

# Lhanbryde Primary School Nursery Day Care of Children

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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:**  
CS2003016376

## About the service

Lhanbryde Primary School Nursery is a day care of children service. It is registered to provide a care service to a maximum of 37 children not yet attending primary school of whom no more than 5 are aged 2 years to under 3 years.

The service operates from a main playroom and that has it's own kitchen, and toilet facilities, a smaller room has been equipped with a sensory area. A fenced outdoor play area is accessed directly from the playroom. There is an option outdoor play space situated within the grounds of the school, a short distance from the nursery.

## About the inspection

This was an unannounced inspection which took place on 19 February 2025 between 8:30 and 16:15 and 20 February between 9:30 and 11:45. The inspection was carried out by one inspector from the Care Inspectorate. A team manager from the Care Inspectorate was present for quality assurance purposes.

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 and contacted nine parents
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

## Key messages

- Children's overall wellbeing was being supported by the warm and caring approaches of the staff that helped children to form positive relationships and to feel secure.
- Children were involved in leading their own play and learning that helped to promote their choice and independence, they were happy and confident.
- Children would benefit from a wider versatility of play resources and creative approaches both indoors and outdoors, that provided challenge and enriched their learning.
- Children benefited from being cared for in a clean and comfortable setting that was equipped with good quality furnishings.
- The provider must ensure that risks posed to children are clearly identified and that appropriate action is undertaken to support their health and safety.
- The recently appointed manager was at the early stages of establishing a clear programme of quality assurance and self-evaluation that supported continuous improvement.

## 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?	2 - Weak
How good is our leadership?	2 - Weak
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.

### 1.1 Nurturing care and support

Children's overall wellbeing was being supported by the warm and caring approaches of the staff that helped the children to form positive relationships and to feel secure. Where children became overwhelmed and sought comfort, staff offered kind words and comfort that helped them to feel secure.

Personal care routines promoted children's independence, privacy and dignity. Suitable arrangements were in place for any child needing to sleep at the setting to support their development and emotional wellbeing. We discussed the benefits of quiet/rest areas being prominent and available within the play room. Ensuring that they were enticing and cosy, would enable children to choose safety, comfort or relaxation.

Children enjoyed eating together in small groups in an unhurried and relaxed atmosphere. Staff sat with the children and some also chose to eat with them, it enabled them to focus on the needs of the children and also helped to promote close attachment. A few children were not eating and they would have benefited from staff prompts or words of encouragement.

Children were able to collect their meals from the servery counter and to pour their own drinks and clear away their dishes/plates. We suggested that children could be involved in the preparation of and delivery of snacks and meals, that supported independence skills and learning.

A set rolling menu provided healthy food options and complied with children's dietary needs and/or food preferences. To help encourage children to remain hydrated through out the day, we suggested that the drinking water dispenser and cups were prominent and easily accessible.

Staff knew the children well that helped them to promote nurturing relationships. Families had been involved in the creation of their child's personal plan such as health, specific needs and routines that helped to support their development. However, the method of review did not support a comprehensive sharing of information with families, that helped to ensure continuity of care, and enabled staff to respond quickly to changes. When a child was struggling to self-regulate, identified strategies within their personal plan were not used by staff, as a means of ensuring the right support was offered. Strategies based on children's individual needs had not been reviewed with families and clearly updated to help ensure that a consistent approach to individual needs was maintained. The majority of parents told us that they would like to have more involvement in their child's care and learning, and the opportunity to have more in-depth conversations with staff (see area for improvement 1).

Chronologies also helped to identify children's needs and directed actions to support them well. Overall they were being used appropriately, there were a few gaps as information had not been followed up. We discussed this with the manager.

Children's health and safety was supported as medication was checked to ensure that it had not expired, parents had provided written consent and an administration record was completed. We advised the manager that two health plans were due to be reviewed and that symptoms were not always being recorded. Having a designated box for such purposes on the administration consent form would help to

ensure that key information was recorded that supported children's wellbeing.

### 1.3 Play and Learning

Children were involved in leading their own play and learning that helped to promote their choice and independence, they were happy and confident. A small group of children were working together when building in the construction space. Children made good use of the arts and craft area, they were mark making, cutting patterns and modelling with a variety of materials. A child was using a tablet to take pictures of the different things that they saw happening around the play room.

Most children chose to play outdoors at various times, it enabled them to benefit from the fresh air. Staff encouraged them to change into outdoor clothing, it supported them to problem solve and develop fine and gross motor skills (muscle movement). Children enjoyed active play on the trikes and used chalk to make a road, a child was engaged for a time in the sand and water play, although there were limited items/utensils for sustained exploratory play. When real food was available in the mud kitchen, a child was cutting up peppers and told us that they were making soup.

Although children were having fun during play and staff were present, there were missed opportunities for staff to extend children's thinking and widen their learning. There were periods where children wandered between areas and were easily distracted and lacked the interactions of staff that helped to support quality play. Children were much less engaged in play at these times and there was tendency for it to impact on their ability to self regulate. We also suggested that the manager and staff considered routine's of the day such as tidy up times that interrupted children's opportunities to play. We advised leaders that undertaking a whole audit of the environment, indoors and outdoors that considered how spaces were used and resources were organised, would help to identify gaps in stages of development and quality of learning.

Children would benefit from a wider versatility of play resources and creative approaches both indoors and outdoors, that provided challenge and enriched their learning. Whilst there were books they were mostly fictional and situated in one area of the play room that lacked interest. For a few children it was noted that they responded well to singing when struggling with their emotions. There were no indications that children had any opportunities to engage in or hear singing that also supported children's language skills and understanding. Incorporating more open ended (no fixed purpose), natural and real materials, literacy and numeracy across the spread of play experiences, would lead children to see how things worked, to engage and explore their emerging interests (see area for improvement 2).

The service had some approaches in place to evaluate children's progress and achievements. It had been recognised that observations had not always been informative and linked to children's interests and next steps of learning that supported their development. New assessment paperwork had been introduced and was in the process of being fully implemented. Responsive and intentional planning, whilst at an early stage of development and was being progressed to support assessment and learning.

Children's opportunities for play and learning were to be enhanced through children having connections to their own and wider community. It had been identified that it would be beneficial to arrange for personnel from emergency services/agencies to visit the setting and share their roles with the children. We discussed the benefits of the manager and staff being pro-active in taking such developments forward.

## Areas for improvement

1. To support children's overall wellbeing, the manager and staff should ensure that, children and families are central to the review of the personal plan through the sharing of information.

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).

2. To further support children to be meaningfully and actively involved in their play and learning, the manager and staff should further develop a balance of spontaneous and planned high quality play experiences that promotes children's curiosity, extends thinking and consolidates their learning.

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).

This is to ensure children's play and learning is consistent with the Care Inspectorate documents:

- a) A quality framework for daycare of children, childminding and school-aged childcare
- b) Space to grow and thrive
- c) Our Creative Journey
- and
- d) The Scottish Government document: Realising the ambition: being me  
[hub.careinspectorate.com](http://hub.careinspectorate.com)

## How good is our setting?

### 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Children benefited from being cared for in a comfortable setting that was equipped with good quality furnishing. Neutral décor and full windows provided plenty of natural light and ventilation that helped to promote children's psychological wellbeing. It helped to give the message to children that they mattered.

The setting was generally clean and well maintained, although there was as an unpleasant odour within the nappy changing area. We brought this to the attention of the manager and appropriate steps were taken to address the matter. We suggested that the situation be monitored so that it continued to provide a clean and pleasant environment for the children.

Infection and prevention control supported the wellbeing of children through practices such as good hand hygiene. Children washed their hands well before and after eating. We advised that encouraging and supporting children to wash their hands following outdoor play, would also support robust practice. Where

children needed personal care, the use of disposable gloves and aprons, also helped to minimise the potential spread of infection.

The indoor and outdoor environments were being structured to take account of the children's ages and stages and development of learning. The outdoor play area was an identified area for improvement. It would benefit from regeneration, it had been recognised that part of it was in need of a new surface as the grass had long worn away. Children were making good use of the play spaces and we discussed the benefits of children being involved in setting up the outdoor area, and how involving them in daily checks helped them to learn about and manage risk.

A safe environment for the children was not always promoted as risks to children within the setting were not always identified and removed. Staff practice did not ensure that children were accounted for indoors and outdoors across the day. The garden posed a risk to children as the differentiation in an area of decking was not clearly visible and therefore posed a hazard. The fencing was low, it had been made more easily accessible for young children to climb over as objects such as large planters, were situated adjacent to the fence. Written risk assessments were general and did not identify known or potential risks specific to the setting, and what action was needed to ensure that children's safety was not compromised (see requirement 1).

The protection of children's personal information complied with relevant best practice.

## Requirements

1. By Friday 11 April 2025 the provider must ensure that risks posed to children are clearly identified and that appropriate action is undertaken to support their health and safety.

To do this the provider must at a minimum:

- a) ensure that all hazards are clearly identified and actioned
- b) all risks and any action identified to mitigate/eliminate such risk are clearly recorded and kept under review.

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

This is to 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) and

'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions' (HSCS 2.25).

## How good is our leadership?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The manager of the setting had early years knowledge and experience although they had only recently being appointed to the position. The setting had lacked consistent management for a significant period of time which had led to non cohesive practice and a clear direction for improvement.

There had been significant gaps in the areas covered by quality assurance that prioritised observation, that helped to identify inconsistencies in practice and inform improvement. There had been limited learning and reflective discussion from a potentially serious incident, so that action ensured that the outdoor environment was safe for children and provided positive outcomes. Whilst we discussed this with the current manager, we acknowledged the matter was prior to their appointment.

The manager acknowledged that the setting was not where it should be. They were in the process of establishing a development action plan that prioritised observation that helped to identify inconsistencies of practice and supported quality assurance. An improvement plan had not yet been established, although staff had been given the opportunity to learn about self-evaluation and they were motivated to implement a programme that supported continuous improvement. Staff had evaluated the indoor environment and were in the process of making changes, to help ensure that it took account of children's development and learning. Children and parents had also been invited to share their views as part of the process for making improvement. Formal staff meetings were being introduced that would provide an opportunity for staff to reflect and learn together in a protected environment. It would help to ensure that staff were involved in a meaningful way and would also help to foster the culture of ownership (see area for improvement 1).

It was anticipated that children and families would be widely involved and influence changes within the setting. More recently families had been invited in to the setting during handover of their child. Parents told us that it was good to be able to enter the setting and it provided an opportunity for a brief update on their child's day. Consistent use of floor books (records children's ideas and thoughts) and planning would help to involve children and capture their voice.

The new manager was peripatetic and also managed another day care of children setting. During the short time they had been in post they had also covered staff shortages. It was an unsustainable role for the new manager given their leadership role in supporting staff confidence, and ensuring a focus on improvement was established that led to positive outcomes for children and families (see requirement 1).

## Requirements

1. By Tuesday 6 May 2025 the provider must ensure the manager has sufficient time allocated to effectively manager and lead the service.

This is to comply with Regulation 4 (1)(a)(b) (welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/10)

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I use a service and organisation that are well led and managed' (HSCS 4.23).

## Areas for improvement

1. To support continuous and sustained improvements, that enhances the delivery of high-quality practice and improved outcomes for all, leaders should establish robust methods of self-evaluation and quality assurance.



This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 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).

### How good is our staff team?

### 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.

Leaders had ensured that the service was appropriately staffed during the day to support the wellbeing of children. Staff had different roles associated with their levels of experience, skills and knowledge.

Daily responsibilities were shared between the staff to support children's experiences across the day. Staff breaks were planned to minimise the impact on the children whilst enabling staff to refresh.

There was scope to improve the arrangements of staff positioning within play areas, so that staff were able to consistently promote interactions and support to the children. We discussed this with the manager.

Staff worked well together and overall, they communicated with each other when a task took them away from their responsibilities. Arrangements were in place to promote continuity of care across the day and ensured positive transitions and communication with families such as drop off and pick up times.

Staff support and supervision meetings had enabled staff to discuss their wellbeing and any practice/training needs with the manager.

Children experienced a warm and respectful atmosphere, staff interactions were caring and kind that was conducive to their wellbeing, confidence and self-esteem. This contributed to good outcomes for children.

### Complaints

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

## 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?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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