. A parent appreciated this, saying, "It's small so the staff know all the children well and my child has made friends". Children had space for their belongings which was organised and uncluttered. Their artwork was displayed attractively and spaces were ventilated. Comfortable spaces were available for children to rest if they wished. A parent said, "There is a quiet corner in the seahorse room where the children can relax and read a book". Overall, children were given a sense that their comfort and wellbeing mattered.

The setting and equipment were generally safe, secure and well-maintained. Infection prevention and control measures were in place to reduce risk for children. For example, the tables were cleaned before and after food and handwashing took place at relevant times. Secure entry systems and garden boundaries kept children safe. In addition, staff were risk assessing continuously and making amendments accordingly. To further support children's assessment of risk, they should be fully involved in identifying and managing risk in their play.

Children had appropriate spaces and resources to support their development. They generally had freedom to move resources and use them as they wished. Resources were accessible and labelled with visual pictures and words to allow children to make choices. A good selection of open-ended materials in varying sizes were available to use in play, as well as some real items. These could be incorporated into all play spaces for a more intriguing and authentic experience for children.

The garden area was secure and spacious. Older children could free flow to the outdoors for most of the day while staff responded to younger children's cues for wanting or needing to be outside. A temporary garden area at the front of the setting was set up for toddlers use. It was agreed that this temporary solution was unsuitable for children and they should access the main garden for play. For a more natural environment, children went on walks around the local community and were starting to use local services and amenities. This offered variety of experience and allowed connections to build to their local area.

How good is our leadership?**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Quality indicator 3.1: Quality assurance and improvements are led well

A shared vision and values were demonstrated in the respectful interactions and fun play experiences. The team had faced challenges and change over the past year which continued to influence the team dynamics. As a result, there was not yet a strong sense of a whole team with a common ethos. Management was aware of this and continued to support relationships, roles and responsibilities.

Seeking and using parents views to aid improvements was at the early stages of development. A variety of ways to feedback and be involved were being introduced, such as a suggestion box, verbal handovers and developmental reviews for children. Parents were welcomed into the setting each day and could spend time settling their children. In addition, a range of information was available for parents to use to support their child's learning at home. Parental involvement should continue to be prioritised in the service so parents feel fully informed and involved in their child's care, play and learning.

Since the last inspection, improvements had been made to quality assure key aspects of children's care and support. A variety of audits had been carried out on aspects such as mealtimes, interactions, play experiences, personal plans and medication. While some improvements had resulted from these, the impact of the improvements needed strengthened.

For example, a checklist can assess if a task has been done, however not the quality of the task and the outcome for children. As a result, the pace of progress had been slower than expected. The processes to quality assure were in place and now need to embed over time so they are purposeful and consistently aid improvements. A requirement from the last inspection has been met, however an area for improvement will be set to support further development in quality assurance and improvement planning (**see Area for improvement 1**).

Areas for improvement

1. In order for children to receive a consistently high quality service which continually improves, the provider should continue to develop and embed quality assurance processes to monitor all aspects of the service.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'I benefit from a culture of continuous improvement, with robust and transparent quality assurance processes' (HSCS 4.19).

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

Children were cared for by enough staff to meet their needs. Registers were spot checked and confirmed this was the case over a period of time. Management were aware of the busier times of the day and had taken action to ensure sufficient staff numbers. For example, staff had been employed to support during children's lunch, contributing to a relaxed and safe experience. To maintain this level of safety and care for children, the manager should be vigilant about ages of children and ratios when moving them between rooms.

Since the last inspection, the skills mix of the team had been considered and had led to room team changes. All rooms had consistent core staff which included staff with relevant qualifications related to early learning and childcare. As a result, children knew what to expect each day and had a continuity of care. This was reassuring for children and helped them to feel relaxed, confident and secure. Planned and unplanned staff absences were managed effectively from within the organisation. This contributed to children receiving care from consistent and familiar staff. Within each room and across the rooms, staff were deployed to aid the movement and support of children. Staff were clear about their tasks in the rooms each day and were flexible to fill any gaps. Good communication between staff meant that they were all kept informed and felt supported.

Staff had time and space away from the playrooms to rest and refresh their energy. Their professional development was starting to be considered through the provision of training and professional discussions. Moving forward, staff should be consistently supported to reflect on their training and plan for their learning to benefit children. In addition, staff would benefit from other professional opportunities such as visits to and discussions with other settings, for guidance and inspiration.

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

Requirements

Requirement 1

To ensure the best possible health, welfare and safety outcomes for children, the provider must quality assure key aspects of children's care and support, to aid improvement.

By 31 July 2024, the provider must have a robust procedure in place to monitor at a minimum:

- Children's personal plans including medication.
- Health and safety.
- Staff and child interactions.
- Children's play experiences.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulations 3 & 4. This is also to ensure care and support is consistent with the Health & Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with robust and transparent quality assurance processes' (HSCS 4.19). This requirement was made on 9 May 2024.

This requirement has not yet been fully met and will remain with an extended timescale of 31 March 2025.

This requirement was made on 9 May 2024.

Action taken on previous requirement

Improvements had been made to quality assure key aspects of children's care and support. A variety of audits had been carried out on aspects of the service such as mealtimes, interactions, play experiences, personal plans and medication. While some improvements had resulted from these, the quality of them needed to improve to maximise positive impacts on children's outcomes. For example, a checklist can assess if a task has been done, however not the quality of the task and the outcome for children.

The processes to quality assure were in place and now need to embed over time so they are purposeful and consistently aid improvements.

Parts of this requirement have been met, however an area for improvement will be set to support the outstanding areas still to be progressed (see Area for improvement 1 in key question 3 'How good is our leadership?').

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

In order for all children to reach their full potential, the provider should ensure personal planning continues to develop, with improvements being sustained. Improvements should continue specifically but not exclusively with the planning for and monitoring of children's additional support needs.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15)

This area for improvement was made on 2 December 2024.

Action taken since then

Since the last inspection, improvements had been made to children's personal planning. A new format had been introduced to gather information about children's needs and wishes. This information was mostly being used to provide continuity in children's care. Staff spoke confidently about children's needs and preferences.

Additional support plans had been created to plan for meeting children's specific needs. They were detailed and highlighted the needs and actions for staff to take to support. They were in date and reviewed with parents.

The progress of children's care needs was being monitored through developmental review plans. These highlighted achievements and next steps for children. Further improvements were needed to ensure all children's needs were consistently planned for.

This area for improvement has been met.

Previous area for improvement 2

To ensure children have a consistently safe and positive mealtime experience, the provider should improve the supervision of children and involve them more in the process.

This is to ensure 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).

This area for improvement was made on 9 May 2024 and was not met at the follow-up in Dec 2024.

This area for improvement was made on 9 May 2024.

Action taken since then

Improvements had been made to mealtime experiences for children. Mealtimes were safe, relaxed and sociable. Staff sat with children to supervise and model social interactions, while other staff did practical

tasks. Children ate at their own pace and had opportunities to practice skills such as self-feeding, self-serving and pouring drinks. The older children had the choice of when to eat or to continue playing. To further development the quality of mealtimes, the manager should monitor and reduce the waiting time for younger children before food is served.

Staff lunch breaks were planned to ensure rooms were staffed. Lunch cover staff were employed to support this.

This area for improvement has been met.

Previous area for improvement 3

To ensure children are consistently supported in their learning, the provider should engage staff in training and self-evaluation. This would enhance the learning environments, planning and interactions.

This is to ensure 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 9 May 2024 and was not met on the follow-up in Dec 2024.

This area for improvement was made on 9 May 2024.

Action taken since then

Since the last inspection, improvements had been made to enhance children's learning. For example:

- Room audits had resulted in new resources being purchased.
- Staff skills and experience were considered and used to ensure a skill mix across the rooms.
- Reflections took place around children's learning and what quality experiences look like.
- Responsive planning was developing and was starting to reflect children's interests and developmental needs.

Management was aware that further work was needed to ensure these improvements led to children's progress in learning. This continued to be a work in progress.

This area for improvement has not yet been met and will remain.

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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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