

Portree Nursery Ltd Day Care of Children

Camanachd Square
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Type of inspection:
Unannounced

Completed on:
2 December 2024

Service provided by:
Portree Nursery Limited

Service provider number:
SP2003001848

Service no:
CS2003008673

About the service

Portree Nursery Ltd is situated in a dedicated building within the town of Portree in the Isle of Skye area of Highland. The nursery premises consists of a reception space, three interconnecting playrooms, two kitchen areas, toilets and nappy changing facilities and an office space. Two of the nursery playrooms have direct access to an enclosed outdoor area.

This service is provided by Portree Nursery Ltd and is registered to provide a day care of children service to a maximum of 56 children up to primary school age.

About the inspection

This was an unannounced inspection which took place on 19 November 2024 between 08:45 and 16:00 and 28 November 2024 between 08:30 and 16:00. Feedback was shared virtually on 2 December 2024 between 10:00 and 11:00. 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 and five of their families;
- spoke with six staff and management;
- reviewed online questionnaire feedback from six families;
- reviewed online questionnaire feedback from one member of staff;
- observed practice and children's experiences; and
- reviewed documents.

Key messages

- Children experienced warm, caring and nurturing approaches from staff which supported them to feel valued and loved.
- Children had opportunities to engage in activities which promoted their sense of fun and reflected their developmental stages, interests and curiosities.
- In some areas of the nursery, resources to support children's creativity and curiosity were limited.
- The indoor play spaces were homely and nurturing, providing a welcoming environment for both children and their families.
- Quality assurance processes should be further developed to support the improvement of the service.
- Overall, effective staff deployment supported positive 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

How good is our care, play and learning?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

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 experienced warm, caring and nurturing approaches from staff which supported them to feel valued and loved. Staff were responsive to children's individual needs by offering reassurance, praise and physical comfort to children when needed. When children required support with personal care, staff used a gentle approach and talked to the children about what they were doing. This helped children understand what was happening to them, nurturing their security and confidence.

Snack and mealtimes were relaxed and unhurried. Most of the time, staff sat with children which supported their safety and provided opportunities to promote close attachments. Staff prepared food in a manner which minimised risks of choking and were aware of actions to take should a choking emergency arise. This helped to keep children safe. Children had few opportunities to be involved in snack and lunch preparation or delivery. This limited their opportunities for independence. We signposted the Care Inspectorate best practice note: 'Keeping children safe: supporting positive mealtime experiences in early learning and childcare (ELC)' to support the service with their review of their snack and mealtime experiences.

Most staff were aware of and understood the current information within personal plans and were using this to meet children's needs. Personal plans sampled had been reviewed with families to support consistency in children's care. All families who responded to our survey strongly agreed or agreed with the statement: 'I am fully involved in my child's care, including developing and reviewing their personal plan'. However, some strategies to support children's care lacked specific detail. This impacted the ability to effectively review and update children's current needs. Further steps are needed to ensure personal planning information reflects children's current needs and strategies for support are clear (**see area for improvement 1**).

Babies and toddlers experienced a peaceful and calm sleep where staff offered them comfort and warmth. Children's individual bedding was clean, regularly laundered and stored appropriately. Staff we spoke to were aware of strategies to support safer sleeping routines for babies and implemented these during the inspection. This supported children's safety and emotional security.

Systems to support the safe storage and administration of medication were in place. All medication sampled was clearly labelled and stored in a safe and accessible way. Permissions and protocols for administration of medication were stored with the appropriate medicine and staff were knowledgeable about the medical needs of children. This contributed to ensuring children's needs were met and they were kept safe.

Child protection procedures within the service were not always effective. Most staff were confident of the process to follow if they had a child protection concern. However, the person with lead responsibility for child protection had not undergone higher level training appropriate to their role, which limited their understanding of their roles and responsibilities for safeguarding children. The use of chronologies had been discussed as an area for development between the manager and staff before the inspection. However, clear chronologies were not yet in place for children, which meant wellbeing concerns could not be effectively monitored and appropriate action taken when needed (**see area for improvement 2**).

Quality indicator 1.3 Play and learning

Across the service, children were actively involved in leading their own play and learning most of the time which supported their choice and independence. In the movers playroom, the sand area was a popular space for play and we observed children having fun using containers to empty, fill and build structures related to food and other imaginary play experiences. Children commented as they played: "This will be cold ice-cream" and "I'm going to make strawberry ice-cream". This supported their curiosity and creativity.

In the baby room, children enjoyed exploring the range of resources available and staff followed their cues and noticed and responded well to their interests. For example, children enjoyed exploring sounds with musical instruments as well as with open ended objects such as pans and spoons. Staff sensitively supported their interest by providing extra resources and labelling and celebrating the children's sound making actions. This encouraged the children to experiment and experience fun as they played.

Staff interactions within the movers playroom did not always support children's play effectively. There were times where staff noticed opportunities to extend children's thinking and build on their interests. However, due to competing demands on their time, there were also opportunities to scaffold learning for children which were missed. This did not always support children to have high quality play and learning experiences.

Some of the play experiences developed children's skills in literacy, language and communication. Across both playrooms, staff shared songs and rhymes with children at natural times during play which they eagerly joined in with, copying the adult actions and words. Staff took time to read to stories to groups and individual children, encouraging their engagement in the meaning of the stories and how they related to their own lives. As a result, these literacy experiences helped to weave, build and grow children's interests, vocabulary and knowledge.

There was a more limited range of opportunities for children to communicate their ideas through experiences such as mark making across the indoor and outdoor play spaces. As well as this, some areas of the movers playroom lacked resources to suitably engage children. For example, the home corner lacked items to support dramatic play, and there was a limited availability of interesting provocations to meaningfully engage children. There were some loose parts and open ended objects within the indoor play space. However, resources to support children's creativity and curiosity such as arts and crafts materials and water play were limited (**see area for improvement 3**).

Planning approaches aimed to be child centred and responsive to the children's interests. Children were able to follow their own interests within the play resources available to them. The staff team were developing their confidence using best practice guidance to support effective observation, planning and assessment for children. Some observations of children's progress focussed on their learning and some next steps were planned for. However, the service had identified the need to further strengthen the consistency and quality of observations, so that developmentally appropriate next steps and quality play and learning experiences could be planned for all children.

Children had some access to the local community. They visited the local park and forest and enjoyed visits to the local library to share books and take part in Bookbug sessions. The manager and staff team recognised the benefits of fostering links with the local community and were exploring ways of developing this further.

Areas for improvement

1. The provider should develop children's personal plans and support staff to use this information effectively to support meeting children's health, welfare and safety needs. To do this, the provider should, at a minimum, ensure:

- a) personal plans set out children's current needs and how they will be met;
- b) all staff are aware of and understand the information within the personal plans, including support strategies, and use this to effectively meet each child's needs; and
- c) personal plans are regularly reviewed and updated in partnership with parents.

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

2. The provider should ensure that children are safe and protected and their wellbeing needs are met. To do this, the provider should, at a minimum ensure:

- a) all staff are competent and confident implementing child protection procedures; and
- b) chronologies are used effectively to identify and support children's wellbeing and safeguarding.

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).

3. To promote children's continued learning, development and enjoyment, children should have access to a wide range of literacy and numeracy resources and experiences which are challenging and suitable to their individual interests and stages of development. There should be a sufficient number of resources to enable children to make independent choices and engage in deep and meaningful play.

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).

How good is our setting?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 2.2: Children experience high quality facilities

The indoor spaces for babies and older children were comfortable and furnished to a good standard with plenty of natural light and ventilation. This provided a welcoming environment for both children and their families. The nursery layout enabled children to access resources independently and provided ample space for exploration and play. Homely touches such as neutral decorations, plants and soft furnishings helped to create nurturing spaces. This gave a strong message to children that they mattered.

Overall, the indoor play spaces were structured to take account of children's differing stages of development and learning. The baby playroom included some interesting provocations which encouraged children's creativity, curiosity and imagination and reflected their interests. For example, children's recent interest in dinosaurs had been incorporated into some of the objects and areas for play. There was also a selection of sensory and tactile objects, musical instruments, puppets, soft toys and open ended objects for children to explore. Additionally within the baby room, the furniture was arranged carefully to support children developing their early walking skills. As a result, children were engaged in activities which reflected their developmental stages, interests and curiosities.

Across all play spaces, children had access to quiet and cosy areas indoors to rest and relax. Staff and children also used these areas for sharing stories. We observed nurturing attachments between staff and children during these experiences. This supported children's language development as well as their sense of well-being within the nursery.

Staff recognised the benefits of outdoor play and provided children with some daily opportunities to access the outdoor nursery areas. On the first day of the inspection, children in the movers room enjoyed exploring and investigating the properties of snow outdoors. They also had opportunities for more active play experiences which promoted their health and wellbeing. Free-flow access from the indoor playrooms to the outside spaces could be facilitated. However, during the inspection, outdoor play happened at set times which limited children's choice and experiences.

Overall, effective arrangements for the monitoring, maintenance and repair of the service were implemented. This helped to ensure children experienced care in a safe environment. During the inspection, we found that several radiator covers were not secure. The service took immediate action to rectify this.

There were infection prevention and control procedures in place which supported a safe environment. For example, the service was clean and well maintained. During food preparation and serving, staff followed best practice guidance and carried out effective cleaning of tables before and after snack. We observed children being supported to understand the need for good hygiene and hand washing at necessary times. This contributed to minimising risks of infection for both the staff team and children.

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 led well

The management team were welcoming during the inspection and receptive to all feedback provided. Their commitment to make improvements and promote good outcomes for children was evident. The service had recently undergone a change of manager as well as some changes to the core staff team. As a result, the service was in the early stages of reviewing and embedding their systems to ensure children experienced a well-managed service.

The views of families were actively sought to support the development of the service. Through questionnaires and informally at pick up and drop off times, families have had the opportunity to feedback ideas for change. Some of these ideas have included: developing the outdoor play spaces and providing more opportunities for family engagement. The service had included these ideas in their current improvement plan priorities. The views of families also contributed to the development of the service through the parent led provider committee and through families who provided time and resources to support fundraising events for the nursery. Almost all families who responded to our survey strongly agreed or agreed with the statement: 'My child and I are involved in a meaningful way to help develop this setting and our ideas and suggestions are used to influence change'. We found this promoted inclusion and allowed families some opportunities to be involved and contribute towards change within the nursery. We signposted the Care Inspectorate practice note 'Me, my family and my childcare setting: A practice note for building stronger connections and meaningful relationships' to support the service with their ongoing development of family engagement opportunities.

Some quality assurance processes were having a positive impact on children's experiences. For example, an improvement plan was in place which identified areas to develop since the last inspection. Progress had been made in taking forward some changes, particularly around improving the layout of the indoor learning environment. As a result, children benefited from welcoming play spaces that were nurturing and homely and supported their overall wellbeing. There was a quality assurance calendar in place. However, monitoring was not always consistently identifying or addressing issues with personal planning, children's play and learning experiences or gaps in child protection training for staff. This did not support positive outcomes for children. The manager should continue to further embed their quality assurance processes to ensure continued improvements are made and children experience a high-quality service (**see area for improvement 1**).

Monthly staff meetings and visits to nursery playrooms from the manager were supporting the development of more robust self-evaluation processes. Staff reported that they felt valued and supported within their role. They were encouraged to reflect on practice and a recent focus of development with staff included improving their skills and knowledge around supporting children with additional support needs. Training had been planned to support staff in this area. The ideas of staff were included within the development of the service priorities and they were consulted about planned changes to the learning environments. We spoke with the manager around ensuring staff are supported to use best practice guidance to inform the implementation of changes and when reviewing progress with these.

Areas for improvement

1. To improve outcomes for children, the provider should further develop and implement an effective system of quality assurance to monitor and improve practice. At a minimum, the provider should:

- b) ensure effective systems are in place to identify, monitor and review the impact of improvements;
- a) carry out effective monitoring of the service including the quality of children's play and learning experiences; and personal planning; and
- c) ensure staff have the right knowledge and skills to meet the safety needs of children at all times.

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 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).

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

The staff were caring and nurturing and committed to providing a positive experience for all children. They were warm and friendly in their approach which promoted a happy and inclusive environment where children could play and have fun. Families commented: "Love and care is the most important thing and we've always felt the nursery really focus on this." and "The staff are incredibly personable and welcoming. They are also very professional and communicate well with me and my husband. They are happy to have a wee chat at drop off and pick up and it is evident to me that they know my child and care deeply about his well-being." All families strongly agreed or agreed with the statement: "I have a strong connection with the staff caring for my child". This helped to foster positive relationships between the staff, children and their families.

The service was appropriately staffed to meet adult-child ratios and the staff team worked to ensure all areas of the service were appropriately supervised and supported. Overall, the staff team communicated well with each other when a task took them away from their designated area. They informed each other when leaving an area or when attending to a child's needs. At times, quality of engagement for some children was not as effective as staff were supporting other children or were focussed on tasks such as preparing play activities. This led to some missed opportunities to support and extend children's play and learning.

Continuity of care for children was consistent throughout the day with minimal changes to staffing. At lunchtime, staff breaks were well planned to minimise impact on the children whilst enabling staff to rest and be refreshed. Staff shared important information about the needs of children at necessary times. This ensured positive transitions for children and good communication with families at pick up and drop off times.

Arrangements for unplanned absence were supported by effective systems to ensure children's needs were met. The manager shared that staff recruitment had been an ongoing challenge, however, recent vacancies had been filled and the staff team were now in a stronger position to move forward. The service tried to use members of a regular supply bank to ensure consistency in care and minimise disruption to children's routines. As well as this, key information regarding children's care needs was available to all staff. This ensured that staff working in the service understood the needs of individual children and how to support them.

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

Requirements

Requirement 1

By 9 December 2022, the provider must ensure improved outcomes for children and practice by implementing effective systems of quality assurance. To do this the provider must, at a minimum, ensure:

- a) regular and effective support and supervision for all staff is implemented
- b) staff are supported to develop their knowledge and understanding around self-evaluation processes and are involved in the systematic evaluation of their work and the work of the service
- c) clear and effective plans are in place for maintaining and improving the service
- d) the management team effectively monitors the work of each member of staff and the service as a whole.

This is to comply with the - Regulation 3 Principles and Regulation 15 (a) and (b) Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). (Requirements for Care Services) Regulations 2011, SSI 2011/210.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 29 August 2022.

Action taken on previous requirement

Regular support and supervision for all staff had been implemented and staff had been supported to develop their knowledge and understanding around self-evaluation processes. Individual support and supervision sessions were scheduled termly as well as weekly meetings with room supervisors and annual

appraisals for all staff. This contributed to improved communication within the staff team and provided opportunities to develop a shared approach to developing and achieving the service goals.

The manager had reviewed their approach to quality assurance. More robust processes had been implemented, but they were still in the early stages and some gaps remained. For example, an annual monitoring calendar had been established, however, monitoring was not consistently identifying or addressing gaps in children's play and learning experiences, personal planning or staff training. An improvement plan was in place with clear actions and timescales for review. This plan included developments to improve the indoor and outdoor learning environments. The manager and staff team were in the early stages of reviewing progress made and additional time would be necessary to evaluate the impact of the changes more fully.

This requirement has been met outwith timescales. However, further action is needed to address the gaps in quality assurance identified. Therefore, we have added a new area for improvement (**see area for improvement 1 in 3.1**).

Met - outwith 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 support children's creativity, play and learning, the management team should review and develop the environment, both indoors and outdoors, to ensure that children are able to experience a high quality environment which is well resourced.

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).

This area for improvement was made on 29 August 2022.

Action taken since then

A review of the indoor and outdoor learning environments had taken place and improvements had been made to overall layout and organisation of the indoor play spaces. As a result, children experienced welcoming play environments where they could access resources easily and lead their own play. The service had identified further actions for change and the current improvement plan focussed on developing aspects of the core provision within the indoor and outdoor environments further.

This area for improvement has been met. However, further action is needed to address the quality of resources in place to support children's play and learning experiences. Therefore, we have added a new area for improvement related to this within quality indicator 1.3 (**see area for improvement 3 in 1.3**).

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

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	3 - Adequate
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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