

Duns Community Nursery Day Care of Children

53 Newtown Street
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Telephone: 07549824169

Type of inspection:
Unannounced

Completed on:
17 November 2025

Service provided by:
Duns Community Childcare CIC

Service provider number:
SP2023000064

Service no:
CS2023000089

About the service

Duns Community Nursery is registered with the Care Inspectorate to provide a care service to a maximum of 35 children not yet attending primary school. Further conditions of the service include no more than 13 are aged under 2 years; and no more than 22 are aged 2 years to those not yet attending primary school full time. The service is situated in the rural town of Duns within the Scottish Borders.

The premises provides playrooms over two floors, toilets, and nappy changing areas, kitchen and a staff room. The building is surrounded by an enclosed outdoor play area.

About the inspection

This was an unannounced inspection which took place on 10 November 2025 from 8:30 until 16:30 hours, and 11 November 2025 from 08:30 until 15:30 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:

- Received electronic feedback from families who used the service
- Spoke with staff and management
- Spoke with children using the service
- Observed practice and daily life
- Reviewed documents.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning.

This included reviewing the following aspects:

- Staff deployment
- Safety of the physical environment, indoors and outdoors
- The quality of personal plans and how well children's needs are being met
- Children's engagement with the experiences provided in their setting

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 throughout the report.

Key messages

- Children benefitted from kind and caring relationships with staff.
- Quality assurance and self-evaluation systems had been introduced to identify how the service could be developed to improve experiences and outcomes for children.
- Staff had developed in their role and were beginning to undertake leadership tasks.
- Improvement was evident in the areas identified at previous inspection. The manager and staff should continue to introduce, embed and review their work to monitor progress and achievements.

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 thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
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 different parts of this heading as satisfactory/adequate and good with an overall evaluation of satisfactory/adequate, where strengths only just outweighed weaknesses.

Leadership and management of staff and resources

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

To support cultural change within the setting and promote collaboration and positivity, the manager reviewed the setting's vision, values, and aims. This process involved families, staff, and children. Core values were updated to include dignity, care and nurture, underpinning the setting's ethos and creating a safe, welcoming environment. The manager should continue to encourage staff to reflect on these values and consider their impact on daily practice to strengthen relationships and promote shared understanding. The manager demonstrated commitment to using feedback from everyone involved to inform improvements. This in particular, showed parents that they were heard. To further enhance parental involvement, the provider could ensure all stages of the improvement process are shared with parents.

The requirement from the previous inspection regarding self-evaluation, quality assurance, and the consistent auditing and monitoring of the service has been met. Self-evaluation processes had been established and were supporting ongoing development. Improvement planning was maintained as a dynamic document, allowing flexibility and responsiveness to emerging needs. Children, families, and staff had contributed to shaping the service, embedding a culture of continuous improvement. To sustain this progress, leaders needed to pace initiatives and prioritize wellbeing to ensure changes remained manageable and effective over time.

Quality assurance systems had been introduced, including audits of resources, personal planning, and medication. Action points were discussed at team meetings, supporting improvement. These processes needed to be further embedded through regular audits, clear follow-up actions, and monitoring to maintain high standards that positively impact outcomes for children. **(See Area for improvement 1).**

The manager was reviewing policies and procedures. This process should be systematic and planned, to allow sufficient time to ensure that each policy is fit for purpose and meaningful for the setting. This will ensure staff and leadership team were fully aware of the procedures required to keep children safe and maintain compliance with regulatory standards. The identified area for improvement relating to the policies and procedures will remain **(See section: What the service has done to meet any areas for improvement we made at or since the last inspection).**

An improvement plan outlined key priorities, that included strengthening safeguarding procedures and embedding the setting's ethos. Staff welcomed these changes and reported feeling supported and included. The manager demonstrated strong engagement throughout the inspection and was committed to driving forward improvements that positively impacted on children's experiences.

Recruitment processes followed best practice, with robust procedures under review. Induction aligns with national guidance, and plans include tailored role-specific induction and assigning mentors to new staff for ongoing support.

Staff skills, knowledge, values and deployment

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.

The requirement from the last inspection regarding ensuring staff were supported to fulfil their professional role and understand their responsibilities in line with the Scottish Social Services Council (SSSC) Codes of Conduct has been met. Evidence showed that staff had received appropriate guidance and support, and systems were in place to maintain compliance.

Staff demonstrated an understanding of how children learn and develop, and interactions were consistently warm and nurturing. Parents expressed their satisfaction of the recent improvements, with all respondents to our questionnaires agreeing or strongly agreeing that relationships with staff were strong. Comments highlighted the team's openness, caring approach, and genuine investment in children's wellbeing, describing staff as "warm and engaging" and "very friendly and approachable".

Professional dialogue had been strengthened through regular team meetings and morning briefings. The manager had established clear expectations regarding professional conduct, which contributed to a positive workplace culture where staff felt supported, valued, and satisfied in their roles. A comprehensive training plan had been introduced to address both collective and individual development needs, with a focus on promoting best practice and continuous improvement. The provider remained committed to staff wellbeing, recognition of achievements and collaborative working to secure positive outcomes for children. For example, a dedicated wellbeing officer had been appointed to further open avenues of support for the staff team.

Recruitment was ongoing to enhance team capacity. Plans were in place to implement a senior leadership structure with designated room leads, reducing the need for the manager to cover playrooms and ensuring consistent oversight. These measures aimed to strengthen leadership presence and improve the quality of provision across the setting.

Areas for improvement

1. To support children's wellbeing and promote the continued development and improvement of the service the manager and staff team should ensure robust self evaluation, quality assurance and auditing is taking place and is effective. This should be well organised, so it is achievable, reviewed and monitored over time.

This is to ensure that 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 thrive and develop in quality spaces 3 - Satisfactory / Adequate

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

Children experience high quality space

The environment for younger children was comfortable and welcoming, creating spaces where children felt secure and respected. The layout was thoughtfully designed, offering varied areas that supported choice and interests, including role play, sensory experiences, and construction. Quiet, nurturing spaces promoted relaxation and story sharing, effectively supporting learning and development.

Older children benefited from a spacious environment where they appeared happy and confident. A range of resources was available, and staff had begun considering improvements to language, literacy and numeracy opportunities. Play and learning across all age groups would be further supported by resources being reviewed and enhanced throughout each session. For example, adding tabletop materials in the younger rooms can spark curiosity, engagement, and exploration; and continuing to develop the garden area will enrich outdoor learning experiences.

Outdoor play was generally accessible, and parents confirmed regular opportunities, including trips to local parks and around the local community. However, the dedicated baby area was unusable due to safety concerns and the dampness of some garden resources created slip hazards. Risk assessments should be updated and safe solutions implemented to maintain outdoor access for all children and promote physical development.

Nappy-changing facilities met best practice guidance, with clean, ventilated areas and personal protective equipment was available. However, further improvements were identified to strengthen infection control practices. This included better nappy storage, replacing bins, reviewing dummy storage, increasing handwashing, and ensuring cleanliness of furnishings and equipment.

Environmental improvements were evident, such as bathroom upgrades, but key actions remained outstanding. The installation of the pre-school door is essential to meet registration conditions and enable free-flow play. Replacement of worn carpets should be prioritized to improve hygiene and overall quality. Continued implementation of the improvement plan was critical to sustaining progress. The identified area for improvement relating to the environment remained in place (**see section: What the service has done to meet any areas for improvement we made at or since the last inspection**).

Children play and learn 3 – Satisfactory / Adequate

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

Playing, learning and developing

Children's experiences across the setting were generally positive, with younger children accessing varied resources that supported engagement, play and learning. Opportunities for child-led play promoted wellbeing and independence. In the younger room staff provided sand play in the morning and water play after lunch, but these areas were underutilized outside these times, with furniture sometimes used for climbing. Staff should consider repurposing these spaces to extend learning opportunities, such as mark-making or puzzles, and develop responsive planning to reflect children's interests and developmental stages. In the preschool room, imaginative play supported language and physical skills, but routines occasionally restricted choice; improvements are anticipated as staffing stabilizes.

Outdoor play was available, supporting physical development, yet transitions were slow and older children waited too long for access. Staff should review routines to ensure timely outdoor opportunities and enhance the outdoor environment with natural and sensory elements. Positive practice included babies' community walks, which offered alternative outdoor experiences.

Interactions were caring and responsive, particularly in the baby room, this promoted security, confidence, and language development. Preschool interactions were generally positive and staff recognised children's voices and ideas during play, but there was scope to further demonstrate understanding of how children learn. As the team stabilises, reflective practice should be developed to enhance flexible, child-led approaches and ensure children feel valued. Reviewing relevant sections of Realising the Ambition and using peer evaluations, planning evaluations, and child-centred planning and assessment would support this improvement.

Planning in the baby room was collaborative and intentional, though more open-ended experiences and simplified tools were needed to sustain responsive planning. Floorbooks lacked clear follow-up on next steps. Preschool planning combined intentional and responsive approaches but required clarity on evidence recording. Observations were consistent and referenced GIRFEC, yet next steps were not always revisited, which limited evidence of progression.

Children are supported to achieve 4 - Good

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

Nurturing care and support

Staff interactions were consistently warm and nurturing, this supported children to feel safe, loved, and secure. Children approached staff for comfort, and they responded sensitively to cues, this demonstrated high-quality care. Families praised the "level of care and nurturing environment" and "the warmth, compassion and care they receive," reflecting strong relationships and positive experiences.

The dedicated sleep room provided a calm, hygienic environment with individual bedding and regular checks meant children were safe. Staff followed each child's individual sleep routine, and at times nurtured babies to sleep in their arms before placing them in cots. We observed occasions where staff continued to hold sleeping children rather than placing them in cots or mats. This limited their ability to support other children effectively. Improving sleep routines and encouraging safe, independent sleeping would ensure all children receive appropriate care and attention.

Transitions between rooms were well-structured, following a five-stage process tailored to children's individual needs. This approach supported children to feel confident and secure during changes. Family engagement initiatives, including questionnaires and stay-and-play sessions, further strengthened partnership working. Feedback from families was largely positive, with comments highlighting the value of stay-and-play opportunities and the quality of care provided. However, staff reported challenges with scheduling midday visits, as this unsettled some babies. The team intend to review these sessions to ensure they were effective and minimized disruption.

Medication systems were in place and would benefit from further improvements to ensure children's health and safety are consistently considered. Allergen management was generally effective, however, there was a need for strengthened supervision and safeguarding procedures to ensure plans were consistently followed.

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Issues identified during inspection were partially addressed and the manager was committed to continuing with this improvement. Further quality assurance was planned to ensure improvements were sustained and embedded into practice.

Mealtimes routines generally promoted independence and social interaction. Older children were observed developing life skills by setting tables and serving their own food. Staff engaged positively during meals, creating a calm and supportive atmosphere. Lunchtime arrangements should be reviewed to maintain consistency and high standards. Improvements should include reviewing serving practices to enhance hygiene and minimize waiting times. This should include reinforcing infection prevention and control (IPC) measures, particularly handwashing for older children and ensure water is accessible throughout the day, not only at mealtimes. These steps will strengthen routines, promote positive outcomes and support children's independence effectively.

The previous area for improvement around personal plans had been met. Plans were in place for all children and developed in partnership with families, and incorporated registration details such as contact information, health and medical needs, and "All About Me" sections. Reviews were carried out at least every six months and chronologies were beginning to be used as meaningful working documents to support individual needs. However, further development was required to ensure strategies remain relevant, up to date and revisited to assess effectiveness. Language within plans should reflect positive behaviour management systems and avoid terms such as "handsy" or "firm words". Strengthening the quality and clarity of plans would further support positive outcomes for children.

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

Requirements

Requirement 1

By 30 June 2025, the provider must ensure children receive a high quality of care and support where there is continuous improvement.

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

- a) the manager develops their professional understanding of self-evaluation and quality assurance;
- b) a system for self-evaluation is developed which results in an improvement plan;
- c) implement procedures for consistently auditing and monitoring the service;

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

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 assurance processes' (HSCS 4.19).

This requirement was made on 3 June 2024

This requirement was made on 22 May 2024.

Action taken on previous requirement

The manager has implemented structured systems for self-evaluation and quality assurance using the Plan-Do-Study-Act model. A clear framework for continuous improvement is now in place, supported by regular team meetings with agendas and minutes, and daily huddles to discuss priorities and children's needs. Staff engagement in these processes indicates a positive cultural shift.

A structured system for continuous self-evaluation is now in place, with staff actively engaged and improvements progressing at pace. Expectations have been clearly communicated, and team meetings are formalized with agendas and minutes. These meetings, along with daily huddles, provide opportunities to review progress, share ideas, and address children's needs. An improvement plan has been developed but is not yet in use, as other systems currently support ongoing improvement.

A quality assurance system, including a calendar and regular audits, have been introduced. We found gaps in medication management and cleanliness, however, we have confidence that these will be addressed. Further improvements are anticipated following the establishment of a senior leadership team to share responsibilities.

While progress is evident and this requirement is met, quality assurance, auditing, and monitoring must be consistently embedded and used effectively to evaluate impact. Therefore, we have made and area for Improvement: Under Leadership. This will strengthen quality assurance, auditing, and monitoring to ensure robust, systematic practice that drives continuous improvement.

Met - within timescales

Requirement 2

By 16 June 2025, the provider must ensure children receive care and support from staff who are supported to fulfil their professional role and understand their responsibilities to meet the Scottish Social Services Council (SSSC) Codes of Conduct.

To achieve this the provider must, at a minimum:

- a) review with staff their individual roles, responsibilities and conduct within the setting;
- b) develop and implement a system for staff appraisal and reflective practice discussion, which influences on-going professional development;
- c) ensure staff receive appropriate training for the work they are to perform, this should include supporting children with additional support needs.

This is in order to comply with The Health and Care (Staffing) (Scotland) Act 2019 (HCSSA). Section 7. (1)(b) - Ensuring the wellbeing of staff.

This is to ensure 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, and able to reflect on their practice and follow their professional and organisation codes'.

This requirement was made on 3 June 2024

This requirement was made on 22 May 2024.

Action taken on previous requirement

Staff wellbeing and workplace culture have improved significantly following the implementation of clear leadership strategies. One-to-one meetings supported staff wellbeing and clarified roles and responsibilities. A review of the setting's vision, values, and aims helped establish a positive, collaborative culture and a safe environment for children, families, and staff.

Training needs were identified through individual meetings, and a comprehensive training plan was introduced. Team training, including anaphylaxis and EpiPen procedures, has been completed. The manager recognizes varying levels of staff knowledge and aims to build capacity by promoting best practice and continuous improvement.

This requirement is met and reported on under the heading: 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

To support children's health, welfare and safety needs, recorded strategies should be monitored and the impact evaluated. This would ensure staff have access to up to date information to support children to reach their full potential.

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 22 May 2024.

Action taken since then

Personal Plans and "All About Me" documentation are in place for children and signed by families. Staff should use this information to inform strategies and record entries within the Wellbeing/Chronology section, ensuring regular evaluation of effectiveness. Language in chronologies must remain professional and supportive. Some children's records have not been updated for some time, this requires attention to maintain accurate and current records.

Additional capacity and oversight from the Senior Leadership Team (SLT) will help ensure consistency in record-keeping and practice.

Area for Improvement is met but the ongoing quality assurance of personal plans will be addressed under Leadership.

Previous area for improvement 2

To ensure children experience an environment that is respectfully maintained and inviting, the providers should continue with their planned refurbishment of the building. This should include the planned fitting of a door from the playroom, this would ensure the condition stated on the registration certificate is met.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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 22 May 2024.

Action taken since then

The door in the pre-school room remains outstanding, though completion is expected shortly. This work is essential to meet registration conditions and enable free-flow access for children.

Staff demonstrated commitment to improving the environment, with recent enhancements such as wallpapering and painting bathroom areas. Planned refurbishment, including the replacement of carpets throughout the setting, had yet to be progressed. The provider agreed to take a planned and proportionate approach to improve health and safety and the overall quality of the environment.

Area for Improvement remains under the heading: Children thrive and develop in quality spaces.

Previous area for improvement 3

To ensure the safety and welfare of the children, policies and procedures should be followed. This should include but not limited to the safer recruitment of staff and safe administration of medication.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24)

This area for improvement was made on 22 May 2024.

Action taken since then

Policies and procedures were under review. This process must be systematic and planned to ensure each policy is fit for purpose and relevant to the setting. Issues were identified during inspection relating to Infection Prevention and Control (IPC), management of medication, and staffing and disciplinary procedures. By strengthening policies and procedures, staff and the provider will be guided in keeping children safe and maintaining compliance with regulatory standards.

Area for Improvement remains under the heading: Leadership.

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

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate
Staff skills, knowledge, values and deployment	4 - Good
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate
Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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