

Milton of Leys Primary School Childcare Service Day Care of Children

Milton Of Leys Primary School & Early Years Centre
Leys Square
Inverness
IV2 6HF

Type of inspection:
Unannounced

Completed on:
19 March 2025

Service provided by:
Highland Council

Service provider number:
SP2003001693

Service no:
CS2011297021

About the service

Milton of Leys Primary School Childcare Service is a day care of children service in the Milton of Leys area of Inverness. The service operates flexible full day and part time care of children, throughout the year, which is operated by the Highland Council. The head teacher is the registered manager.

The service is registered to provide a care service for a maximum of 96 children aged three years to primary school age.

The service is situated in a residential area close to shops and other local amenities. Children attending early learning childcare are cared for in a building situated beside Milton of Leys Primary School. This consists of two large playrooms, a general purpose/ canteen and servery area, reception area with cloakroom facilities. There is an enclosed outdoor play area. School aged children attending breakfast club and out of school care are cared for in a large hall, with servery, situated in the primary school building. They can also access a multi-use games area (MUGA) and the school grounds for energetic and physical play.

About the inspection

This was an unannounced inspection which took place on Monday 17 March, between 09:00 and 17:00, and Tuesday 18 March 2025, between 08:00 and 14:00. The inspection was carried out by two inspectors 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 three family members of people using the service
- reviewed 25 survey responses of family members of people using the service
- spoke with staff and management
- observed practice and daily experiences
- reviewed documents.

Key messages

- Children had opportunities to be active as free flow between the indoors and outdoors was available for most of the day.
- Children had some opportunities to be involved in preparation and serving themselves snacks. Insufficient time was allowed for all younger children to have a morning snack.
- Most nursery children were engaged in their play throughout the day however, at times, not all children were meaningfully occupied.
- There were significant gaps in the areas covered by the quality assurance processes in place. This impacted negatively on some children's experiences and had potential to place children at risk of harm.
- Children were supported by staff who were calm and were obviously fond of them.
- Minimum adult:child ratios were met but this did not provide sufficient support to effectively meet all children's needs.

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?	2 - Weak
How good is our setting?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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

How good is our care, play and learning?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect children's experiences or outcomes.

1.1. Nurturing care and support

Children mostly experienced warm, caring interactions. Almost all received comfort and reassurance when they were upset. At times, cues were missed to support some younger children's emotional wellbeing and some interactions did not support the overall nurture of these children. This meant that children's confidence and security was not always fostered. This did not consistently give young children the message that they were valued and mattered. School aged children had formed good relationships with staff. They confidently approached staff and made requests, knowing their ideas were listened to and respected. Staff supported older children's interests and some joined in children's activities

Overall, children's individual wellbeing did not benefit from the effective use of personal planning. When we asked families, via our survey, many disagreed or strongly disagreed with the statement, "I am fully involved in my child's care, including developing and reviewing their personal plan." Parents told us: "We do not feel fully involved at all," and, "We have reviewed the personal plan but do not feel that we have been involved in developing," and, "Other than filling in her 'About Me' form at the beginning of the year there is no further communication about her plan or her wants/needs." Some information held for individuals had not been regularly reviewed and as a result did not reflect children's current needs. This had the potential to compromise the quality of support children received. Where strategies had been identified, these were not always shared effectively or used consistently by staff to support children's needs. This led to some children not getting the right support at the right time. On occasion the lack of staff knowledge of identified strategies had the potential to compromise the safety of some children. For some individuals, there was not enough detail in their plans leading to missed opportunities to support children well to reach their potential. To ensure children receive the care and support which is right for them, improvements must be made to meeting individual children's needs. (See Requirement 1).

Children did not always benefit from high quality snack and meal time experiences. Children had some opportunities to be involved in preparation and serving themselves snacks. Insufficient time was allowed for all younger children to have a morning snack, resulting in some children having no snack. Staff were often task focused during younger children's snack time. Some snacks were not prepared in line with an awareness of prevention of choking in younger children. This meant that there was the possibility some children were not supported to eat safely and well. We signposted the service to Good practice guidance: prevention and management of choking episodes in babies and young children and Setting the Table. (see also requirement 4 in section, How good is our leadership?) Additionally, there was no system to monitor how well children had eaten across their day. We suggested the service considered systems to monitor how well and what children were eating across their day to support overall wellbeing. As a result we made an area for improvement

Children were supported to have a sociable lunch time experience. Staff sat with children to encourage them to eat well and to provide appropriate supervision. The service should now consider transitions to lunch, and after, to prevent children waiting for periods of time.

Medication was not consistently and safely managed, and auditing was ineffective.

For example, information was wrongly recorded for the dosage of a child's medication. Information recorded on an alert card did not correspond with information in a personal care plan. Similarly, information on a medical form did not match the information recorded in a personal care plan. This meant that a child may not have received the correct care. As a result children were at risk of not receiving the correct dosage or support.

We found staff were not knowledgeable in relation to appropriate record keeping and administration of medication. There were some gaps in corresponding information which had not been identified through quality assurance processes (see section How good is our leadership?). The leadership took immediate steps to rectify these issues during inspection and now needs to ensure that effective systems are put in place to ensure medication is safely managed in the service (see requirement 2).

1.3 Play and Learning

Nursery children experienced inconsistencies in the quality of play and learning. Most nursery children were engaged in their play throughout the day however, at times, not all children were meaningfully occupied. Staff did not always notice and respond appropriately to children. In one playroom children's play and learning experiences were relevant and responsive to their interests. For example, they explored people who help us and learned about ambulances and helicopter rescue. Some staff used effective questioning and commentary to support children to explore the functions of emergency services and medical surgeries. This helped to extend children's thinking. Children in the other playroom were not meaningfully and actively involved in leading their play and learning. Their interests had not been meaningfully captured in planning for activities. There was very little intentional planning which meant learning was not always relevant or sufficiently challenging for their stage of development. Systems for planning and observations which capture learning and next steps were not yet effective or consistent. The service should now develop the environment to provide enriching play and learning experiences which support curiosity, children's interests and imaginative play, indoors and outdoors. This should be combined with enabling consistently high quality interactions support children's progress effectively. (see area for improvement 1).

Children had opportunities to be active as free flow between the indoors and outdoors was available for most of the day. This meant that children could choose to engage in play which supported their gross motor skills such as running and riding bikes. Outdoors children were supported to be creative with large loose parts. This provided challenge and problem solving to extend their ideas and thinking. However, the core provision of resources did not provide an environment with rich opportunities for literacy, numeracy, and creativity. For example, a home corner lacked real life resources such as recipe books, clocks, and scales. Children had access to some resources to promote creativity. A large block play area was had just been introduced. It was too early to measure the impact of this on children's creativity, curiosity and imagination.

Families had some opportunities to be involved in their child's progress and achievements. However, some families told us that they did not feel fully involved in their child's learning and development. They told us that observations did not "...properly reflect my child's learning or capabilities," and "do not identify Learning Targets it is really difficult to know what your child is working towards, what you could do as a parent to support." We found that floorbooks were not yet effectively capturing what children already knew, what they wanted to know and learn about. The service was at an early stage of implementing a system to track literacy and numeracy progress. However, staff were not using this information to plan appropriately for children's next steps and to meet individual needs. This meant that some children were not sufficiently challenged in their learning.

Children attending school aged childcare had choices about their play.

For example, some children chose physical play, such as badminton or outdoor play while others spent time indoors drawing, crafting or playing tabletop games. Staff interactions supported children's interests and choices to be met. For example, a group of children were enabled to explore their interest in music and dance.

Requirements

1. By 19 June 2025, the provider must ensure each child receives appropriate care and support and their needs are met.

To do this the provider must at a minimum:

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

This is to comply with Regulation 5(1)(2) (Personal plans) of The Social Care and Social Work Improvement Scotland (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 (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. By 19 June 2025 the provider must ensure that the safety, health and wellbeing of the children is improved.

To do this the provider must, at a minimum:

- a) Ensure that staff are knowledgeable and competent in relation to safe, consistent record keeping and administration of medication.
- b) Ensure that staff are knowledgeable and competent in implementing strategies and protocols for identified life.
- c) Implement a system for management to audit and review the storage, management and administration of medicine.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources.' (4.27)

Areas for improvement

1. To effectively support children's individual learning and development, the service should develop an enriching environment which supports curiosity, interests and imaginative play indoors and outdoors, and ensures high quality interactions support progress.

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 have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling.' (HSCS 1.30); and 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials.' (HSCS 1.31)

How good is our setting?

3 - Adequate

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

2.2 Children experience high quality facilities

Children were cared for in modern, purpose-built premises and areas where the general fabric of the building was in good condition. These areas provided plenty of natural light and were well ventilated.

Children attending breakfast and out of school club had access to a large hall with a servery. Children were able to self-select from some resources which were made accessible for them. These reflected some current interests in drawing and crafting. Larger sports equipment for activities, such as badminton, could be accessed with the support of staff who were responsive to children's requests. This demonstrated to children that they were listened to and their choices mattered.

Younger children's health and wellbeing was not yet benefitting from having suitably inviting, cosy spaces to relax. There were missed opportunities to comfortably furnish parts of the playrooms for younger children to spend time resting or relaxing quietly. For example, some soft furnishings, such as cushions, blankets and rugs were not clean and some furniture used for role play areas was worn. As a result, some areas of the setting were uninviting. For children who wanted a story read to them there was an adult sized sofa where they could comfortably enjoy being read to by an adult. The service should now evaluate areas in the setting to increase opportunities for children to rest and relax comfortably in homely, appealing spaces.

The indoor and outdoor environments provided children with basic play experiences. Some areas in the setting had been developed and resourced to promote imagination, creativity and learning. For example, a hospital and medical reception had been created to reflect the interest of children in one playroom. Other areas such as sand and water play, and another indoor role play area, would benefit from further development to foster children's interests and to promote curiosity.

We found a number of infection prevention and control issues which had the potential to impact negatively on children's safety, health and wellbeing. The toilets were not effectively supervised by staff which meant that children were not well supported to be clean and healthy. A number of parents raised concerns via our survey about toileting for younger children. Concerns included inadequate supervision of toilets to support younger children with hygiene routines. We found that children were not well supervised to wash their hands at key times during their day including after toileting and playing outdoors. As a result we made a requirement in relation to infection prevention and control (see requirement 3)

There was the potential for children to be exposed to some risks which had not been appropriately minimised. For example, children attending out of school care could access gymnastic equipment with adult support. Insufficient consideration had been given to how children could safely access the equipment taking account of children's varying ability levels. The service should now review how they can safely support children to access this equipment (see area for improvement 2).

Requirements

1. By 19 June 2025 the provider must ensure children's wellbeing with effective prevention and control procedures to minimise the risk of infection, supported by effective quality assurance processes.

This is to ensure that infection prevention and control measures are consistent with the Public Health Scotland guidance document, 'Health protection in children and young people settings, including education.'

To do this, the provider must, at a minimum:

- a) Ensure items which are visibly dirty, such as soft furnishings, are washed, removed or replaced.
- b) Ensure effective and consistent hand hygiene routines.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27); and, 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

Areas for improvement

1. To support safety and wellbeing of children taking part in riskier play, the service needs to develop systems which take into account children's varying ability levels to support safe access to equipment and activities.

This should include, but is not limited to:

- a) Regularly reviewing the systems to ensure the needs of individuals participating in riskier play are met.
- b) Having a suitably qualified adult present for some sports activities, such as gymnastics.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

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 weaknesses, either individually or when added together, substantially affect children's experiences or outcomes.

3.1 Quality assurance and improvement are led well

At the time of the inspection temporary management arrangements were in place, resulting in some disruption to the leadership team. This had impacted the pace and progress of improvements, affecting children's experiences and outcomes. Staff told us they found the manager, who was acting in the role during inspection, to be supportive and approachable.

Children and families had some opportunities to be involved in the setting. Parents were offered regular parent consultations and stay and play sessions. Some parents had contributed to improvements to the outdoor area. However, many parents felt they were not meaningfully involved in the development of the service. This was reflected in a number of responses to our online survey. Most parents of ELC children disagreed or strongly disagreed with the statement 'My child and I are involved in a meaningful way to help develop the service'. In contrast most parents of children attending school aged childcare agreed or strongly agreed with the statement. The leadership team should now explore ways to capture all parents' /families' voices and use their influence in helping to shape the development of the service.

Quality assurance processes were not effective in identifying and addressing improvements that would have the greatest impact on children's outcomes and experiences. For example, the service improvement plan did not effectively identify the specific needs of the ELC service. Improvement priorities did not always reflect the needs of younger children. As a result, there were missed opportunities to support children's identified needs and ongoing progress in learning and development. There were significant gaps in the areas covered by the quality assurance processes in place. For example, auditing of medication in the service was ineffective and had the potential to compromise children's wellbeing. There was not an outcomes focused approach to staff deployment. This meant staff deployment in the ELC setting did not always meet children's individual care, play and learning needs. As a result, we made a requirement relating to the development of robust quality assurance process (see requirement 4).

Staff were not being adequately supported to develop their understanding of self-evaluation processes. Effective systems were not yet in place to support staff to reflect on their practice and the service as a whole. This led to children experiencing inconsistent support to make progress. Monitoring of staff practice was not yet having a measurable impact on children's outcomes. Opportunities for staff to reflect on their practice, for example, through support and supervision, were not yet sufficiently regular to positively impact on making improvements in the service. This limited the overall ability of the service to improve outcomes for children

Staff benefitted from a yearly professional review. This also supported the identification of staff training needs. Some staff had relevant knowledge and skills to support positive outcomes for children. However, this was not consistent across the staff team. The approach to staffing across the service was not outcome focused.

We suggested the service reviewed ongoing supervision of staff beyond yearly reviews. This would help support those who were inexperienced or those who took on new responsibilities and roles.

Requirements

1.
By 19 June 2025, 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) The management team undertake effective quality assurance.
- 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) Regular and effective support and supervision for all staff is implemented.

e) The management team effectively monitors the work of each member of staff and the service as a whole.

This is to comply with Regulation 3 Principles of The Social Care and Social Work Improvement Scotland (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).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect children's experiences or outcomes.

4.3 Staff Deployment

Children were supported by staff who were calm and were obviously fond of them. Staff interactions as a team were respectful and supportive. They told us they worked well together. The use of walkie talkies in the out of school care provision supported transitions and teamwork. Staff communication needed further development to achieve a clear, consistent approach to support children well. For example, staff did not always communicate clearly and consistently with colleagues about how many younger children were indoors or outdoors. As a result staff were not always aware of the movement of children. This had the potential to compromise the security and safety of children.

Children's continuity of care was not yet consistently supported by effective staff communication at key times of their day. For example, a number of families told us that they either received no information or very little information about their child's day. This impacted on children's wellbeing and transitions. At the start of younger children's day, parents were asked basic, functional questions which did not consistently promote high quality continuity of care.

There were insufficient staff to meet the needs of children consistently. Minimum adult:child ratios were met but this did not provide sufficient support to effectively meet all children's needs. Some staff told us that, "sometimes it can feel stretched," and that they felt "there are not enough opportunities to sit and listen, spend quality time with the children as much as we would like." For example, children in the nursery were not always supported with toileting or to develop effective and consistent handwashing routines. As a result, children did not always receive the right support at the right time and their wellbeing was compromised (see requirement 5).

Supervision of children was not effective across the service. On occasions staff were poorly positioned. This meant that sometimes they were unable to fully engage in interacting well with children. Many parents reported concerns about a lack of supervision and support for younger children. As a result, we made a requirement in relation to sufficient staff for effective deployment (see requirement 5).

The layout of the ELC building and outside area needed to be considered further in relation to staff deployment. Some families told us, "If the children are playing outside sometimes they are out of view of the staff who are out there which worries me as they are then not being supervised." and "It's clear the staff are overstretched sometimes." As a result, we made an area for improvement relating to the provision of sufficient staff to meet the needs of all children (see requirement 5).

The leadership team attempted to provide consistency within the staff team. They tried to use familiar relief staff to minimise disruption to children's routines. However, this was not always possible and meant that children did not always experience consistent care and good quality play and learning experiences.

Requirements

1. The provider must ensure there is sufficient staff for effective supervision to ensure children's safety and to meet their needs consistently. This is in order to comply with section 7 of the 'Health and Care (Staffing) (Scotland) Act 2019.'

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'My needs are met by the right number of people.' (HSCS 3.15)

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?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.