

Stepping Stones Nursery Ellon Day Care of Children

Castle Park Industrial Estate
Ellon
AB41 9RG

Telephone: 01358 724 343

Type of inspection:
Unannounced

Completed on:
22 January 2026

Service provided by:
Stepping Stones Nurseries
(Peterhead) Limited

Service provider number:
SP2004939139

Service no:
CS2009195509

About the service

Stepping Stones Nursery Ellon is located in purpose-built accommodation on Castle Park Industrial Estate, Ellon. The service is registered to provide a care service to a maximum of 49 children not yet attending primary school at any one time, of whom no more than nine may be aged under two years.

The accommodation provides a baby room and an open plan playroom for children aged two and over. It is surrounded by an extensive outdoor play area. It is close to local shops, parks, and other community services.

About the inspection

This was an unannounced inspection which took place on 20-22 January 2026 between 08:30 and 17:30. 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:

- spent time with children using the service
- spoke with three of their parents/carers
- received 13 completed questionnaires from families
- received seven completed questionnaires from staff
- spoke with staff and management
- observed practice and daily experiences
- reviewed documents.

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 with services.

Key messages

- Babies were happy, content, and well cared for.
- Children in the two-five room did not always receive the responsive care needed to thrive and flourish.
- Children in the two-five room were not effectively supervised and supported to keep safe.
- Children were offered nutritious meals and snacks they enjoyed.
- The learning environment in the two-five room offered limited challenge and insufficient opportunities to spark children's curiosity, imagination, and sustained engagement.
- Self evaluation and quality assurance processes were at a very early stage of development and had not yet led to significant improvements in outcomes for children.

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 | 2 - Weak |
| Children play and learn | 2 - Weak |
| Children are supported to achieve | 2 - Weak |

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

Leadership 2 - Weak

Leadership and management of staff and resources

We made an evaluation of weak for this quality indicator as there were some strengths, but these were compromised by important weaknesses.

There had been recent changes to leadership within the setting. The recently recruited manager was keen to develop and improve the service and was supported in their role by the director. This had not yet led to significant improvements in outcomes for children. To support the manager in their role and responsibilities, an effective and robust induction should be in place.

Leaders recognised the importance of involving staff in self evaluation but this work was not yet established. Staff were not supported to reflect on the service's vision, values, and aims, and these were, therefore, not evident in daily practice or decision making. There were opportunities to share ideas through an online app and staff meetings were in the process of being reintroduced. As yet, this had not led to change and positive outcomes for children. National guidance and practice documents were not being used effectively to support self evaluation or to drive improvement (see requirement 1).

Ways to involve children and families in the development of the service were limited. Parents spoken with during the inspection were positive about the service and felt listened to but most did not feel meaningfully involved in making changes or improvement. Leaders should explore further ways to ensure children and families contribute to identifying improvement priorities.

Quality assurance processes were not effective to ensure children's safety and wellbeing. Leaders had acted on one area identified and had improved toileting procedures. Other areas, such as staff development, had not yet resulted in better outcomes for children. Leaders did not effectively monitor or challenge staff practice. This meant children were not consistently supported with high quality care, learning, and interactions (see requirement 1).

Audits of accidents and incidents were completed but the findings were not used effectively to prevent further incidents or identify patterns of risk.

An improvement plan, including updated actions, was in place. Aberdeenshire Council was providing support to help the service make necessary changes. This included training for staff on using observations to inform planning and on promoting positive staff interactions. As yet, this had not impacted on high quality care and learning experiences for children.

Staff were safely recruited, helping to ensure the safety and welfare of children. Most staff advised they felt supported by management and annual appraisals, and support and supervision were in place. New staff were provided with an induction that introduced key policies and procedures. However, the 'Early Learning and Childcare: National Induction Resource' was not used effectively to build staff competence or confidence in delivering high quality care. Approaches to support new staff in their roles should be improved.

Requirements

1. By 27 April 2026, the provider must implement effective quality assurance systems and self evaluation to ensure high quality experiences and positive outcomes for children and families.

To do this, the provider must at a minimum:

- a) Involve staff, children, and families in self evaluation, using national guidance and practice documents to support reflection and improvement.
- b) Ensure staff understand and implement the service's vision, values, and aims, ensuring these are evident in daily practice and decision making.
- c) Undertake a training needs analysis to identify what training and development is required and ensure staff are supported to complete this.
- d) Ensure effective monitoring of staff practice to support improvement and ensure high quality provision is sustained.
- e) Evaluate the effectiveness of staff training and development opportunities and ongoing competencies of staff.

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

This is to comply with Section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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 play and learn 2 - Weak

Play, learning and developing

We made an evaluation of weak for this quality indicator as there were some strengths, but these were compromised by important weaknesses.

Babies enjoyed playing with a variety of natural materials, resources, and toys suitable for their age and stage of development. As a result, they were happy and content.

Most children in the two-five playroom were not engaged in well planned or quality learning experiences. The play environment offered limited challenge and some resources were not suitable or safe for children's play. For example, there was an old typewriter with sharp points and edges. We highlighted this with the manager and the typewriter was removed immediately. Some areas of the playroom were sparse with limited resources to interest and sustain children's learning. The arts and crafts table was messy and was not refreshed when children finished painting. The construction area was uninviting and included a large tyre that children were discouraged from moving. This restricted opportunities for children to build, explore, and be creative. Some parents contacted commented, "My child is bored and not challenged enough for their stage of learning and development" and "My child loses concentration quickly with a lot of background activity going on".

The two-five playroom did not support enough opportunities for learning in language, literacy, and numeracy. Drawing and writing materials were not attractively displayed to invite and interest children. The

book corner was poorly resourced and lacked a variety of reading materials. Children were not supported to care for the books, resulting in several being damaged and reducing their interest in using the area. There were limited resources to support numeracy development or early mathematical language. Digital technologies were not used to support children's problem solving, mark marking, or early numeracy (see requirement 1).

Children did not always access high quality outdoor play. On day one of the inspection, children in the two-five room did not have full access to outdoors which limited their opportunities for exploration and learning. This improved on day two when staff introduced free-flow indoor/outdoor play, allowing children to make choices and follow their interests.

Staff interactions were inconsistent and did not effectively support children's play and learning. Most staff did not demonstrate a strong understanding of how children learn and develop. This meant interactions did not build on children's interests or help them feel excited and ready to learn. Children were often told "no" rather than being encouraged to try new experiences or explore their ideas. This limited their confidence and self esteem (see requirement 1).

Staff did not consistently support children to extend their play or deepen their learning. Effective questioning to excite, engage, and extend children's thinking was not used well. As a result, children missed opportunities to develop curiosity, critical thinking, and sustained engagement in play.

Planning approaches were not effective in meeting children's interests or individual learning needs. Although staff completed observations of children at play, this information was not used to plan next steps or inform meaningful learning experiences. As a result, children were not sufficiently challenged and did not benefit from a wide range of high quality, well planned experiences that supported their progress and development (see requirement 1).

Requirements

1. By 27 April 2026, the provider must ensure children experience high quality play and learning that supports their development.

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

- a) The environment and resources offer sufficient challenge, promotes curiosity, and provides meaningful learning opportunities.
- b) Staff interactions effectively support and extend children's play and learning, including the use of effective questioning.
- c) Children are supported to lead their own learning and have fun through meaningful learning experiences, both indoors and outdoors.

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

This is to comply with Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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 my education and employment if this is right for me' (HSCS 1.27).

Children are supported to achieve 2 - Weak

Nurturing care and support

We made an evaluation of weak for this quality indicator as there were some strengths, but these were compromised by important weaknesses.

Babies were cared for in a warm, responsive way. Staff provided them with cuddles and smiles, helping to build positive attachments where babies were settled and content. A few staff used loud voices when interacting with the babies and, on occasion, talked over the babies when interacting with other staff members. This did not support a peaceful and calm atmosphere that supported babies' comfort and wellbeing.

Children in the two-five playroom did not always experience the responsive care they needed to feel safe and reassured. Staff were sometimes unaware of children's cues for help and did not always recognise their non-verbal communication. This meant some children were ignored and their needs were not met. Some staff did not demonstrate a good understanding of supporting children's dignity and privacy. For example, children were asked loudly and across the room if they needed a nappy change or to go to the toilet (see requirement 1).

Staff did not always provide effective supervision or interactions to keep children safe and well, leading to a number of recorded accidents and incidents. Children playing in the sensory room were not effectively supervised which led to a child being injured. While some children were eating lunch, those who remained playing were not effectively supervised or supported to play safely. This led to some children running around, increasing the risk of falls, trips, and collisions. Some staff did not effectively engage with children to encourage them to listen and be respectful of others (see requirement 1).

Children did not consistently experience smooth and well supported transitions. In the baby room, routines, such as handwashing after snack and lunch, meant some babies were left waiting at the table. This did not support their comfort or engagement. In the two-five room, transitions for outdoor play meant some children were dressed too early and left waiting while others got ready. As a result, they were hot and uncomfortable. This improved on day two of the inspection when outdoor clothing was brought into the playroom.

Children were offered nutritious meals and snacks, with allergies, food intolerances, and preferences appropriately catered for. Water was available throughout the day to support children's hydration and wellbeing. There were some opportunities for children to develop independence, such as helping to cut up fruit at snack time and self serving serving at lunch. In the two-five room, staff sat with children and provided effective supervision. However, a few members of staff were focussed on tasks, such as recording what the children ate, and did not chat and socialise with the children. We discussed this with the manager and this improved on day two of the inspection.

Children did not consistently experience care that was informed by accurate and up-to-date personal planning. Parents/carers completed a personal plan when their child started the service and a few were

updated when changes were reported. However, most personal plans did not reflect children's current interests or care needs. Most parents did not feel involved in updating their child's personal plan and their comments included, "We get given a folder to look through a couple of times a year then get asked 'Do you have any questions?'" and "We are asked to just sign their care plans when asked to review it without having a chance to look through and change any details". Support plans were in place for some children, however these did not always provide staff with clear, easy to follow strategies to support children. There was no clear evaluation of any progress made which meant some strategies were out of date or no longer relevant. As a result, children were not supported by staff who understood their individual needs, leading to inconsistent care and support (see requirement 2).

Families were greeted by friendly staff and were welcomed into the playrooms. In the baby room, a consistent staff team and the smaller group size supported strong, nurturing relationships. In the two-five playroom, the busy environment made it challenging for staff to share information effectively during busy transitions. Some parents highlighted that they would like more in-depth handovers at collection times.

Additional opportunities, such as stay-and-play sessions and planned outings, helped strengthen relationships and encouraged partnership working. Parents we spoke to were positive about the support offered to their child and family. To further enhance children's experiences, the service should continue to work closely with families to build trusting and collaborative relationships.

Requirements

1. By 27 April 2026, the provider must safeguard children and ensure they experience consistent, nurturing care that meets their individual needs.

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

- a) Staff respond consistently and sensitively to children's emotional cues, communication, and individual needs.
- b) Children's dignity and privacy are respected and they are cared for in a calm, safe, and secure environment.
- c) Staff effectively supervise children and implement practices to keep them safe and supported.

This is to comply with Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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 because people have the necessary information and resources' (HSCS 4.27); and '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).

2. By 27 April 2026, the provider must ensure children receive consistent, nurturing care that meets their individual care and support needs.

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

- a) All personal plans are accurate, up-to-date, and reflect each child's current needs, interests, and routines.

- b) That strategies to support children are clear, easy to follow, and consistently implemented by all staff.
- c) Personal plans are reviewed with families at least every six months or sooner if needs change and that families are fully involved in updating information.
- d) Staff are familiar with, understand, and consistently use personal plans to inform daily care, support, and practices.

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

This is to comply with Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

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 wellbeing and ensure parents are kept informed, the provider should improve the reliability and timeliness of communication.

This includes but not exhaustive to:

- a) Where an app is used addressing connection issues.
- b) Ensuring staff follow clear procedures for sharing accurate and prompt updates about children's care.

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 based on relevant evidence, guidance, and best practice' (HSCS 4.11).

This area for improvement was made on 23 October 2025.

Action taken since then

Opportunities were available for parents and carers to chat with staff at pick-up and drop-off times. However, the busy two-five playroom made it challenging for the sharing of information and discussion. In order to strengthen communication with families, the service were in the process of installing a new app. However, as yet this had not been implemented.

This area for improvement has not been met.

Previous area for improvement 2

To support the wellbeing of children, the provider should ensure children receive consistent and effective support with their toileting and toilet training needs.

This should include, but not be exhaustive to:

- a) Providing staff with clear guidance and training on supporting toilet training.
- b) Reviewing the accessibility and suitability of toileting facilities, including the use of the hallway toilets, to ensure children are not delayed or denied access.
- c) Establishing consistent recording practices for toileting support to monitor and evaluate effectiveness.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can easily access a toilet from the rooms I use and can use this when I need to' (HSCS 5.2).

This area for improvement was made on 23 October 2025.

Action taken since then

Toileting procedures had improved for children. Staff demonstrated an understanding of supporting children who were toilet training and regularly took children to the toilet. This followed the service policy on supporting children with toileting. Toilets in the hallway and in the playroom were accessed by children, helping to ensure they were able to use toilet facilities when needed. Staff recorded times of nappy changing and this was communicated to parents.

This area for improvement has been met.

Previous area for improvement 3

To ensure children are cared for in a safe and well supervised environment, the provider should:

- a) Review and strengthen supervision practices to reduce the risk of harm from peer interactions.
- b) Ensure all incidents involving harm are consistently recorded and communicated to parents/carers.
- c) Provide staff with guidance and training on effective supervision and incident reporting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This area for improvement was made on 23 October 2025.

Action taken since then

Children in the two-five playroom were not provided with effective supervision to keep them safe. As a result, there were a number of accidents and incidents recorded, including harm from peer interactions. These were recorded and communicated to parents, however limited action had been taken to strengthen staff skills and knowledge necessary to engage and supervise children.

This area for improvement is no longer in place and has been incorporated into a new requirement under quality indicator 'Nurturing care and support'.

Previous area for improvement 4

The manager and staff should ensure that play opportunities and experiences for children are effectively planned and that learning at all stages is evaluated to ensure children's learning and development is fully supported and challenged.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am assessed by a qualified person who involves other people and professionals as required' (HSCS 1.3); and 'I am supported to achieve my potential in education' (HSCS 1.27).

This area for improvement was made on 23 July 2019.

Action taken since then

Planning approaches were not effective in meeting children's interests or individual learning needs. Although staff completed observations of children at play, this information was not used to plan next steps or inform meaningful learning experiences. As a result, children were not sufficiently challenged and did not benefit from a wide range of high quality, well planned experiences that supported their progress and development.

This area for improvement is no longer in place and has been incorporated into a new requirement under quality indicator 'Play, learning and developing'.

Previous area for improvement 5

The manager should develop more in-depth evaluation and monitoring to support improvement plans, the development of the nursery, and enhance 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 23 July 2019.

Action taken since then

Self evaluation and quality assurance processes were not effective to promote quality care and learning for children. Some ways to introduce monitoring of staff practice and involve staff in reflection and self evaluation were planned but as yet had not been fully implemented.

This area for improvement is no longer in place and has been incorporated into a new requirement under quality indicator 'Leadership and management of staff and resources'.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

| | |
|--|----------|
| Leadership | 2 - Weak |
| Leadership and management of staff and resources | 2 - Weak |
| Children play and learn | 2 - Weak |
| Playing, learning and developing | 2 - Weak |
| Children are supported to achieve | 2 - Weak |
| Nurturing care and support | 2 - Weak |

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.