

# Tobermory Pre Five Unit Day Care of Children

Tobermory High School  
Erray Road  
Tobermory  
Isle of Mull  
PA75 6PB

Telephone: 01688 302 062

**Type of inspection:**  
Unannounced

**Completed on:**  
7 March 2024

**Service provided by:**  
Argyll and Bute Council

**Service provider number:**  
SP2003003373

**Service no:**  
CS2009233100

## About the service

This service registered with the Care Inspectorate on 1 April 2011. The service provider is Argyll and Bute Council.

Tobermory Pre Five Unit is a daycare of children service. The service operates from their own building and enclosed outdoor play spaces within the grounds of the local school campus, located in Tobermory, on the Isle of Mull. The service operates during school term times.

1. To provide a care service to a maximum of 29 children not yet attending primary school at any one time, of those 29 no more than 4 can be aged 2 years to under 3 years.
2. Adult:Child ratios will be a minimum of:  
2 years to under 3 years - 1:5  
3 years and over - 1:8 if the children attend more than 4 hours per day,  
or 1:10 if the children attend for less than 4 hours per day.

## About the inspection

This was an unannounced inspection, carried out by two early learning and childcare inspectors, which took place on 4 March 2024. To prepare for the inspection we reviewed information about the 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:

- Observed practice and daily life.
- Spoke with children using the service.
- Reviewed documents.
- Spoke with management and staff.
- Sent questionnaires to parents/carers to gather their views and feedback.

## Key messages

- Children were experiencing warm, caring and nurturing support.
- Staff knew children well and had developed positive relationships with them.
- Children relished being outside and had free flow access to outdoors.
- Personal plans should be further developed and streamlined with a focus on detailed support strategies and next steps.
- Planning approaches should be more child led to support children to lead on their play and learning.
- Management and staff should review children's play spaces both indoors and outside with a view to improving children's play opportunities and experiences through promoting their curiosity and imagination, their sense of wellbeing, wonder and adventure.
- Risk assessments are required to be developed to support a safe environment for children when playing inside as well as outside.
- The management and the staff team engaged well during the inspection process, taking on advice and support, demonstrating a commitment and capacity for improvement.
- The approach to staffing within the service continues to be a challenge and is not always outcome focused 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

How good is our care, play and learning?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

## How good is our care, play and learning?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Quality indicator 1.1: Nurturing care and support

Children were experiencing warm, caring and nurturing support. Staff knew children well. We could see children had developed positive relationships with staff, approaching them for cuddles and reassurance and to involve them in their play. Most children were happy and settled accessing the play experiences on offer. Most children engaged and played alongside their peers which was supporting them to develop friendships and take turns.

Parents told us:

"The staff have a very caring and nurturing approach and seem to have good relationships with the children"

"I am very pleased with the support my child receives in all areas of his/her development"

"The care from the staff is brilliant. They are nurturing and show genuine care towards my child".

Personal plans and all about me profiles contained core information about children's individual needs and preferences gathered through working alongside parents. However, this information needed to be streamlined and have clearer strategies and support information for children who required additional support. This should include risk assessments to safeguard staff and children, next steps and experiences that are linked to children's interests. These documents should be dated and signed as appropriate and reviewed at least every six months or when a change occurs. We also found that children's next steps were not detailed enough and needed to be more child focussed and meaningful. Through observations and information gathered more detailed plans now need to be developed to support children's health, welfare and safety needs as well as their play and learning. **See area for improvement 1.**

Children enjoyed a hot nutritious meal that was appropriately portioned, nicely presented and took account of their individual dietary needs. Children were able to choose where they would like to sit with their friends. We discussed how children would benefit from a more relaxed experience with staff being less task orientated. This would enable staff to further encourage friendly social interactions, developing conversations, as well as opportunities for children to be independent with self service. We suggested children should also be given a plate for any rolls or bread that accompany their meal.

We sampled administration of medication forms and storage of medication and found these were not in line with current best practice guidance. Storage and recording templates need to be reviewed and updated as a matter of priority. Management should ensure medication is being monitored and audited in line with current best practice guidance 'Management of Medication in Day care and Childminding Services'. **See Area for Improvement 2.**

Accident and incidents were being recorded and shared with parents, we would ask that the service implement a monthly audit to identify any areas of risk and any changes required to support a safe environment for children.

### Quality indicator 1.3: Play and learning

Children were confidently access all areas within the nursery. They had free flow access to outdoors and were independently putting on and taking off their outdoor clothing. Staff had developed some areas of interest to engage children's imagination and develop their language, literacy, numeracy and wellbeing. Children could choose to engage in planned activities on offer such as arts and crafts or use their imagination in the home corner, story area or water play.

We observed nurturing approaches by staff supporting children's wellbeing and right to play. However, we found play and learning needed to be developed further inside and outside to include more opportunities to actively involve children in their play. Management and staff should look at creating a richer learning environment that inspires children's imagination and deepens their learning with a focus on loose parts play, natural and open-ended resources. This would support and develop children's natural curiosity, sense of wonder and fun through promoting independence and offering choice and challenge.

Floor books were being used to capture children's thoughts and ideas, however there was a thematic approach to planning. For example, the choice of books in the story area only related to dinosaurs. Planning needs to be more individualised and responsive based on children's interests and reflect their choices. Staff should continue to build as team on their experience and expertise to fully meet children's needs through high quality interactions and observations, this includes extending children's thinking and widening their skills to support them in developing their interests and leading on their play and learning. **See area for improvement 3.**

### Areas for improvement

1. To support children's health, welfare and safety needs management and staff should ensure, information gathered within children's personal plans is used appropriately to support children's individual needs. This includes next steps, risk assessments and support strategies for children who require them.

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'. (HSAC 1.15); and 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. To keep children safe and healthy, management should review the storage and recording of medication procedures and ensure medication is audited, in line with current guidance.

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

3. To support children's play and learning and achieve their potential management and staff should:

- Further develop their approaches to child-led planning, by ensuring appropriate levels of challenge and depth in play and learning that supports children's curiosity and creativity and enables them to lead on their play and learning.

- Consideration should be given to how individualisation is captured within planning. In addition, planning should be closely linked to observations in children's profiles where meaningful next steps should be recorded. These should be monitored to ensure consistent quality of written observations.

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 to my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27) and 'My care and support meets my needs and is right for me'. (HSCS 1.19).

## How good is our setting?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Quality indicator 2.2: Children experience high quality facilities

The nursery was warm, welcoming and well ventilated. There was a secure door entry and visitors were required to sign in on arrival.

Furniture was child sized and there were some areas with soft furnishings for relaxation and comfort. Although main exits were secured, during the inspection we identified potential opportunities for children to leave the playroom unattended into the main foyer where there could be a risk of them accessing the main door. We would ask that the provider ensures that arrangements are made for the playroom door to be secured to avoid children leaving the main playroom unattended.

Children relished being outdoors and were observed playing pirate ships, building dens for toads and digging in the mud. However, outdoors requires to be developed further to enable children better opportunities to develop their risky play through climbing, balancing and building with natural materials and loose parts play resources, with a focus on physical challenge to promote their curiosity and imagination, their sense of wellbeing, wonder and adventure. Management and staff should also look at reviewing the nursery playroom with a focus on developing an environment that gives children more space and opportunities to play, choose resources and self-select. This is with particular reference to the Mezzanine and how tables were positioned and set out. Staff and management should look at creating areas that inspire children to play and learn while allowing them to be creative. Consideration should also be given to cosy, quiet spaces where children can choose to relax and have time away from the main play space. **See Area for Improvement 1.**

One parent told us "I feel there is a real need for a quiet corner where a child that is overwhelmed and overstimulated can be in a quiet place".

Risk assessments are required to be developed to support a safe environment for children when playing inside as well as outside. These need to be updated and reviewed regularly or when any changes occurred supporting staff to keep children safe. **See Area for Improvement 2.**

Infection prevention and control practice should be reviewed with staff and children. We spoke with staff with regards to the use of personal protective equipment (PPE) at snack and lunchtimes and how practicing good hand washing is the most effective way to reduce the risk of infection. We would also ask that children are encouraged to wash their hands on returning from outdoors and staff to monitor handwashing to reduce spreading infection.

We would ask management and staff to review the whole environment with regards to reducing clutter and monitor the cleanliness of the environment. For example, the children's nappy changing area should not be used to store resources and be cleared of all dustpans and brushes with clothes transferred into suitable storage boxes to support infection prevention and control.

### Areas for improvement

1. To support positive outcomes and improve children's play experiences management and staff should:

- Provide children with more opportunities outdoors, through free play, physical challenge, open ended materials and loose parts play, to discover, promote their curiosity and imagination, their sense of wellbeing, wonder and adventure.
- Review the layout of children's play spaces indoors with a view to creating more space with better areas and opportunities for children to play and learn, choose resources, and be inspired and creative. Full consideration should also be given to cosy quiet spaces where children are able to relax away from the main play space.

This is to ensure care, play and learning is consistent with the Health and Social Care Standards (HSCS) which states 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 to my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

2. To ensure appropriate arrangements are in place for limiting the risk of harm to children, a comprehensive risk assessment should be carried out for the whole setting. A written record should be kept of all the risk assessments undertaken. These should be shared with parents and children, in a way that is appropriate and regularly reviewed to ensure they remain relevant and in line with current guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.17).

### How good is our leadership?

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

#### Quality indicator 3.1: Quality assurance and improvement are well led

The services aims and objectives set out a clear vision for the setting.

We found the management and the staff team engaged well during the inspection process, taking on advice and support, demonstrating a commitment and capacity for improvement.

The management team recognised that they were on a journey of improvement which would involve staff, families and children. Specific areas of performance such as developing their outdoor play spaces and experiences for children both indoors and outside, would need to improve in order to deliver the best possible experiences and outcomes for children and their families.

A parent commented "The setting has everything it needs to be great. The staff are very caring however there really needs to be work on the link between home and ELC unit, and structure and leadership in the unit on a whole".

Management and staff were meeting on a regular basis to review and reflect on practice, support for children and staffing. This was giving them the opportunity to discuss areas of improvement and upcoming events as well as take action on immediate improvements. For example, the clearing and tidying of the outdoor area.

Parents were welcomed into the service at collection and drop off times, staff took time to feedback to parents when children were returning home. The service were encouraging parents to have an active role in the service through home links. We would encourage the service to continue to develop links with home through gathering children and parents views in developing the service further.

One parent told us "My children are made to feel very welcome, cared for and included. They always take any concerns seriously and try to resolve any issues I voice".

We acknowledged the service had plans in place to support appropriate priorities for improvement and that some quality monitoring was being carried out. However, these processes were not yet regular or robust enough to ensure procedures were consistently followed or to secure sustained improvement. For example, observations of staff practice undertaken had not been continued since March 2023. Quality assurance, including monitoring and self-evaluation now needs to be more firmly embedded into the process of evaluating and improving the nursery as a whole. We would ask the management and staff to review targets including the impact and progress of the identified areas as these were not meeting the timescales identified within the improvement plan. We would encourage the service to use the feedback following inspection in conjunction with the care inspectorate: A quality framework for day care of children, childminding, and school aged childcare as a tool for further development of self-evaluation and improvement, with high quality play placed at the heart of their improvement planning. **See Area for Improvement 1.**

## Areas for improvement

1. To support and sustain continuous improvement throughout the service, management and staff should embed robust systems including the impact and review of identified targets to monitor and evaluate all aspects of their service delivery and place high quality play at the heart of their improvement planning.

This is to ensure management and leadership is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).



**How good is our staff team?****3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

**Quality indicator 4.3: Staff deployment**

Staff were welcoming, engaged well in the inspection process and were open and honest during discussions with us. The core staff were working effectively as a team, communicating well and were observed using radios when outside and needing support with children.

The service had a dedicated staff team who were all registered with the Scottish Social Services Council (SSSC). They were proactive in their professional development. Annual appraisals provided an opportunity to reflect on their role and discuss plans for future learning. The national induction resource was also being used to support new staff.

Parents told us:

"The staff team are brilliant, they care immensely for all the children in ELC".

"I really am very pleased with Tobermory ELC overall. They provide a wonderful, happy environment and care very much for the children there".

Although the service was appropriately staffed for the ratio of children in attendance, the approach to staffing within the service continues to be a challenge and was not always outcome focused for children. For example, at points across the day staff were task focused and having to provide one to one support for individual children, leading to children not always having positive outcomes or experiences. As a result, opportunities were limited for children to develop and learn at an appropriate pace or give them the required support they needed.

During the inspection we also observed a number of different staff coming in and out of the service especially during the lunchtime period. Staff that were supporting the children during this time were not familiar with the children or their individual needs resulting in inconsistent continuity of care.

A parent commented "Staffing levels seem to be very low at the moment and there seems to be different staff in there each day. There are three core members of staff however, I have never been introduced to, or properly met all the other additional staff which seem to swap about on a daily basis".

Management acknowledged there have been challenges in securing additional staff to meet children's needs. Moving forward, effective deployment of staff should support consistent care, children's wellbeing, and resilience, resulting in children having positive experiences, better quality of interactions and improved play and learning outcomes. A whole team approach is required to ensure that any improvements are fully implemented and sustained. To improve the continuity of care, play and learning for children and to support staff deployment and morale, we would ask the provider and management to review the current system in place to support staff absences, individual children, and the consistency of the staff team. **See Area for Improvement 1.**

Staff now need to build as a team on their experience and expertise to fully meet children's needs through high quality interactions. Staff would benefit from giving children opportunities to develop their play through their interests and providing experiences that inspire children to engage and learn.

## Areas for improvement

1. To ensure children are safe and always receive high quality experiences, the provider and management should, as a minimum review and make appropriate changes to staff deployment to improve children's outcomes and experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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