

Colinton Private Nursery Day Care of Children

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Colinton
Edinburgh
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Type of inspection:
Unannounced

Completed on:
29 January 2026

Service provided by:
Colinton Nurseries Limited

Service provider number:
SP2010010773

Service no:
CS2010237324

About the service

Colinton Private Nursery is registered to provide a care service to a maximum of 59 children not yet attending primary school at any one time. No more than 18 children are aged under two years.

The service operates from a traditional-build property converted into the nursery facility. Children are cared for across the ground floor in three playrooms with two secure outdoor play areas available. It is situated in a residential area in the south-west of the City of Edinburgh. The service is close to parks, primary schools, shops, transport links and other amenities.

About the inspection

This was an unannounced inspection which took place on Tuesday 27 January 2026 between 09:15 and 16:15, and Wednesday 28 January between 09:30 and 15:30. 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 previous inspection findings, registration information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- spoke with and spent time with children using the service
- received 11 completed questionnaires from families
- received nine completed questionnaires from staff members
- spoke to staff and the management team
- observed interactions, routines, practice and daily life
- reviewed documents
- assessed core assurances, including the physical environment.

As part of this inspection, we assessed 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 and have made areas for improvement within 'Leadership' and 'Children are supported to achieve.'

During this inspection 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.

Key messages

- Positive relationships with families promoted trust and partnership working.
- The service was committed to embedding their values in daily practice.
- Children's play and learning experiences will be strengthened by further review of staffing.
- Regular communication with families about improvements gave opportunities for feedback.
- Play and learning will be deepened by strengthening planning processes.
- Sensitive interactions made a strong contribution to children's emotional security and willingness to explore.
- Safety regarding medication management will be strengthened through consistent procedures and storage.

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	4 - Good
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 4 - Good

Quality indicator: Leadership and management of staff and resources

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 service had recently revisited its core values of being respected, achieving, included and nurtured. This reflected a clear commitment to embedding these principles in daily practice and ensuring they genuinely shaped the experiences of children, families and staff. For instance, staff in the baby room adapted activities to suit children at different developmental stages, helping everyone feel included. Parent feedback commented on the values-based practice of the staff team. A parent told us: "Staff are so welcoming and caring. They genuinely care for the children." To deepen this values-based approach, we suggested using the language of the values in everyday conversations with children. This would strengthen the shared vision and help children experience the values through their play and learning.

Self-evaluation was used effectively to support ongoing improvement. Regular communication with families created meaningful opportunities to discuss what was working well and where further development was needed. Feedback from families told us they were informed about improvements with one parent saying: "The nursery entrance is more secure now which I appreciate." Staff also reported feeling involved in the self-evaluation process, with professional discussions influencing future priorities. This reflective approach led to noticeable progress. This included stronger learning opportunities in the 3-5 garden and clearer leadership around outdoor play development. Parent feedback indicated families would value more outdoor play opportunities. We encouraged the service to reflect on challenge questions within the guidance 'A quality improvement framework for the early years and childcare sectors' (Care Inspectorate and Education Inspectorate, 2025). This will deepen reflective practice and positively impact children's experiences.

Monitoring activities carried out by leaders were supporting improvements across several areas of the service. Next steps identified by the leaders are to enhance monitoring activities to improve impact. Going forward noting action points from playroom visits and 1-to-1 meetings with staff members will clarify actions for improvement work.

In the 2-3 room, specifically during staff break times, the team required additional support to maintain the quality of play and learning. We observed that while children remained safe, staff deployment during these cover periods required adjustment. During the inspection we discussed the need for further monitoring of staffing during busy times of the day. This will maintain the quality of play and learning experiences for some children. (See Area for Improvement 1).

All staff were recruited following appropriate checks to ensure safe care for children. Parents told us they appreciated the longevity of the staff team. To strengthen engagement, leaders should explore ways for children and families to actively participate in recruitment decisions. Additionally, the values of the service should be included in the recruitment process, so candidates are clear about expected qualities.

A clear induction process for new staff members meant staff understood expectations and practice in the service. Moving forward this should be enhanced using the 'Early learning and childcare: National induction resource' (Scottish Government, 2023), to align with best practice at national level. The staff team committed to relevant aspects of training enhanced knowledge and skills across various areas of practice.

Supporting staff to identify next steps from training input would ensure training impacts on their practice with the children. Child protection procedures should be revisited regularly during staff meetings to embed staff confidence in this area.

Areas for improvement

1. To ensure children's needs are consistently met, the provider should ensure that staff deployment within the 2-3 room considers staff's diverse skills, children's routines, particularly during staff breaks.

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

Children play and learn 4 - Good

Quality indicator: Playing, learning and developing

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 across the setting demonstrated high levels of engagement, supported by the staff team. A parent told us they appreciated staff efforts to engage children: "The energy the workers have and how they relentlessly play with them and engage them in fun stuff is a positive."

In the 3-5 room, purposeful and effective practice resulted in confident, motivated learners who sustained interest in rich, well-planned experiences. Environments were thoughtfully organised to promote meaningful choice and child-led learning. Literacy and numeracy were embedded naturally through songs, visual routines, and open-ended materials. Some parents felt their child would benefit from further challenge. Staff had identified digital technologies and woodwork as areas to develop.

Sensitive interactions made a strong contribution to children's emotional security and willingness to explore. Babies experienced well-organised spaces that supported calm, purposeful engagement. We advised the "messy playroom" requires further refinement to ensure it consistently promotes high-quality learning. In the 2-3 room, staff knowledge and confidence were developing. A stronger focus on schematic and sensory play, alongside opportunities for independence, would enhance progression. Strengthening planning processes and improving staffing consistency are necessary to promote engagement for this age group.

Across the service staff interactions were warm, responsive, and generally effective in supporting children's play, learning, and development. In the 3-5 room, staff were consistently attentive to children's interests and used these cues well to extend thinking and model early language and numeracy. Children's play was uninterrupted and purposeful, with staff joining sensitively to enhance learning. In the baby room, young children benefited from highly attentive care, with staff responding promptly to early cues. Staff working in the 2-3 room demonstrated curiosity and a willingness to engage. However, during staff break times the necessary changes in staffing temporarily reduced the reliability and quality of interactions. This resulted in some missed opportunities to extend play and deepen learning. (See Area for Improvement 1 under the heading 'Leadership').

Child-centred planning and assessment were developing, with clear strengths and areas for improvement. In the 3-5 room, floor books captured children's reflections and previous learning well, and staff tracked curriculum breadth effectively. Strengthening responsive planning and ensuring next steps in learning journals link clearly to curriculum planning would improve process. A stronger focus on personalised goals would further enhance progression.

In the baby room floor books reflected high-quality experiences, with strong staff contributions. Planning processes there were well established, responsive, and informed by family input. Planning approaches in the 2-3 room were developing. Developing the planning process will ensure that it is tailored to meet the learning needs of children at this stage.

We discussed protected time for senior staff across all rooms to support collaborative working on the development of planning and assessment

Families were kept informed through the online App. One parent commented: "The App is great for being inclusive of parents to update them and also to seek feedback." Some families sought more detail about their child's day beyond general experiences. A clearer focus on children's developing skills and next steps would strengthen learning both within the service and in partnership with families.

Children are supported to achieve 4 - Good

Quality indicator: Nurturing care and support

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 across all rooms demonstrated emotional security, presenting as relaxed, engaged and confident in seeking support from trusted adults. For example, in the baby room staff showed strong bonds with very young children. This meant babies felt secure that their needs would be met.

Nappy changing and toilet support were carried out with care. However, some aspects had the potential to limit children's experience. In the 0-3 rooms, the current layout compromised the quality of care, with noise, light and odours affecting sleeping children. The provider agreed to provide partitions between changing stations and to reintroduce the separation of the sleep and changing areas to strengthen nurturing practice and uphold children's rights.

Calm, respectful, and well established mealtime routines promoted children's wellbeing. Children felt safe and valued as nutritious food was provided in ways that supported allergies, intolerances, and cultural preferences. Independence was meaningfully encouraged in the 3-5 room where self-serving, clearing away, and routines were embedded. Mealtimes were respectful of children's play rhythms and opportunities for choice. Developing opportunities for similar independence in the 2-3 room could be further strengthened. Staff interactions were socially enriching, with adults sitting alongside children, engaging in meaningful conversation. In the baby room staff recognised children's cues and provided sensitive, well coordinated support for early feeding. Across the service mealtimes were relaxed, unhurried, with hygiene practices consistently upheld. Parent feedback told us the nutritious, varied menu and communication about children's mealtimes were valued.

Medication storage and procedures required strengthening to ensure safe and consistent practice. Consent and medication records should be reviewed every three months, including checking with families for updates. (See Area for Improvement 1). The provider agreed to review and develop their medication audit and policy.

Safe sleep practices for younger children were consistently nurturing and attentive. Staff demonstrated strong awareness of individual sleep needs, for example offering responsive choices in the 2-3 room to rest, sleep, or engage in quiet play. In the baby room, staff maintained high standards of hygiene and safe-sleep checks. These approaches created a calm, predictable environment where children's wellbeing was prioritised.

Personal plans reflected children's preferences, routines, and wellbeing information, positively influencing staff to understanding each child. A parent commented on the impact of staff's commitment for their child saying: "They're allowed to explore their own interests and 'be themselves', which we love." While updates in children's development were recorded, reviews were not consistently completed in line with guidance. This had potential to limit opportunities in meeting children's needs. Leaders demonstrated willingness to improve, evidenced by prompt action to improve during inspection.

Positive relationships with families were evident, with regular communication and nurturing transitions strengthening trust and partnership. A project in the 2-3 room gave children the opportunity to share aspects of home life in a personal and meaningful way. This promoted the link between home and the service letting children know that adults worked together to care for them.

Areas for improvement

1. To ensure children's healthcare needs can be safely met, the provider should ensure effective management of medication systems are in place in line with guidance.

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

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	4 - Good
Leadership and management of staff and resources	4 - Good
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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