

# Kinloss Primary School Nursery Day Care of Children

Kinloss Primary School  
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**Type of inspection:**  
Unannounced

**Completed on:**  
20 February 2025

**Service provided by:**  
The Moray Council

**Service provider number:**  
SP2003001892

**Service no:**  
CS2003016379

## About the service

Kinloss Primary School Nursery is a day care of children service situated within the building of the primary school, in the village of Kinloss.

The service is registered to provide a care service for a maximum of 15 children aged three years to not yet attending primary school.

The service is situated in a residential area close to the village centre near a shop, post office and other amenities. The children are cared for in a playroom and have access to a fully enclosed outdoor area.

## About the inspection

This was an unannounced inspection which took place on Wednesday 19 February, between 09:15 and 15:20, and Thursday 20 February 2025, between 09:00 and 12:15. 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four family members of people using the service
- reviewed responses to our MS Forms survey of family members of people using the service
- spoke with staff and management
- observed practice and daily experiences
- reviewed documents.

## Key messages

The service values were reflected in the ethos and overall work of the service.

Children experienced caring and compassionate interactions from staff who spoke in calm, positive tones which contributed to the warm, nurturing ethos of the service.

When highlighted to the manager, a potential safeguarding concern was swiftly acted upon. The service should now ensure they follow related policy and procedure consistently.

The service was in the early stages of developing how observations and next steps in learning are recorded effectively.

Welcoming spaces had been created throughout the service, including the transformation of the outdoor area, demonstrating to children that they mattered and were valued.

A continual process of self-evaluation supported staff to reflect on what was working well. This enabled them to identify some areas for improvement which were realistic, achievable and impactful.

Staff were proactive in communicating effectively and respectfully with each other which supported children's continuity of care throughout their day.

## 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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very 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.

### 1.1 Nurturing Support and Care

Children were nurtured as they experienced caring and compassionate interactions which supported their wellbeing. Staff spoke in calm, positive tones which contributed to the warm, nurturing ethos. Children readily approached members of staff for help confident they would be listened to. Parents and carers were welcomed daily into the setting. A visiting professional told us they felt this promoted a family atmosphere, a supportive, friendly ethos and good relationships with parents as they liaised with staff every day.

Children's overall wellbeing was supported by basic information in personal plans. Staff updated children's chronologies regularly as parents shared new information. The level of detail included in individual personal plans varied. This meant there was the potential for inconsistency in meeting the holistic needs of all children. We suggested the service might consider how they could support parents to provide a consistent level of detail in personal planning information. The service was good at identifying when additional support was needed to meet an individual's needs. For example, staff had identified extra individual support some children needed as they settled into the setting. The service sometimes worked effectively in partnership with parents and other professionals to share and regularly review information. However, where strategies had been identified, these were not always consistently used to support children's outcomes. For example, staff were not always responsive to children's cues for support if they were busy with other children.

There was potential for children to be placed at risk as the staff and leadership team had not consistently followed safeguarding procedures. We found a concern raised in a child's chronology had not been followed up and referral had not been made to the lead agency (see area for improvement 1). When this was highlighted to the manager they took immediate steps to respond by following safeguarding procedures.

Children's security and independence were nurtured by staff supporting personal care routines. Their privacy and dignity was respected in the way that personal care was provided. For example, one child was discreetly taken for a change of clothes. Children were well supported and supervised in the toilet and cloakroom area which enabled staff to promote the development of children's independence skills.

Snack and mealtimes were calm, enjoyable experiences for children. Children were supported to be involved in the preparation and serving of snack and lunch. This fostered the development of independence skills. For example, children were able to serve all their own food at lunch, with staff on hand to support them if needed. Staff did not consistently sit with children at lunch. At times staff became task focused. This resulted in inconsistent support and supervision for children eating and was not in line with best practice. This had the potential to impact on opportunities to promote positive relationships and learning when discussions were interrupted. The service should now consider evaluating staff deployment for at meal times.

Children's health and wellbeing benefitted from the provision of cosy spaces to enjoy a quieter, calmer time. This meant, if needed, there was a comfortable, appropriate space to sleep or rest where their dignity and privacy would be respected.

### 1.3 Play and Learning

Children were actively leading their own play and were having fun and generally deeply engaged in their activities. Children's access to outdoor play was well-managed. This supported children to follow their interests and promoted choice and independence in their play. Staff often got down to children's levels to play with them. This supported staff to engage in skilful interactions with open-ended questions which extended and enhanced some play and learning experiences.

Children's learning and development was supported a balance of responsive and intentional planning. For example, staff recognised and supported play schemas in younger children's play and reflected this in planning. This meant further opportunities to build on this developmental learning were provided. Staff demonstrated that they were responsive to children's developing interests by informally monitoring children's use of areas. This meant that interesting invitations to play were created when children needed new or different stimulating resources or activities.

Some children's learning, questions and voice were captured in floorbooks. Children were encouraged to contribute drawings and comments to these. Observations of individuals' learning and development were sometimes descriptive. The service was in the early stages of developing how they consistently capture individual's knowledge, understanding and skills as they develop. Next steps were not yet always identified to support children's ongoing progress effectively. We found that some planned activities were not appropriate to some children's stage of development. The manager and staff should now consider how they could make more effective use of progress tracking systems to inform developmentally appropriate next steps. This could enable staff to support individual children to develop at a suitable pace in line with their development needs. Staff had recently participated in training to support this work. We were not yet able to see the impact of this on children's outcomes at this inspection and hope to do so at the next inspection.

Children's knowledge, understanding and skills in literacy and language were supported in a number of ways. Clipboards and pens were available in a number of areas, inviting children to make marks with writing materials. Staff had developed an appealing library area in the cloakroom area and provided weekly borrowing sessions. One parent told us that they appreciated how the staff had incorporated other items that could be borrowed into the weekly library. These included story bags with props for storytelling and puzzles which supported literacy and language development. Some children with identified communication needs were supported through the effective use of visuals.

Children's numeracy development was well supported by staff who found opportunities to use numeracy language in their interactions. For example, one child was drawing a ladybird. A member of staff asked how many spots their ladybird would have. They then drew ladybirds together supported by staff interactions which encouraged counting and introduced concepts such as, how many more. Another staff interaction brought the concept of measure into block play. This supported children to learn and develop knowledge and understanding about numbers, counting and numeracy concepts in everyday life.

Children were supported to be connected to their local community with regular visits to the local shop, post office and farm shop.

## Areas for improvement

1. To safeguard children, the provider should ensure staff knowledge of their role and responsibilities in reporting any concerns is accurate.

This should include, but is not limited to ensuring that:

- a) Child protection procedures are implemented in accordance with national guidance.
- b) All staff have a good understanding of child protection and safeguarding, and are clear on their roles and responsibilities.
- c) Child protection referrals are made to lead agencies within appropriate timescales.
- d) The required notifications are made to the Care Inspectorate in line with guidance.

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).

## How good is our setting?

### 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Children experienced a setting which was comfortable, with plenty of natural light and good ventilation. The indoor area, although limited in size, had been thoughtfully organised to provide children with a good range of areas. This supported a variety of play activities. Areas were well furnished and included some homely, inviting spaces which were developmentally appropriate and promoted a cosy feel. Although free-flow play was not possible due to the layout of the setting, staff supported children to access the outdoor area for most of the day. Staff had worked hard to transform the overall appeal and resourcing of the outdoor area as part of an ongoing improvement priority. This impacted positively on children's play and care experiences. Overall the setting, indoors and outdoors was well maintained and welcoming spaces had been created throughout the service. This sent the message to children that they mattered and were valued.

Children's physical development, health and wellbeing benefitted from being able to access a wide range of large outdoor play resources. These encouraged children to explore more risky play and to develop of gross motor skills such as jumping and climbing. Large play equipment and resources were developmentally appropriate for the age of children accessing them. This meant that children were able to engage in play that was challenging, exciting and fun.

Children's current interests were reflected in the resources provided and stimulating invitations to play. Staff were tuned into children's interests as they changed. They were responsive in providing resources and toys to support current interests. Children's imagination, curiosity and creativity benefitted from a range of resources which met their developmental needs. Children could freely access a range of resources which supported them to be imaginative and fostered creativity.

Children's safety and wellbeing benefitted from an environment which was generally clean, organised and tidy.

Infection prevention and control practices were embedded with well-established routines such as midday cleaning of the toilets. The service was aware that the nappy changing area did not fully comply with current guidance so extra controls were in place. This helped reduce the potential for cross-infection. Effective and regular handwashing was well supported by staff. Children were supported to wash their hands after playing outdoors and before eating.

### How good is our leadership?

**4 - Good**

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

At the time of inspection, the manager was regularly providing cover at another ELC service. They were working with the provider to find a solution to staffing pressures. We expressed concern about the potential impact of this arrangement on the manager's time.

The service had reviewed their values within the last year. The values were reflected in the ethos and overall work of the service. For example, parents spoke of children's experiences using the language of some of the service values. They told us the service felt nurturing and that children's achievements were recognised and celebrated. Family involvement was evident in a floorbook which recorded the development of the outside area. Both parents and members of the community had been involved in the development of this aspect of the setting. This reflected the service's aspirations for children by developing an exciting, interesting outdoor environment that met their play and learning needs.

Regular support and supervision meetings supported staff wellbeing and the identification of training needs. Staff were encouraged to keep a training log and to reflect on the impact training had on their practice. This enabled them to make changes that would impact positively on children's experiences and outcomes.

Some quality assurance processes supported the service to deliver care and support tailored to meet children's and families' needs. A continual process of self-evaluation supported staff to reflect on what was working well in the service. This enabled them to identify some areas for improvement which were realistic, achievable and impactful. For example, they had identified improvements to the cloakroom area which had influenced positive outcomes for children. These included thoughtful organisation promoting the development of children's independence skills and regular library sessions to support literacy skills. However, staff were not consistently assessing impact of all changes within the setting. For example, in some instances staff were not yet formally identifying where further changes were needed to improvements to impact children's experiences and outcomes.

### How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Children's experiences and needs benefitted from staff deployment which had been considered across the day to provide a good balance of staff experience and skills. Staff breaks were planned so that they did not impact the continuity of care provided to children. The staff told us about the support they gain from each other. A supportive induction process was in place for new staff. For example, there were details about how to carry out tasks and strategies to meet individual needs.

Across the service staff communicated well and respectfully with each other. They were proactive and communicated to colleagues if a task took them away from their responsibilities. This supported children's continuity of care throughout their day. Staff were aware of moving with groups of children as they played in the outdoor area. They should continue to be aware of areas where children could move out of sight, for example, behind the sheds. Staff worked together to ensure they engaged well with children as they played to provide support, to extend ideas and enhance learning.

We acknowledged that managing staff absences was a continuing challenge. This was well managed as the service used familiar relief staff where possible to minimise disruption to children's care, play and learning. For example, at the time of inspection, some staff hours had been increased to cover a staff absence. Families were kept informed of staff changes. Staff demonstrated commitment to their role by taking on extra responsibilities while a colleague was absent from work. This helped reduce the potential for children's experiences and outcomes to be impacted.

Busier times of the day were well planned for which supported positive transitions for children and families. Informal opportunities for families to meet and speak with staff were created as families were welcomed into the setting each day. Staff roles and responsibilities were clearly defined at these times. This meant that children and families had the right support to enable smooth transitions, especially for children who were settling into the service.

## 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

The senior management team should ensure that the development needs of the staff are clearly identified through formal discussion, training is planned, shared and evaluated, with a view to improving outcomes for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I have confidence in the 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, 'I am confident that people are encouraged to be innovative in the way they support and care for me' (HSCS 4.25).

**This area for improvement was made on 9 October 2019.**

#### Action taken since then

Children's outcomes are positively impacted by the opportunities staff have for regular support and supervision to discuss and plan training needs. These regular meetings allow the manager and staff to identify training which supports ongoing identified improvements to the service as well as individual training needs. When training is completed all staff keep a training log. They record their reflections on how the training will impact on their practice and how this will support positive impacts on children's outcomes and experiences.



## Previous area for improvement 2

The provider and senior management team should establish a continuous, manageable and effective system of self-evaluation, that seeks the views of all those involved, leading to sustained improvement.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8) and, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 9 October 2019.**

### Action taken since then

Children's experiences and outcomes benefit from the service approach to self-evaluation, enabling a culture of continuous improvement. Staff have regular opportunities to self-evaluate the work of the service using a range of self-evaluation tools. Through these staff are identifying what is working well and actions for further development. Staff have recorded and evaluated improvements in floor books. This demonstrated which actions had led to improvement to children's outcomes and experiences.

## 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	4 - Good
How good is our setting?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very Good
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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