

Maybury Primary Early Learning and Childcare Day Care of Children

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Type of inspection:
Unannounced

Completed on:
20 November 2025

Service provided by:
City of Edinburgh Council

Service provider number:
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About the service

Maybury Primary Early Learning and Childcare service is a new purpose-built day care service located in the West of the city of Edinburgh. It is part of the Maybury Community Hub, which also houses the primary school and the health centre.

The service is registered to provide an early learning and childcare service to 110 children from the age of two years to entry into primary school.

The children have access to two large playrooms, toilets, a cloakroom, and a large enclosed outdoor area for outdoor play.

The school is close to local amenities and parks.

About the inspection

This was an unannounced inspection which took place on 18 November 2025 between the hours of 09:15 and 16:50. We returned on 19 November 2025 to complete the inspection. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service and two of their families
- reviewed feedback from an online form from 15 families
- observed practice and daily life
- spoke with staff and management
- reviewed documents relating to children's care and development, and the management of the service.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure that 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.

As part of this inspection we undertook a focus area. We 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 experienced warm, kind, and gentle care from all staff who clearly wanted the best for the children.
- An aspirational vision, values, and aims was providing a strong basis to influence ongoing, continuous improvement.
- Leaders should ensure that a new, developing team are fully supported in their role by protecting time for reflection and evaluation of a full induction process, support plans, and the provision of mentors.
- Children were kept safe in a clean, ventilated, and secure environment.
- Staff should further consider ways to increase children's engagement across the spaces, experiences, and interactions provided to enhance wellbeing and promote achievement.

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

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

Leadership 3 - Satisfactory / Adequate

Quality indicator: Leadership and management of staff and resources

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

The service's vision, values, and aims placed children's rights and wellbeing at the heart of practice, and was providing a strong foundation for ongoing development. Staff demonstrated values in daily practice with children, for example, they were warm and kind in their interactions, and supported them with the sharing of resources. Staff spoke passionately about the desire to improve outcomes for children and families, and were aware of priorities within the development plan moving forward. One family told us, "The staff are all very professional, caring, and kind."

Although the vision was aspirational, it was not yet driving high-quality practice. Ongoing staffing challenges since opening had made it difficult to embed shared values and aims across the team. This, combined with the pressures of managing day-to-day demands in a fast-paced environment, had left staff with little time to reflect, or plan effectively for impactful change. As a result, confidence in initiating well-informed change and sustaining improvements was reduced. Leaders and staff were aware of these issues and continued to focus on building a strong team.

The nursery was recognised as an integral part of the wider school community and contributed to overall improvement planning. For example, leaders and staff had begun to use shared classroom experiences at set times across the year to build links across the school, and share areas of good practice with each other. To further build on this, staff would benefit from additional support and protected time for reflection. This would help to build confidence, and give clarity on remits and areas of responsibility. It would also highlight immediate priorities for development and improvement that would directly improve outcomes for children.

Systems for self-evaluation and quality assurance were at an early stage due to the new setting. Initial evaluations and next steps were recorded in some areas of self-evaluation, but there was limited evidence that these changes had been sustained or measured for impact on children's progress. For example, improvements to provision within the environment, and in particular the outdoor area, required ongoing review to increase children's engagement. Moving forward, smaller, more regular opportunities for reflection, and small targeted tests of change may help maintain momentum and build confidence.

Systems were in place to involve families in improvement, with most who responded to questionnaires telling us they felt involved. There was scope to further involve and engage some families who reported feeling uninformed about improvement, and expressed a desire for greater involvement. For example, improving how information about learning journals and individual children's progress was shared and worked on collaboratively with families, was highlighted by some families as an area for improvement.

Children were kept safe through effective recruitment procedures. The importance of building and retaining a stable and skilled team was recognised as essential. Leaders gave careful consideration to who they recruited, prioritising candidates with strong values and knowledge of how children learn, as well as how to keep them safe from harm. New staff had attended core training, including health and safety, and child protection during the in-service day.

Although an induction programme was in place, staff at all levels felt limited time had reduced its effectiveness. Mentors were not consistently allocated for all staff, and some staff had little opportunity to read, understand, or reflect on the induction materials. Without dedicated time to engage fully in the process, new staff were unable to consolidate their understanding of roles and responsibilities, or build confidence in delivering high-quality care for children. This slowed the pace of embedding consistent practice and improving experiences and outcomes for children. (See area for improvement 1).

Areas for improvement

1. In order to support high-quality outcomes for children, the service should ensure that staff are fully supported in their roles. This should include but is not limited to:

- An effective induction process, which allows protected time to engage in materials that equip all staff with the knowledge and skills necessary for providing high-quality care for children.
- Clear processes for ongoing mentoring and support of staff, with time allocated to move this forward.
- Regular opportunities for reflection and planning for a newly forming team to enhance opportunities to improve outcomes for children.

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, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14) and 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

Children thrive and develop in quality spaces 4 - Good

Quality indicator: Children experience high quality spaces

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.

Children were kept safe because health and safety was well managed across the setting, including secure door entry and risk assessments. One family told us, "I know my child is safe and well looked after, when I have any concerns they are always there to listen and help." Indoor spaces were clean, bright, and well maintained, with playrooms organised into designated play spaces. Both rooms benefited from separate kitchen spaces for safe food preparation and serving. Infection prevention and control practices were generally strong, however, staff should provide more consistent supervision to ensure that children washed their hands before and after eating, and after playing outdoors.

Although spaces were functional, they lacked a homely, nurturing feel. Creating cosier areas with soft furnishings, plants, and softer lighting would enhance comfort for children. Rooms were very bright, and introducing dimmable lights or lamps could help children feel more relaxed. Staff could also consider developing quieter sensory spaces with cushions, rugs, or soft furnishings, and calming lighting for children who need, or would benefit from a more soothing environment. This would also provide a more nurturing option for rest and sleep. At present, children slept wherever they wanted to. While sleep times

were recorded and monitored for safety, a dedicated calm sleeping area would better support children's wellbeing.

Children's health and independence was promoted through free-flow access to the outdoor area in all weather, supporting choice and autonomy. Doors were fitted with push pads so children could open and close them independently. At the time of the visit, doors were kept open continuously for safety reasons, but this meant playrooms and toilets were uncomfortably cold. Reintroducing supervised door management would maintain safety while supporting independence, and ensuring a more comfortable environment for children and staff.

Children were given some opportunities to influence the environment, which supported decision-making and independence. For example, they were able to choose snacks and record preferences in a book to order if their choice was unavailable. This helped to make them feel valued and included. However, play areas did not consistently provide the resources and experiences needed for children to lead their play, and extend learning across the full day.

While there was potential to engage children indoors and outdoors, the outdoor space in particular lacked inviting and well-organised materials. For instance, the mud kitchen had no mud, and resources were stored away in drawers, mixed up, and unappealing. This limited opportunities for rich, multi-sensory experiences and for developing skills such as communication, numeracy, and problem-solving. Work should be done to ensure that spaces and experiences enhance equity, and reflect and promote the diversity of the full Maybury community. Areas should be designed to provoke curiosity, challenge thinking, and reflect children's ideas and interests.

Children's information is kept safe through managing information securely. Personal records were stored in locked cabinets, with access restricted to designated staff. Files were signed in and out when used, ensuring compliance with legal requirements and protecting children's confidentiality.

Children play and learn 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

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

Staff demonstrated knowledge of child development, and interactions reflected values-based practice. For example, staff regularly supported children to manage minor disputes, helping them develop social and problem-solving skills. However, engagement across playrooms was inconsistent, because children had limited opportunities to lead play and learning in ways that interested them. At times, across the session there was a lack of challenge or provocations to spark imagination and curiosity. This meant some children were not engaged across the day. Staff found it difficult to enhance and facilitate children's engagement due to settling disputes, or helping children with bigger emotions. One family commented they felt that, "the teachers were sometimes overwhelmed." The environment needed regular review to support engagement, and reduce reactive practice.

Staff should introduce further approaches to support early communication and language development. For example, many children would benefit from consistent strategies across spaces, experiences, and interactions such as visual aids, signing, or structured language activities. This would enhance children's opportunities to learn, engage, build confidence, and make choices. While staff responded warmly to

children, competing demands meant there were missed opportunities to sustain or promote learning and engagement.

At times across the session, the environment would benefit from being reset to ensure that all spaces continued to be inviting and engaging for children. The outdoor area offered potential but lacked variety and challenge, and very few children chose to play outside. Experiences such as planting, sensory play, gross motor activities, numeracy, and problem-solving could be considered to excite and invite children to play within this space. Children's plans highlighted interests like sensory play and football, yet these were not reflected in provision during the inspection. Increasing outdoor engagement could also ease pressure indoors and support wellbeing.

Moving forward, creating a communication-rich environment and offering experiences that ignite imagination and broaden skills should be considered. Ensuring the environment reflects the diversity of the Maybury community would also enhance children's ability to engage meaningfully, and achieve positive outcomes.

Interactions to support early communication and language were not yet embedded, resulting in missed opportunities for children who were pre-verbal or learning English. Some staff extended learning through open-ended questions and mathematical language. These opportunities should be further developed to provide regular, high-quality learning experiences that provoke children's thinking.

Children's progress was beginning to be recorded. Leaders were aware that planning and tracking of children's learning and development was an area for further development moving forward. Planning could be streamlined to focus on responsive observations and improving engagement. Families valued their relationships with staff, but some wanted more personalised feedback on their child's progress. One told us, "It would be good to see a learning journal to know what our child is working towards." The revised key adult system should help to address this.

Overall, while staff interactions were warm and caring, the environment and current systems did not support sustained engagement or progression. Missed opportunities for communication-rich practice and responding to children's interests meant many children were not experiencing sustained, purposeful play and learning. (See area for improvement 1).

Areas for improvement

1. To increase engagement which leads to progress in play and learning, the service should ensure the experiences, spaces, and interactions indoors and outdoors reflect children's interests, their stage of development, and the diversity of the Maybury community.

This should include but not limited to:

- The development of communication-rich spaces, interactions, and experiences, and regular review of the whole environment to ensure that it is appropriately resourced throughout the day.
- Staff to use their observations of children and responsive planning in the moment to ensure that interest, creativity, and motivation is sustained.

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 for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27), and 'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27).

Children are supported to achieve 3 - Satisfactory / Adequate

Quality indicator: Nurturing care and support

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

Children experienced warm, kind, and gentle care from all staff who clearly wanted the best for the children. One family told us, "Staff strive to create a welcoming and nurturing environment for all children." Staff knew most children well, and could talk confidently about their needs and interests. As a result, most children experienced sensitive care which enhanced their wellbeing.

Children's confidence, independence, and wellbeing was enhanced by supportive lunch and snack time routines. Food choices were healthy, and these were valuable opportunities for promoting development. Children could choose, self-serve, and staff sat with children to engage with them socially. Some families expressed they would like to know more about food choices, such as what their child ate, and whether there were alternatives.

The end of day routine could be developed to be more flexible, which should allow children more choice to follow their interests. For example, the outdoor play space was closed early in the afternoon, which restricted children's independence and choices, and reduced opportunities for active play. Consideration could also be given to reducing the number of children joining groups at gather time to enhance more meaningful learning opportunities. On the whole families were positive about routines and staffing, but some did say they would like more information from staff about their child's day when they pick them up.

Bigger transitions, such as moving to primary school, had been well managed, and families spoke positively about these experiences. These should be built on to further develop and evaluate smaller transitions during the day to meet the needs of individual children. For example, some children struggled to engage, because they needed tailored support to transition between experiences. Involving children in planning their routines or experiences would be of benefit. We signposted the service to 'Realising the Ambition' (Education Scotland, 2020) Section 8 'Transitions matter to me,' to support them.

Personal plans captured children's strengths, needs, and interests, as well as valuable information from families and other professionals. To provide consistent, individualised support plans should be readily available for staff to use and reflect on. There were missed opportunities to implement documented strategies to soothe children, or to tailor experiences to individual interests which may keep them engaged for more sustained periods of time. While families completed a child's plan, not all were clear on how these supported their child's development. One family told us, "Following through with the development plans everyday would benefit the staff, parents, and children." Another told us, "I am not aware of a personal plan for my child, or what it would involve. (See area for improvement 1).

Medication was generally managed well, however, procedures required strengthening to ensure consistency with best practice guidance. (See area for improvement 2).

Areas for improvement

1.

To enhance children's wellbeing and promote progress, the provider should ensure that staff are enabled to regularly use, review, and reflect on children's personal plans.

This should include, but is not limited to:

- Using and evaluating information contained within personal plans to influence the design of the environment, and implementing strategies required to support individual children.
- Applying and evaluating transitions and routines where appropriate in practice. Children should be involved in planning their own routines and experiences, so that their preferences and needs are in place.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS1.23), and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

2. To ensure children's health and medication needs are fully and safely supported, the provider should improve the management of medication procedures in line with guidance.

This should include, but is not limited to:

Robust auditing of all information to ensure that expiry dates and accurate prescribing information is held.

Consistent accurate documentation of all appropriate information, in particular, the name of the health condition. These improvements will support safe practice, enhance staff confidence, and ensure care aligns with the Health and Social Care Standards.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

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 thrive and develop in quality spaces	4 - Good
Children experience high quality spaces	4 - Good
Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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