

Bonnyrigg Primary School Nursery Class Day Care of Children

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Type of inspection:
Unannounced

Completed on:
15 December 2025

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Service no:
CS2003016001

About the service

Bonnyrigg Primary School Nursery Class provides care for a maximum of 64 children at any one time aged between three years and primary school entry. The Head Teacher is the registered manager for the service, and is supported by two senior team members.

The service was provided by Midlothian Council and is located in the town of Bonnyrigg. Children had access to a playroom as well as enclosed outdoor space. In addition to this there was also access to a quiet area, toilets and nappy changing, an office and a small kitchen. The children were able to make use of areas within the school; this included the gym hall and lunch hall. The location of the school meant that the staff and children could have access to a variety of local amenities within the community.

About the inspection

This was an unannounced inspection which took place on Wednesday 10 December 2025 between 08:45 and 15:45 and Thursday 11 December 2025 between 10:00 and 13:30. 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, registration information, information submitted by the service and intelligence gathered since registration.

In making our evaluations of the service we:

- spoke with children using the service
- considered feedback from 12 families through an online questionnaire
- considered feedback from 11 staff through an online questionnaire
- observed practice of daily life
- reviewed documents relating to the care of children and the management of the service.

As part of this inspection, we undertook a focus area. We 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.

This information will be anonymised and analysed to help inform our future work with services.

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, no improvements were identified relating to core assurances.

Key messages

- Children experienced a nurturing, inclusive environment where they felt safe, happy and valued.
- Unclear ways of working affected team communication and morale.
- Monitoring and support systems were inconsistent and needed greater clarity and consistency.
- Children were highly engaged in varied, thoughtfully organised play that supported independence, creativity and confidence.
- Staff provided responsive, inclusive support, adapting experienced to meet individual needs and extend learning
- Children engaged in rich, social experienced, sharing learning and collaborating with peers.
- Staff built strong, welcoming relationships with families, supporting meaningful connections.
- Personal plans and communication were inconstant, limiting clarity and continuity.

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 core values of kindness, fun and respect were reflected in practice, with children treated with gentle care and consideration in all interactions. Staff demonstrated knowledge of individual children and a genuine commitment to inclusive practice, celebrating individuality. This helped children to feel safe, valued and happy while enjoying play and learning experiences.

Throughout our visits, children were happy, settled and meaningfully engaged in their play and learning. Staff described a commitment to nurturing care and positive relationships with children and families, built on trust. They aimed to create a safe, supportive and inclusive environment where children could thrive. This shared ethos was evident across the team and contributed positively to children's experiences. Families expressed appreciation for the setting's nurturing ethos and its focus on preparing children for school. They valued the opportunities provided for exploration and community engagement.

Leaders encouraged reflective practice, focusing on themes such as relationships, Froebelian principles, adult roles, risk-taking and open-ended materials which was observed in child-centred play. A floor book showed how staff had a voice in these sessions and we saw the positive impact on children's learning, engagement and experiences.

The setting had experienced significant changes in recent years and the leadership team was newly formed. Leaders and staff spoke about challenges in team communication and professional respect, which often hindered confidence, progress and morale. This highlighted the need for clearer ways of working and accountability at all levels to support a cohesive and effective team. Establishing agreed roles and responsibilities and clear lines of communication would support a strong, well-aligned team capable of working together to deliver high-quality care and experiences for all children (see area for improvement one).

Support from the local authority had strengthened self-evaluation in some areas, including work on children's trackers and progression pathways as a way of monitoring and supporting children's progress. Planned audits of personal plans and observations would help improve consistency across the team and positively impact outcomes for children.

Leaders demonstrated awareness of the setting's strengths and areas for improvement. However, current monitoring and review processes lacked urgency and impact to ensure that individual children's needs were fully met. Quality assurance systems for accidents, medication and infection control were in place, but were inconsistent. Medication had not been reviewed within the required three months timescales and staff were not consistently aware of which children required it. Audits of accidents and incidents had not been carried out for many months, resulting in limited oversight, particularly at a time when families and staff had raised concerns about the number of accidents. School staff had planned to support completion of the backlog. Going forward, a clear system should be established for leaders to carry out audits to provide ongoing oversight and keep children safe (see area for improvement two).

Staff described a lack of formal induction or mentoring, reporting they were, "thrown in at the deep end", which, combined with high turnover, affected consistency and quality. Leaders acknowledged that induction and mentoring arrangements needed to improve and as per local authority expectations, the National Induction Resource (Scottish Government 2023) should be used to support staff starting in the setting (see area for improvement three).

Leaders planned to introduce structured supervision and termly wellbeing check-ins with staff. Given ongoing communication challenges, low morale and staff feeling unsupported, these meetings should be prioritised to ensure staff were consistently supported, with discussions recorded and followed up. This approach would help staff feel valued, improve confidence, communication and wellbeing to support improvement (see area for improvement four).

Areas for improvement

1. To promote a well-coordinated team and clear accountability, the provider should ensure that leaders clarify team roles and responsibilities with clear lines of communication across the team. This would support the whole team to work effectively together, ensuring children consistently experience high-quality care, play and learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience a warm atmosphere because people have good working relationship' (HSCS 3.7).

2. To support consistent oversight, monitoring and safety, the provider should ensure that audits and monitoring systems are implemented reliably. This would help ensure children's individual needs are met and their safety is maintained.

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).

3. To support effective induction and mentoring for all staff, the provider should ensure induction and mentoring arrangements follow their own procedures and the National Induction Resource guidance. This would enable new staff to settle confidently and provide consistent, nurturing care that meets the needs 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 experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

4. To promote staff wellbeing and confidence, the provider should ensure structured supervision, 1:1 wellbeing check-ins and regular opportunities for reflection are prioritised for all staff. Supporting staff in this way would strengthen morale, communication, professional development and would help staff feel included, valued, improve confidence and wellbeing to support improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

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 were deeply engaged in varied play experiences indoors and outdoors, demonstrating independence, creativity and confidence in choosing activities. Resources were broad and adaptable, enabling most children to access meaningful experiences that supported sustained engagement and choice. Role play with real-life tools and loose parts promoted imagination and communication, while construction and outdoor play strengthened teamwork, problem-solving and physical skills.

A breadth of inviting and well-organised resources met the developmental needs and interests of nearly all children in ways that promoted curiosity and challenge. These offered rich opportunities across Science, Technology, Engineering and Mathematics (STEM), literacy, numeracy and physical development. The outdoor kitchen integrated literacy and numeracy, while outdoor spaces supported climbing and balance. Staff further extended learning through gym hall sessions and visits to local amenities, broadening experiences beyond the setting and supporting children to make meaningful connections with their local community. While resources observed on the day of inspection met developmental needs, staff highlighted shortages of resources, particularly for craft activities and supporting children with additional support needs (ASN). Leaders and staff had differing views on the extent of these gaps. Establishing a shared understanding of the resources children required would help ensure all children could consistently access appropriate materials.

Staff supported children's curiosity calmly and respectfully, extending play by allowing ideas to flourish and engagement to remain high. They shared information effectively when staffing changed within areas, ensuring children were supported by informed staff who understood their interests and individual needs. However, we did note occasions where staff were not as observant as they could be in monitoring the children in the outdoor spaces. While all families confirmed they felt their child was cared for in a safe, secure and well-maintained environment, they and staff had raised concerns about outdoor safety, including the frequency of accidents. They felt this compromised the secure environment that the setting aimed to provide. However, our observations indicated that the way staff positioned themselves was not always effective in ensuring appropriate supervision in the outdoors. Staff needed to ensure greater consistency in supervision to support safety and fully meet children's needs.

Adult-led experiences were adapted to include children at differing developmental stages, creating engaging experiences for extended periods where children remained motivated and involved. Inclusive practice was evident, with one to one interactions provided where required. Staff described and demonstrated how approaches were adapted to meet the needs of individual needs in response to children's cues and stages of development. They were attuned to changes in children's emotional wellbeing, reflecting dignity and respect from staff who knew them well.

Children's learning was recorded in both paper learning journals and online, reflecting individual interests and progress. While next steps were identified in some records, staff recognised that links between observations, progression pathways and next steps were not yet consistently robust across all children's learning. Families also indicated they would like more regular updates on their child's learning which was not currently available online. Leaders were addressing this through audits and the planned use of Seesaw, a digital platform, which was expected to give a clearer view of each child's learning and progress. This would help provide families with more timely and meaningful updates.

Staff described their ongoing journey in developing planning approaches, noting increased confidence and positive changes in practice. Responsive planning was evident, with practitioners increasingly taking responsibility for children's learning, though this was not consistent across all areas. Staff acknowledged they were still embedding their understanding of planning and evaluations, supported by the local authority. Group trackers were used to identify trends in play and learning and to inform intentional planning, helping staff to focus on each child's next steps. They had recently been moved to Seesaw which staff reported was strengthening the planning process and supporting clearer oversight.

Leaders and staff spoke enthusiastically about the further implementation of Seesaw, believing it would bring together learning priorities, responsive planning and communication with families more effectively. Sustained focus on embedding this approach was expected to improve experiences and progression for all children. It would also provide clearer guidance for staff, support collaboration across the team and ensure a consistent approach to children's learning.

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.

Children consistently experienced warm, nurturing interactions from staff who knew them well and responded sensitively to individual needs. As a result, children were happy, emotionally secure and confidently engaged in play and learning. Staff demonstrated strong knowledge of individual needs and tailored approaches effectively, offering quieter spaces, flexible routines and sensitive transitions. This enabled children to regulate their emotions, make choices and participate alongside their peers. and enabled meaningful participation alongside peers.

Staff gave families a friendly welcoming reception at arrival and collection times supporting natural, meaningful conversations. They took time to share information about the child's day and listened carefully to families, strengthening relationships and supporting continuity of care. Staff reported working hard to maintain these strong relationships and daily communication was seen as a strength, with families feeling comfortable approaching staff with questions or concerns. This contributed positively to children's wellbeing and sense of security.

Families valued events such as fairs and assemblies but would like more regular engagement opportunities, including stay-and-play sessions and anonymous feedback links. Suggested improvements to communication included accurate accident reporting, updates on food intake and clarity on who is present in the setting, such as work experience students. Sustained focus on documentation and improving communication would further enhance children's experiences and outcomes.

Staff demonstrated a nurturing, inclusive approach that supported all children. Families were involved in discussions around children's additional support needs, referrals and next steps and staff spoke positively about partnership working. They described staff as, "Fantastic, nurturing team who are very conscientious about all aspects of supporting our child" and "All of them are lovely and always take the best care possible with the children". However, personal planning was inconsistent. Personal plans were not always up to date and staff were not consistently confident about which documents were current. Communication records needed clearer oversight, with agreed expectations about access, review and accountability, to ensure

continuity of care. Leaders were aware of this and were carrying out audits to address any identified gaps. Agreed strategies, such as visual timetables, were not always implemented in a timely manner. Leaders needed clearer, hands-on oversight to ensure that planned approaches were consistently applied and that the needs of children were effectively addressed (see area for improvement one).

Many children excitedly shared their learning journals, reflecting ownership and enjoyment. They helped one another locate their journals, sat together sharing stories and engaged in rich conversations with peers and inspectors. They engaged in deep conversations about families, achievements and interests, reinforcing a culture that valued relationships, belonging and wellbeing.

Mealtimes were an inclusive and social experience, with natural conversation creating a relaxed atmosphere. Children were fully engaged, chatting happily with staff and peers, which supported positive experiences around food. Children enjoyed their Christmas lunch and festive atmosphere provided by staff. Lunch was served to children in the school dining hall, a more structured experience. Snack time in the playroom was a rolling snack, where children could help themselves when ready. This offered opportunities for self-service, promoting independence and choice and supported children to develop self-help skills and confidence. Staff supported children who declined lunch, by offering alternatives, ensuring they remained well-fed and hydrated. Toothbrushing was not yet embedded, but plans for supervised sessions from January would further enhance health and wellbeing.

Routines were becoming more predictable through strategies such as 'My Predictable Day' and song signifiers for transitions, though these approaches were not yet consistently embedded. Lunchtime transitions highlighted pressure on staff managing large groups and approaches occasionally felt adult-led rather than child-centred.

Areas for improvement

1. To promote responsive care that meets children's individual needs, the provider should ensure leaders strengthen their oversight of personal plans, including the communication records and agreed strategies they contain. Ensuring these are up to date, implemented promptly and consistently applied would help staff provide continuity of care and positive outcomes for all children.

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 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).

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
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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