

Mauricewood Primary School Nursery Day Care of Children

11 Muirhead Place
Penicuik
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Type of inspection:
Unannounced

Completed on:
26 January 2026

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Service no:
CS2003016006

About the service

Mauricewood Primary School Nursery provides care for a maximum of 72 children aged from 3 years to not yet attending primary school at any one time. The Head Teacher is the registered manager for the service and is supported by a depute head teacher both are referred to as (management) and two senior leaders.

The service is provided by Midlothian Council and is located in the town of Penicuik. Children had access to two playrooms as well as an enclosed outdoor space. In addition to this there was also access to a quiet area, toilets and nappy changing and a 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 Tuesday 20 January 2026 between 09:30 and 16:30 and Wednesday 21 January 2026 between 09:30 and 16:30. 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 since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service
- considered feedback from eight families through an online questionnaire
- considered feedback from nine 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

- The quality assurance and improvement planning process should be strengthened so that they effectively identify and address weaknesses.
- Positive interactions and responsive practice supported strong engagement and emotional development.
- A wide range of targeted groups and experiences enriched children's learning, supporting improved engagement, confidence and emotional regulation.
- Inclusive, well coordinated support ensured children experienced meaningful participation, independence and a strong sense of belonging.
- The environment and children's play spaces needed further improvement to ensure children's experiences were not limited.
- Strong relationships and a nurturing ethos supported children's wellbeing.

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

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|-----------------------------------|---------------|
| Leadership | 4 - Good |
| Children play and learn | 4 - Good |
| Children are supported to achieve | 5 - Very Good |

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

Leadership 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: Leadership and management of staff and resources.

The setting demonstrated a strong commitment to inclusion, kindness and nurturing relationships, which had a positive impact on children's wellbeing. These values were visible in predictable routines, staff responses to children's emotional needs and the emphasis on kindness through visual prompts such as nursery rules and the kindness tree. The approaches and ethos of kindness, included practical support for families, promoting wellbeing not just for children but their family too. Staff showed a clear understanding of the needs of all children, recognising how changes in family circumstances and transitions could affect emotional security. Their use of supportive, nurturing approaches, including, access to therapeutic support where needed, helped children regulate and engage in play.

Staff expressed a strong shared commitment to getting it right for every child, taking pride in relationships with children and families. These strengths positively influenced children's confidence and sense of belonging. However, limitations in the physical environment and restricted access to quality resources reduced the extent to which staff could deliver consistently rich, engaging and developmentally appropriate experiences.

On entering the setting, it was very apparent that playrooms were cluttered, visually tired and poorly organised, with limited warmth or aesthetic appeal. While we heard that improvements had been made, these had not gone far enough to address core issues affecting children's experiences. Staff consistently reported needing additional and better quality resources to enhance children's learning environments. This had not yet been fully acknowledged or prioritised by management, resulting in slow progress. Without decisive action, the environment would continue to limit the setting's ability to deliver experiences that reflected it's vision, values and aims (see area for improvement one).

Management and senior leaders demonstrated a reflective approach to improvement through quality assurance practices such as regular audits and leadership meetings. The improvement plan was accessible and focused on priorities such as outdoor learning, inclusion and staff confidence. Where self-evaluation had been followed through effectively, such as reviewing lunchtime routines and inclusion, children had benefited from calmer transitions and improved wellbeing. However, the current improvement plan and quality assurance system led by the provider and management had not yet secured the improvements needed within the environment to positively impact children's experiences (see area for improvement two).

Families described the setting as warm and caring, and felt their children were happy, included and well known and supported by key workers. However, families raised concerns about the condition of the environment, including toilet cleanliness, tired resources and fewer opportunities for outdoor experiences and trips. Some families highlighted that pressure points at transition times contributed to a busy and less calm atmosphere, which could affect children's sense of safety and emotional regulation. Management agreed to reflect on this feedback.

Areas for improvement

1. To support an ethos of a nurturing environment and enhance the quality of children's play and learning experiences, the provider should work more collaboratively with management, senior leaders and the team to identify and address environmental and resourcing needs. Joint evaluation of care, play and learning spaces should be strengthened to promote a welcoming, supportive child-centred environment.

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) and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

2. To promote consistently high-quality experiences for children, the provider should ensure management strengthen quality assurance and improvement planning processes so that they more effectively identify and address weaknesses. This should include clear monitoring, measurable outcomes and timescales to support planned improvements leading to positive outcomes for children.

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 systems' (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 were engaged across a range of experiences. Observations showed high levels of participation in art and creative play, with children independently accessing materials, creating artwork and managing their own projects. Engagement was also evident during small and whole group activities, including singing, story time and brain gym sessions. Children showed confidence in their play and learning, for example explaining games, sharing imaginative stories and recalling experiences using iPads. Choice was embedded throughout the day, with children able to opt in or out of group sessions, select stories and decide how they engaged in activities.

The quality of interactions between staff and children was consistently warm, calm and respectful. Staff supported turn-taking, problem-solving, negotiation and emotional regulation, particularly during transitions and moments of conflict. Kindness and reassurance were modelled, helping children feel secure and valued. Staff demonstrated strong knowledge of individual children and adapted experiences in the moment to meet their needs and interests.

A range of targeted experiences, including nurture groups, brain gym, communication and language groups, yoga, dance and visits to the local care home were available for children. Staff reported that engagement had improved through training and the use of targeted supports, particularly for children who required support with regulation. However, staff and families reported that engagement was sometimes limited by the environment. Noise, overstimulation, poorly organised spaces and a lack of quiet areas affected some children's ability to focus and feel safe. This highlighted a need for a shared understanding and consistent approach within the team to improve the overall environment.

Play and learning spaces were described by staff and families as under-resourced and this was confirmed through our observations. Outdoor spaces lacked sufficient equipment, including empty play houses, outdoor kitchens with minimal resources, unused water trays and empty planters. There were also very limited resources to support literacy and numeracy across learning areas, particularly in the outdoors. Playrooms appeared tired and poorly maintained, with damaged displays and marks on walls, resulting in environments that were not consistently welcoming or stimulating. However, staff interactions helped to mitigate these limitations, as staff supported children's learning effectively through responsive interactions and purposeful questioning. As a result, there was a need to improve the quality, organisation and resourcing of learning environments to ensure children consistently experienced engaging, well-resourced and nurturing spaces (see area for improvement one).

Staff reported that planning had evolved from paper based systems to digital tools, including OneDrive, Seesaw and iPads. Planning was becoming increasingly responsive, informed by children's interests, in-the-moment observations, floor books, planning meetings and tracking tools. Staff reported positive impacts on engagement, emotional regulation and personalised support from this. Families generally felt involved in personal planning, however, some said they wanted more direct discussion, clearer feedback on learning intentions and greater recognition of children's strengths. Management agreed to consider how best to strengthen communication with all families to further enhance a shared approach to learning intentions and progress.

Areas for improvement

1. To enhance children's engagement and learning, the provider should ensure more effective use of learning spaces to support open-ended, child-led play, particularly outdoors and across literacy and numeracy. Learning areas should be well-maintained, organised and inviting, enabling sustained play, curiosity and progression in play and learning.

This is to ensure 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).

Children are supported to achieve 5 - Very Good

We found major strengths in this aspect of the setting's work and identified very few areas for improvement, therefore we evaluated this quality indicator as very good.

Quality Indicator: Nurturing Care and support.

Nurturing care was a significant strength across the setting. Staff consistently responded to children's emotional and physical needs with sensitivity, warmth and respect. This was evident in the way staff supported children who were tired or unwell, respected children's preferences during personal care routines and provided calm, quiet spaces when children needed quiet time. Predictable routines and sensory strategies were used effectively to support emotional regulation, helping children feel safe, settled and ready to engage in play and learning. Families overwhelmingly described staff as warm, welcoming and caring. They told us their children felt safe, valued and known personally. They also praised the strong key worker relationships that helped children settle and build confidence.

Practice across the setting supported children's participation and engagement. Inclusive practice ensured all children, including those with additional support needs, were able to access and take part in experiences. A range of communication tools, including assistive communication devices, signing and visual timetables, were used consistently to support children's understanding of routines, enabling them to express their needs and make independent choices. Children with sensory needs benefitted from access to a space away from the busy playroom, helping them to feel calm and regulated. Experiences and resources were thoughtfully adapted to individual needs and staff provided sensitive, targeted support while actively promoting children's participation, autonomy and confidence. As a result, children experienced an inclusive, nurturing relationship where their individual needs were recognised, respected and effectively supported.

For children who needed a quieter space at lunchtime, a smaller lunch area within a playroom provided a calm, supportive and inclusive environment. Staff promoted children's independence through self service, including pouring drinks and selecting food using tongs. Staff sat alongside children, engaging in warm conversations and modelling positive social interactions. This reflected staff's strong knowledge of individual needs and supported dignity, inclusion and positive mealtime experiences.

The lunchtime routine in the main dining hall was a recently introduced approach designed to reduce the busyness previously experienced in the playroom. Children managed trays confidently with appropriate staff support, contributing to a relaxed and sociable atmosphere. Senior leaders and staff were reflective and had already identified refinements, such as reducing queuing times and demonstrated sound judgement by not introducing further changes during the inspection.

Staff used the Care Inspectorate's SIMOA approach (Safe, Inspect, Monitor, Observe, Act) effectively to support children's understanding of safety within routines, transitions and risk. This approach was used to prepare children for changes, including the introduction of new lunchtime arrangements. As a result, children were informed, reassured and actively involved, supporting emotional security and smoother transitions throughout the day.

Personal planning was robust and well maintained. Children's files were detailed, current and reflective of individual needs, including 'All About Me' sections, medical and pastoral information, sensory checklists and personalised plans. Staff demonstrated strong knowledge of children's medical and care needs, supported by effective medication systems, audits and training. Plans were reviewed regularly and updates were reflected promptly in practice. As a result, children received consistent, well coordinated care that met their individual needs effectively.

Strong, trusting relationships with families were evident. Most families were actively involved in personal planning and ongoing communication through tools such as Seesaw, termly meetings and informal discussions. Families spoke positively about the care provided and expressed confidence in staff. A welcoming, inclusive approach to family engagement was evident through initiatives such as nurture groups, family sessions, cooking clubs, intergenerational activities and practical wellbeing support. These approaches strengthened partnerships and supported positive outcomes for children and families.

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

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| 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 | 5 - Very Good |
| Nurturing care and support | 5 - Very Good |

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