

Seashells Nursery Day Care of Children

Community Centre
Albert Road
Eyemouth
TD14 5DE

Telephone: 01890 752 082

Type of inspection:
Unannounced

Completed on:
27 February 2026

Service provided by:
Seashells Day Care Nursery Committee

Service provider number:
SP2003002000

Service no:
CS2003009282

About the service

Seashells nursery is a daycare of children service and is registered to provide a care service to a maximum of 38 children not yet of an age to attend primary school at any one time. Of those no more than 10 are aged two years to under three years.

Seashells Nursery operates from dedicated premises within Eyemouth Community Centre in the Scottish Borders. Children aged 2-3 years (Pups) have access to two connecting playrooms, while children aged 3-5 years (Seals) use one main playroom. The setting also includes a kitchen area, toilets, changing facilities and a small cloakroom. The hall within the community centre is used for gym sessions on a weekly basis. An enclosed nursery garden is available for outdoor play and is shared by both age groups.

The nursery is situated near to the centre of Eyemouth and close to the beach, parks and local amenities.

About the inspection

This was an unannounced inspection which took place on Monday 23 February 2026 between 09:30 and 16:30 and Thursday 26 February 2026 between 08:00 and 15:00. The inspection was carried out by one inspector 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 fifteen families through an online questionnaire
- considered feedback from twelve 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

- A new quality assurance calendar, regular audits and structured meetings were helping to create more consistency across the setting.
- The values kind, safe and resilient were clearly embedded and visible in staff interactions, children's experiences and family feedback.
- Although families felt welcomed and had confidence in staff, the practice of dropping off and picking up at the gate reduced the potential for building deeper, more meaningful connections.
- Staff communicated effectively and demonstrated strong teamwork across both playrooms.
- A more consistent routine for going outdoors throughout the day, including after lunch, was now needed.
- Staff knew children well and used observations to plan next steps, but recorded observations varied in frequency and detail.
- While progress had been made, personal plans still needed more consistent updating and clearer recording of strategies.
- Staff responded well to children's interests and ideas, supporting their engagement and sense of belonging.

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

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.

Leaders worked collaboratively with families, children and staff to establish a shared vision based on the values kind, safe and resilient. These were developed through questionnaires, staff discussions, children's reflections and consultation at the Annual General Meeting (AGM). Staff now used these values confidently to guide interactions and decision making, referring to them naturally with children. Families affirmed that these values were consistently experienced, frequently describing the ethos as warm, caring and nurturing. While most families stated they had positive relationships with staff, two disagreed, highlighting the need for continuous engagement.

Staff told us they strongly agreed with the setting's values and said that everything they do was for the child's best interests. They highlighted strengthened team relationships, improved communication and a supportive, trusting environment. This created conditions where staff felt emotionally safe, valued and able to contribute confidently to improvement. As a result, children experienced adults who were calm, responsive and attuned to their needs. Leaders modelled reflective practice and maintained visibility in playrooms, supporting a culture of shared responsibility.

As part of ongoing improvement work, the setting planned to introduce PEEP Learning Together sessions to enhance children's development and strengthen family engagement. The setting also offered stay and play sessions, where families were invited into the playrooms to spend time alongside their children, observe learning and build relationships with staff. However, attendance at stay and play sessions was variable. Improving communication and adjusting timings would help increase family participation.

Quality assurance and self-evaluation were increasingly embedded in ongoing monitoring and improvement. Weekly meetings, a quality assurance calendar and regular discussions helped staff reflect on practice and drive change. Staff benefited from coaching from the early years teacher and opportunities to visit other settings. Tools such as the Kanban system, a visual board that helped staff organise and monitor tasks, supported shared responsibility and greater transparency. To sustain progress, leaders should continue to strengthen approaches to quality assurance. For example, planned observations of staff practice should be carried out consistently, with every staff member receiving timely, constructive feedback. Continuing to embed a predictable cycle of observation, reflection and follow-up would help maintain consistency and deepen understanding of high-quality practice (see area for improvement one).

Audit activity, including lunchtime routines, personal plans, transitions and medication, had strengthened consistency. Staff described clearer expectations and a better understanding of why changes were necessary and how they benefited children. Families recognised improvements, noting "great improvements" and openness to feedback. However, some felt communication about daily experiences and meals was variable, identifying this as an area for further improvement.

Medication systems had improved, with monthly checks and a requirement for families to update information every three months. While progress was evident, greater consistency was needed to ensure processes were fully streamlined. For example, some medication details were typed by staff rather than

written and signed by families and review dates were not always clear. Strengthening these procedures would support safe, transparent medication management in line with best practice (see area for improvement two).

Recruitment and induction processes were robust. New staff received structured induction, mentoring and regular check-ins. Staff felt well supported, with clear expectations and opportunities to build confidence before taking on full responsibilities. Leaders ensured staffing was stable and appropriately deployed, with a fully qualified team working collaboratively across playrooms. Families consistently expressed trust in staff, stating that every member of staff knew children well and communicated professionally.

Areas for improvement

1. To sustain progress, the provider should continue embedding its approaches to quality assurance and self-evaluation. Continuing to establish a predictable cycle of staff practice observation, reflection and follow up would continue to maintain consistency, deepen staff understanding of high quality practice and support continued improvement.

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).

2.

To strengthen the management of medication, the provider should streamline medication procedures to ensure children's health needs are managed safely and consistently. Medication records should include clear information provided directly by parents, written and signed rather than typed by staff. Strengthening these processes will help ensure medication is managed safely, transparently and in line with best practice, reducing risk and supporting children's health and wellbeing.

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 as 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).

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.

Across both playrooms, children demonstrated high levels of engagement, confidence and curiosity. They approached staff readily, shared achievements and participated in conversations about their play. Staff told us that children seem more focused and settled than in previous years. They felt this was because routines were clearer, staff understand child development better and planning and interactions were now more consistent.

Observations showed children engaged in a wide range of experiences. In the seals room, children counted dice during small group games, constructed models and took part in imaginative home corner play, including making birthday cakes and singing. Joyful group experiences were evident through activities such as song spoons, where children laughed, sang and interacted socially. In the pups room, children explored sensory

play, baking, climbing, imaginative scenarios and creative opportunities. A child choosing a quieter space when dysregulated demonstrated emotional safety and trust in staff. Staff joined children's play in a gentle and supportive way, helping to extend their thinking while still allowing them to lead their own play.

Family feedback strongly reinforced these findings. Many families celebrated their children's enjoyment, noting comments such as, "My child always comes home happy" and "Lots of fun at nursery." Positive social experiences and friendships were frequently highlighted. Families also recognised developmental progress, including increased confidence, communication and early literacy and numeracy. Examples included, "My child has gone from a non-talker to having full conversations," and "More confident with counting, speaking and sharing." Almost all families reported their child was always or very often engaged in a variety of experiences.

Staff demonstrated improved understanding of how children play and learn. They followed children's interests, adapted spaces responsively and provided open-ended resources supported deep engagement. Schematic play opportunities, calm areas, messy play and regular resource rotation maintained curiosity. Weekly gym sessions in the large hall further supported physical development. Community contributions such as repurposed wood enhanced loose parts play. Play spaces continued to improve, though some areas, including mezzanines, were still underused. Strengthening how all areas were planned and resourced would support sustained engagement and independence across the day.

The outdoor environment provided strong opportunities for exploration, including water play, construction, imaginative games and teamwork. Some families expressed concerns about periods when the garden was unavailable, though these contrasted with inspection observations where the garden was in use. Improved communication about outdoor access would support shared understanding of how often their child was participating in outdoor play.

On day two, after lunch, the seals room became busy and the increased noise and activity levels indicated that the environment was no longer fully meeting the children's needs. After we highlighted this, leaders responded promptly by opening the outdoor area and almost all children chose to move outdoors, resulting in calmer, more engaging play. This reinforced the importance of needs led routines in supporting children's wellbeing and maintaining a settled atmosphere. While leaders noted that balancing staff breaks with responsive practice needed ongoing attention, we emphasised that children's comfort and wellbeing should remain central to decision making (see area for improvement one).

Planning and assessment were increasingly child centred. In the pups room, staff linked possible lines of development (PLODs) to observations, captured 'wow moments' and used children's interests to shape provision. In the seals room, planning aligned well with Realising the Ambition, with development overviews informing next steps. While these approaches were still developing, staff talked about them with enthusiasm and confidence, reflecting a shared commitment to improvement.

Families valued digital communication through an online platform, Showbie, describing it as, "A great way to keep parents informed". Staff knew children well, but recorded observations varied in frequency and detail. Increasing consistency would support equitable learning stories and clearer next steps. Leaders were confident that upcoming training would build staff confidence and accuracy in recording children's playing, learning and developing.

Areas for improvement

1. To support children's emotional regulation and engagement, the provider should ensure that the outdoor area is available throughout the day, including immediately after lunch. While this may result in adjustments to staff routines and break times, children's needs should remain central to decision making.

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 play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

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 experienced consistently warm, attuned and nurturing relationships. Throughout the inspection, staff demonstrated sensitive and responsive interactions that supported an emotionally safe environment. Children approached staff easily for reassurance, conversation and shared play. Staff used calm strategies to help children manage frustrations and heightened emotions, this enabled them to recover quickly and return to play confidently.

Across both rooms, staff provided respectful care. During toothbrushing, dancing and play, staff supported children positively, joined in enthusiastically and valued their ideas. The environment promoted belonging through self registration, displays of family photos and children's artwork and regular check ins that helped children feel secure and connected.

Family feedback strongly reflected the setting's nurturing ethos, describing staff as kind, welcoming and supportive. Families noted that their children felt emotionally safe. Staff viewed nurturing care as central to their practice, responding to children individually and using training to support big emotions. However, expectations during transitions needed review. Asking only children "sitting nicely" to choose a story or wash hands first unintentionally disadvantaged those needing more movement or regulation time. Management agreed that a predictable, equitable system would better support nurturing and rights respecting practice.

Although staff created a warm ethos, current drop off and pick up routines of handovers at the gate, limited relational opportunities with families. Families generally felt welcomed, though some described brief handovers or difficulty accessing information. During our discussions, staff reflected that welcoming families indoors would strengthen transitions, relationships and communication about wellbeing and learning. Management now need to reset expectations so families entering the building becomes standard practice. Carefully phasing in this change, alongside clear communication, would support families and staff through the transition and enhance the sense of connection and sense of belonging (see area for improvement one).

At lunchtime, nurturing practice supported wellbeing. Staff responded sensitively to dietary preferences, providing alternatives when needed. Children were settled and familiar with routines. Staff ate with children, modelling healthy eating and family style routines. Children's voices influenced practice, such as separating mince and sauce following a child's request. As practice continued to develop, there was now scope to further strengthen children's independence. Most mealtime routines were still led by staff, with tables prepared and meals plated in advance. Building on the progress already made, staff should increase

children's involvement in mealtime routines to support children as capable, competent learners who take an active role in their everyday experiences.

Personal planning processes had strengthened since the previous inspection. This included streamlining personal plans to make information clearer and introducing Care Plan Plus for children who needed additional support. Families spoke positively about the care provided and confirmed that plans were reviewed regular. A small number felt that initial discussions about their child's needs could have been explored in greater depth. Strengthening these early conversations would further enhance partnership working.

Staff demonstrated a strong understanding of children's individual needs and were increasingly using supportive strategies such as visual timetables, communication cards worn on lanyards and the early introduction of signing. Greater consistency in the use and monitoring of these approaches would help ensure their impact was clearly evidenced and fully embedded. Practice continued to strengthen following the last inspection. Although the previous area for improvement had not been fully met, there was clear evidence of progress and it has been revised to support further improvements (see area for improvement two).

Areas for improvement

1.

To further support positive attachments, improve daily communication and promote greater family engagement, the provider should reintroduce drop-off and collection in the playrooms. This should be phased in gradually, with clear expectations and supportive communication to help families and staff adjust to the new routines.

Staff should refer to, practice note 'Me, my family and my childcare setting' (Care Inspectorate 2024) to guide their approach. Families could be directed to 'Connecting with your childcare setting' (Care Inspectorate 2024), which supports building stronger connections and meaningful relationships through spending time in the playroom and understanding their child's experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience care and support where all people are respected and valued' (HSCS 4.3).

2. To promote well-coordinated and individualised support, the provider should continue to strengthen personal planning. Personal plans should clearly reflect effective strategies and include consistent use of tools such as visual timetables and communication supports. Improving the frequency and quality of updates between formal reviews would help children experience greater continuity and predictability in their care.

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 as 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).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 1 October 2025, the provider must ensure that quality assurance policies and procedures are implemented to support people's health, wellbeing and safety. To do this, the provider must:

- a) Develop and implement regular, robust quality assurance audits, which should include, lunch time provision, children's transitions, personal planning approaches, responsive planning and providing meaningful learning experiences for children.
- b) Analyse the results of audits to establish areas for improvement, these should include environment audits reviewing and considering the play spaces for two to three year-olds. Making sure these are effective and developmentally appropriate. Ensure resources in all play areas are well presented, rotated and effectively support children's learning and development.
- c) Conduct a full self-evaluation and implement an improvement plan in consultation with children, families and staff.
- d) Keep detailed records of all quality assurance activity.
- e) The provider must support staff to challenge their own practice and raise standards.

This is to comply with Regulation 3 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and 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 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 organization having robust and transparent quality assurance processes.' (HSCS 4.19).

This requirement was made on 12 March 2025.

Action taken on previous requirement

Significant progress had been made in implementing quality assurance processes to support children's health, wellbeing and safety. Regular audits had been established across key areas, including medication, lunchtime practice, nappy changing, transitions and personal planning. Environment audits had been used to make meaningful changes, such as resetting playrooms with improved organisation and new resources to better support development. Medication audits were carried out regularly and systems were in place for families to update information every three months. However, some further improvements were still needed in this area, as highlighted under
Quality indicator: Leadership and management of staff and resources within this report.

Lunch provision had improved through a Plan, Do, Study, Act (PDSA) cycle, leading to redesigned spaces, staff role modelling at mealtimes and smoother transitions supported by key-worker grouping. Audits were now scheduled within a structured quality assurance calendar.

Self-evaluation had strengthened, with staff, children and the local authority early years teacher contributing to discussions and improvement planning incorporated into the service improvement plan. Records of quality assurance activity were being maintained. Staff were supported to reflect on and improve their practice through core audits, training reflections, visits to other settings, 1:1 meetings and some staff observations, with leaders recognising the need to continue embedding these.

The setting had established regular and robust quality assurance processes, used evidence to inform improvements, maintained clear records and supported staff to reflect on and develop their practice. These improvements contributed positively to children's safety, wellbeing and learning.

Some areas for continued improvement were identified during this inspection. However, these represented opportunities to further enhance practice rather than evidence that the requirement had not been met.

Met - within timescales

Requirement 2

By 1 October 2025, the provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users-

(a) Ensure that at all times suitable qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of the children; and are deployed effectively to best meet the needs and play experiences of all children.

(b) Ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

This is to comply with Regulations 15 (a) (b) (staffing) Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

This requirement was made on 12 March 2025.

Action taken on previous requirement

Clear progress had been made in ensuring suitably qualified and competent staff were working in appropriate numbers and deployed effectively. On the day of inspection, five qualified core staff were present, along with the manager and depute, both of whom were also qualified, with the manager progressing their Bachelor of Arts (BA) in early childhood practice. A qualified nursery assistant was also in post. The provider's decision to recruit only qualified practitioners established a strong baseline of knowledge and competence. This helped ensure appropriate ratios, consistent care and effective deployment across rooms. Staffing was stable, skilled and well aligned to children's needs.

Staff also received training appropriate to their roles. Teams benefited from induction, ongoing core training and role-specific development, with several staff progressing their qualifications since the last inspection. Training supported staff to maintain confidence and deliver safe, consistent care in line with best practice.

The setting had established a qualified and competent workforce, maintained sufficient staffing levels, embedded effective deployment and implemented ongoing training arrangements. This contributed to children experiencing safe and consistent care.

Met - within timescales

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 ensure that children's care and support needs are met, the service should further develop and streamline children's personal plans. The provider should ensure all key information and strategies are included and used to support children's individual care needs. These should be developed and regularly reviewed alongside families.

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 as 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).

This area for improvement was made on 12 March 2025.

Action taken since then

Although progress had been made in developing children's personal plans, the area for improvement had not yet been met. Evidence gathered during this inspection showed that plans were not consistently updated and key information and strategies were not always recorded clearly or reviewed regularly. For example, while new personal plans had been introduced and audits completed, staff were still not consistently tracking which strategies were effective, updating children's preferences in a timely way, or ensuring tools such as visual timetables were used reliably across the setting.

Some families reported that early discussions about their child's plan had not been fully explored, highlighting inconsistencies in how family involvement was being recorded. These gaps had the potential to have an impact on the continuity and coordination of support. Following the evidence gathered at this inspection, the area for improvement has been revised to emphasise clearer, more consistent updates to personal plans and the reliable use of strategies and supports. The revised area for improvement can be found under Quality Indicator: Nurturing care and support.

Previous area for improvement 2

To ensure all children experience a warm, caring atmosphere. The provider should ensure staff communicate effectively with each other, be flexible and supportive. This would support positive outcomes for children and ensure their needs are met.

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).

This area for improvement was made on 12 March 2025.

Action taken since then

Considerable progress had been made in ensuring children experienced a warm and caring atmosphere. Observations showed consistently nurturing, attentive and responsive interactions between staff and children. Staff demonstrated genuine affection and spoke confidently about their commitment to children's wellbeing, supporting them to feel safe, valued and emotionally secure.

Staff communication had also improved significantly. Throughout the inspection, staff shared information effectively, worked collaboratively and described feeling more supportive of one another. They reported being better connected as a whole team, rather than operating as two separate rooms and more unified in their approach to meeting children's needs. This strengthened communication enabled staff to adapt flexibly and respond to children in the moment, resulting in more consistent and positive experiences.

This area for improvement had been met.

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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