

First Nursery and After School Care Day Care of Children

Kingsland Square
Peebles
EH45 8EZ

Telephone: 01721 724 395

Type of inspection:
Unannounced

Completed on:
26 November 2025

Service provided by:
First Nursery Limited

Service provider number:
SP2003002002

Service no:
CS2003009287

About the service

First Nursery and After School Care are registered to provide a day care of children service to a maximum of 110 children at any one time, aged from 4 months to 12 years. Of those 110, no more than 56 children at any one time can attend the service provided in the First Nursery premises, Kingsland Square, Peebles. Of those 56 children, no more than 6 are aged under 2 years; no more than 10 children are aged 2 to under 3 years; and no more than 40 children are aged 3 years to primary school age.

Within this number; a maximum of 30 children at any one time, currently attending primary school can attend the after school care service provided in the Coffee Lounge, St Ronan's Community Centre, Innerleithen. Within this number; a maximum of 24 children at any one time, currently attending primary school, can attend the after school care service provided in the Glennie Room, Halyrude Primary School, Rosetta Road, Peebles. This element of the service will only operate during term time.

At the time of the inspection, after school care was no longer offered within the Coffee Lounge, St Ronan's Community Centre. A variation should now be submitted to ensure the certificate of registration is an accurate reflection of the service available.

The setting is close to local primary schools, parks and other amenities. The early learning and childcare children are cared for in four play spaces with direct access into their own separate garden. These spaces are named Manor room for children aged between 0 and 2 years, Leithen room for children aged between 2 and 3 years, mini Tweed room for children aged 3 and 4 years and Tweed room is where children aged 4 and 5 years played. After school care is provided within a hall in the local primary school.

About the inspection

This was an unannounced inspection which took place on Tuesday 18 November 2025 between 09:00 and 15:45 and Monday 24 November between 10:45 and 17:30 . The inspection was carried out by three 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 attending during our visits
- spoke with staff and leaders
- considered feedback from eleven on line questionnaires from staff
- considered feedback from fifteen families through an online questionnaire
- 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 service supports 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.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary within quality indicators leadership and children are supported to achieve sections.

Key messages

- Staff nurturing interactions with children is a significant strength.
- Medication processes and systems to meet children's dietary requirements need improving.
- Staff are responsive to the needs of the children and interacted in a skilful way which extends learning and interest.
- Children are happy, confident, engaged and having fun.
- The setting's vision, values and aims are not being met and should be reviewed with children, families and staff.
- Quality assurance systems need further development to ensure they are effective and consistently implemented.
- Staff are working alongside the Local Authority to improve planning and observation methods for older children in the setting.

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

Leadership	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Children are supported to achieve	4 - Good

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

Leadership 3 – Satisfactory / Adequate

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

Quality indicator: Leadership and management of staff and resources

The setting's vision, values and aims centred on 'nature, nurture and knowledge', created with family consultation and displayed within the setting. While these aspirations were clear, they were not embedded in practice. Several aims, such as weekly forest sessions, access to outdoor learning and eco-approaches including the refill shop, were not consistently delivered due to staffing constraints. Families described a noticeable reduction in outdoor experiences, with some children accessing the garden only a limited number of times over many months. Families commented that the values linked to community engagement and eco-work had, "slipped" and several felt that the setting had lost its previous, "family feel" following organisational changes.

Staff also expressed mixed views about how well the vision and values were realised. Many described a challenging year with significant changes in ownership, management and expectations. Some felt supported, while others felt their wellbeing was not sufficiently acknowledged. Despite this, staff showed a strong commitment to children, highlighting their passion and dedication. Moving forward, leadership should review the vision, values and aims with staff, children and families to ensure they reflect current capacity and can be realised in day-to-day practice (see area for improvement one).

Staff used their own mobile phones to access the Famly app and while collecting children from school, which was against the setting's policy. Leaders agreed to stop this practice immediately, reinforcing expectations around use of technology and maintaining children's safety.

Self-evaluation processes were at an early stage of development. Some positive examples existed within individual playrooms, where reflective practice had improved planning and room layout. Regular training had strengthened staff skills and contributed to individual improvements in practice, particularly in nurture, child protection and infection control. However, while an improvement plan had been developed, most staff reported limited involvement in creating or reviewing it. Only a small number felt they contributed meaningfully to self-evaluation. Staff told us their views were not always sought or acted upon and many had not seen the setting's improvement plan or associated evaluations. It's important that staff are meaningfully involved in self-evaluation and improvement planning to support a shared ownership of improvement planning (see area for improvement two).

Quality assurance systems needed further development to ensure they were effective and consistently implemented. While audits were in place, these did not always identify or address gaps in practice. Accident and incident records were completed, however, not all had been acknowledged by families and one notifiable incident had not been reported to the Care Inspectorate. The quality assurance calendar lacked clarity around roles, responsibilities and the expected frequency of monitoring. A significant level of responsibility had been delegated to room leads, however, they had not been provided with sufficient time, guidance or support to carry out this role effectively. This highlighted the need for a more coordinated and collaborative approach to quality assurance that supports shared understanding and continuous improvement (see area for improvement three).

Although ratios were met during the inspection, staff raised concerns about occasions where deployment did not meet children's needs, limited outdoor play and contributed to reduced continuity for children. The manager confirmed that discussions were underway to improve the use of space of and staffing arrangements, with the aim of increasing opportunities for enriched play indoors and outdoors and supporting staff to plan consistently.

Staff described limited protected time for planning which affected consistency and confidence across the team. However, we observed that there were possible opportunities for staff to have time due to over staffing but it had not been identified or supported on how staff could manage this. The provider should work closely with the manager and staff to identify the cause of these pressures and adjust staff deployment and support accordingly.

Safer recruitment procedures had been followed and staff files contained the required checks, which contributed to maintaining a safe environment for children. Induction processes were variable. While some practitioners experienced supportive induction and mentoring, others reported limited or no structured induction. Again, room leads had the responsibility for inducting and mentoring new staff and had not been provided with sufficient time, guidance or support. Staff were concerned that modern apprentices were included in ratios from their first day, which reduced opportunities for supported learning. Leadership acknowledged these gaps and had begun developing clearer systems for staff induction and mentoring new staff.

Staff wellbeing needed more focused attention. Leadership had introduced planned 1:1 meetings and annual appraisal, though these had not yet taken place. A more systematic approach to listening to staff and addressing workload pressures would support improved outcomes for staff and children.

Areas for improvement

1. To promote a shared understanding of the setting's ethos, the provider and leaders should revisit the setting's vision, values and aims with children, families and staff. This should include agreeing achievable priorities and ensuring these are embedded in day-to-day practice so children experience care and learning aligned with the setting's ethos.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

2. To support reflective practice and shared ownership of improvement, the provider and leaders should ensure staff are more meaningfully involved in self-evaluation and improvement planning. This would support reflective practice, shared ownership of improvement and greater consistency across the team.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

3. To strengthen leadership oversight and continuous improvement, the provider and leadership team should develop a collaborative approach to quality assurance, with clear roles and expectations. This will strengthen leadership oversight and support continuous improvement across the setting.

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).

Children play and learn 4 - Good

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Quality indicator: Playing, learning and developing.

Children demonstrated confidence, happiness and engagement throughout our visits. They settled quickly, understood routines and moved confidently across spaces. Children played actively and independently, with peers and alongside staff, showing curiosity and enthusiasm. Staff interactions were warm, respectful and responsive to children's developmental stages, creating an environment where children felt valued and confident to express their wishes. Families consistently described having confidence in staff and satisfaction with the wide range of experiences offered.

Children accessed inviting and well-resourced indoor spaces, with consideration given to all areas of development. This was further supported through staff using skilful prompts and interactions to extend children's thinking and learning. Resources were linked to intentional promotions and documented within floor books and planning sheets.

The after-school club operated smoothly, with routines that supported calm transitions and natural conversations between children and staff. Introducing a cosy area would further enhance the space, offering children opportunities to relax and recharge after a busy day.

We observed significant periods of adult-directed time, which reduced opportunities for free-choice play and sustained engagement. Reviewing routines to allow longer periods of self-directed play would strengthen children's independence and creativity.

Outdoor play took place in all weathers and children displayed resilience and enjoyment. They accessed the school gym hall for games and participated in outings to the community. However, in some rooms, all children were taken outdoors while indoor spaces closed, limiting choice. Routines should be adapted to maintain free-flow access between indoor and outdoor environments.

The large garden adjacent to the Tweed Room offered rich play experiences when used, enabling active and independent exploration. Staff supported children well during these sessions. However, staffing constraints meant this space was not used to its full potential. Families and staff reported fewer outdoor play opportunities and outings than previously, reducing consistency in providing high-quality experiences.

Practitioners demonstrated a strong commitment to child-led practice. They used observations and 'WOW' moments to track progress and identify next steps. Staff regularly consulted children and responded to their ideas, embedding children's voices within planning. The setting was working with the local authority to strengthen responsive planning and embed child-led approaches within the Mini Tweed room, ensuring experiences reflect children's interests and supported individual progress effectively. While planning and observation systems were developing, they remained inconsistent across the setting, limiting the ability to ensure a shared and consistent approach to planning for all children (see area for improvement one).

Areas for improvement

1. To support children's progress and high-quality, responsive learning, planning and observation approaches should be developed. These approaches should be used consistently by all practitioners across the setting.

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 to my age and stage, which stimulate my natural curiosity, learning and creativity (HSCS 2.27).

Children are supported to achieve 4 - Good

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Quality Indicator: Nurturing Care and support.

A significant strength in the setting was staff understanding that nurturing relationships were essential for children's growth and development. As a result, children experienced warm, responsive care that fostered their wellbeing. Families commented positively on their children's care, with one parent noting, "The staff are so kind, they treat the children like their own". Staff spoke warmly about relationships with families, describing them as open, trusting and supportive. They reflected that strong communication contributed to children's wellbeing, with one practitioner sharing that families were, "Comfortable talking to me and sharing things from home." Long-term bonds were valued and described by a practitioner as "a foundation of trust." Children were observed to feel safe and confident to express themselves, share news, ask adults to sit beside them and request jobs, indicating strong relationships and a sense of belonging.

Our observations showed interactions between families and staff within the playrooms, were relaxed, informative and respectful. Some families wanted more opportunities to meet other families, commenting, "It would be nice to have more community events." Some staff felt positive relationships could be strengthened further through more frequent opportunities for families to engage with the setting. Staff shared ideas such as organised events or stays and plays, although they noted that staffing pressures currently limited these opportunities.

Staff responded sensitively to children's cues and preferences, supporting wellbeing and development. For example, when a child refused a nappy change, staff respected their choice by offering alternatives and returning at a later time. This approach promoted children's confidence, self-regulation and sense of security.

Mealtimes were calm and purposeful, supporting exploration, conversation and learning across literacy, numeracy and sensory experiences. While routines were generally well managed, greater flexibility could enhance choice and independence for the children. For example, introducing free-flow snack options would allow children to eat when ready reduce interruptions in play. This would support children to develop independence, decision-making skills and sustained engagement in their play and learning.

Personal care plans were in place for almost all children and linked to chronologies. Staff generally used chronologies effectively to support wellbeing and record communication with families and other professionals. On the rare occasion when a plan was not in place, staff acted immediately to meet the child's needs. Families completed 'All About Me' forms to capture children's likes, dislikes and routines. However, these were not always used by staff, limiting opportunities to review younger children's routines. Including routines in these records would enable families to contribute and support consistent personal plan updates. This would ensure children experience care that is responsive, consistent and tailored to their individual needs.

Evidence of children's medical needs was present within children's files and generally supported children's wellbeing and safety. However, medication records were not always reviewed three monthly and some permission forms were incomplete or undated. Further strengthening of documentation, guidance and routine review processes would support greater consistency in practice and help ensure children continued to receive safe, nurturing and responsive care (see area for improvement one).

Children's safety was supported through daily allergen checks with kitchen staff, use of whiteboards to record allergies, and the discreet use of coloured bowls at mealtimes to safeguard individual dietary requirements. Staff had introduced placemats for older children to help reduce errors; however, these measures were not consistently robust across all rooms. There had been instances where children had been given food they were allergic to, and procedures had not yet been fully adapted to minimise this risk (see area for improvement two).

Transitions between rooms and settings were carefully planned and documented. Evidence showed collaboration between staff, families and partner agencies to support children's transitions and help them feel secure during period of change.

Overall, the setting demonstrated strong practice in building relationships and promoting wellbeing. Continued focus on family engagement, flexible routines and consistent documentation will further enhance the quality of care and learning experiences for children.

Areas for improvement

1. To meet children's health needs, the provider and leaders should improve medication processes to ensure relevant information is gathered to administer medicine safely and reviewed with families every three months or earlier if needed.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. To keep children safe and prevent them from being given foods that they are allergic to, the provider and leaders should review and strengthen procedures for managing dietary requirements. This should include implementing consistent measures across all rooms and ensuring staff fully follow updated procedures.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

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

Requirements

Requirement 1

By 06 January 2025, the provider must ensure that children are protected from potentially harmful behaviours. In order to achieve this, the provider must, at a minimum ensure that all staff:

- a) have access to training/professional development on nurturing care and trauma-informed practices. Staff must display a good working knowledge of this;
- b) have opportunities to reflect on how harmful behaviour towards children could impact on their emotional wellbeing;
- c) must display a good understanding of nurturing care, responsive, emotionally supportive, and developmentally enriching relationships.

This is to ensure care and support is consistent with Health and Social Care Standard 3.9: I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 28 November 2024.

Action taken on previous requirement

This requirement was made following an upheld complaint investigation.

Staff had completed a wide range of relevant training that supported nurturing care, trauma-informed practice and safeguarding. This included safe sleep, child protection training through Hubbard, nurture principles, food hygiene, whistleblowing, collectively updating their child protection policy and SIMOA (Safe, Inspect, Monitor, Observe and Act), the Care Inspectorate's friendly elephant mascot that reminds staff and children about keeping safe in settings. The manager explained that the team had taken time to reflect on this learning together and had considered how harmful behaviours could affect children's emotional wellbeing.

Staff spoke confidently about the impact this learning and reflection had on their practice. During the inspection, we observed staff interactions that demonstrated a strong understanding of nurturing approaches, emotionally attuned responses and developmentally supportive relationships. This gave assurance that staff had the knowledge and skills required and were applying them consistently in practice, which meant the requirement had been fully met.

Met - within timescales

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate
Children play and learn	4 - Good
Playing, learning and developing	4 - Good
Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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