

# Arisaig Primary School Nursery Day Care of Children

Arisaig Primary School  
Arisaig  
PH39 4NH

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**Type of inspection:**  
Unannounced

**Completed on:**  
1 May 2025

**Service provided by:**  
Highland Council

**Service provider number:**  
SP2003001693

**Service no:**  
CS2003017167

## About the service

Arisaig Primary School Nursery is registered to provide a day care of children service to a maximum of 18 children aged two years to those not yet attending primary school, of whom no more than four children are aged two to under three years of age. Ten children were present at the time of the inspection.

The service is provided from a modern purpose built premises adjacent to the grounds of Arisaig Primary School. There is a reception area, main playroom, toilets, kitchen facilities, a separate office and storage facilities. Entry to the premises was secure and children had access to an enclosed outside play area which surrounded the building.

The manager of this service is also the manager of Inverie Primary School Nursery CS2003013561 and Mallaig Nursery/Sgoil Araich Mhalaig CS2003013564.

## About the inspection

This was an unannounced inspection which took place on 29 April 2025 between 09:00 and 16:30. Feedback was shared online on 1 May 2025. 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 three of their families;
- spoke with two staff and the manager;
- reviewed online questionnaire feedback from two staff;
- observed practice and children's experiences; and
- reviewed documents.

As part of this inspection we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment;
- safety of the physical environment, indoors and outdoors;
- the quality of personal plans and how well children's needs are being met; and
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

## Key messages

- Children benefited from warm, caring and nurturing approaches from staff which supported their overall well-being.
- Staff knew children well and did their best to implement effective strategies to support their needs.
- Children had some opportunities to develop their skills in language, literacy and numeracy.
- Good community links enhanced children's play and learning experiences.
- Families reported positively on their experience of using the service.
- Snack and mealtime experiences did not support children to have nurturing and positive experiences.
- Nappy changing facilities within the service did not meet best practice guidance.
- Sufficient resources were not always allocated to lead and manage the service effectively.
- Staff deployment arrangements did not take into consideration the needs of individual children or the layout of the building.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

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

## 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 and caring approaches from staff when they were available. At these times, staff offered comfort, cuddles and caring interactions. This provided children with reassurance and supported their wellbeing, contributing to them feeling valued and respected.

Overall, children's well-being was supported through effective personal planning. This was carried out in collaboration with families and partners to promote consistency and continuity in care. Staff spoke confidently and knowledgeably about the individual care needs of children and the strategies in place to support them. As a result, the individual care needs of children were met.

Arrangements for snack and mealtimes in the nursery did not support children to have a relaxed and sociable experience. There were very few opportunities for children to develop their independence skills. Staff were very task driven during snack and lunch times which meant that they were not focused on children. There was very limited time for staff to sit with children to supervise eating and engage in nurturing conversations. This had the potential to compromise children's safety and resulted in missed opportunities to support and extend children's social and communication skills.

Children experienced significant waiting times between being seated for lunch and snack and the arrival of their food. This led to children becoming restless and agitated. Between courses at lunchtime, some children left the table to play with toys as they were bored and distracted. This did not support a nurturing experience for children. We signposted the service to good practice guidance 'Keeping children safe: supporting positive mealtime experiences in early learning and childcare (ELC)' to support the service with their review of their mealtime experiences (**see area for improvement 1**).

Whilst no children attending the service required any long term medication, we reviewed the systems in place for this. We were satisfied that safe administration of medication procedures were in place, to help ensure children's health needs could be met.

### Quality indicator 1.3: Play and learning

Children were able to lead their own play and learning through a balance of spontaneous and planned experiences which offered some opportunities for children to investigate and be creative. When they were able to, staff followed children's lead within play and were responsive to their interests. For example, staff supported children to develop recipes and ideas as they created imaginary food in the mud kitchen outdoors. Children commented as they played: "I'm making spaghetti soup." and "I'm making a cake!". This encouraged children to have confidence trying out new ideas and feel included as they played.

There were some opportunities for children to develop their skills in language, literacy and numeracy. Staff shared stories with some children, encouraging them to make predictions and talk about new vocabulary and unfamiliar words. During constructive play experiences, staff named 2D shapes and reinforced position language for children. Staff also supported younger children to experiment and have fun with mark making opportunities outdoors. As a result, children benefited from some opportunities to develop their skills.

Planning approaches within the service were child centred and responsive to the children's interests and life experiences. Staff used floorbooks to plan and record children's learning. Children's comments, ideas and learning were evidenced within these which demonstrated their voice was included within the planning process. Recent interests in 'Australia' and 'Ninjas' had been taken forward as contexts for learning. This was reflected in floorbook information which illustrated the good range of resources and experiences which had been available for children based around these interests.

Observations of children's individual development and learning were recorded and regularly shared with families through profile folders. Most observations highlighted children's learning through the early level curriculum and included some next steps for development. Further development of observation and planning approaches would support a consistent approach in this area across the service.

Opportunities for children's play and learning were enhanced through connections to the local community. Regular walks within the local area provided opportunities for the children to become familiar with their community and the facilities available. For example, they had visited the local shop to buy items for snack as well as visiting the local café. They utilised areas such as the swing park, local beaches and Arisaig Gardens to support children's learning outdoors. Links with local businesses such as Arisaig Marine afforded opportunities for children to learn more about the roles of people in the community and experience trips to sea. As a result, children were enabled to develop an understanding of their community, sense of place and develop skills for life.

### Areas for improvement

1. To support children's health, safety and wellbeing, the provider, manager and staff should review and improve the snack and mealtime experiences. This should include, but is not limited to:

- a) reviewing and improving staff deployment and practice to, ensure children are effectively supervised whilst eating;
- b) promoting opportunities for developing children's independence and language skills; and
- c) involving children in the preparation and delivery of snack.

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

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible.' (HSCS 1.35); and  
'I can drink fresh water at all times.' (HSCS 1.39).

### How good is our setting?

### 3 - Adequate

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

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

The nursery had operated from a modern purpose built building since 2021. The indoor space was comfortable and suitably furnished. Large floor to ceiling windows provided the indoor space with plenty of natural light and opportunities for ventilation. Children could access the resources available independently and were able to free-flow easily between the indoor and outdoor spaces.

Children had ample space for the needs. However, the layout of play spaces and resources did not always effectively meet the needs of children. For example, the block play area was situated around a corner from the main play space. This made it difficult for staff to supervise children and support play in this area. We found that the area available for sleep and rest was in the staff office. This did not provide a cosy and nurturing space for children and was also difficult for staff to supervise.

Some elements of the indoor and outdoor environments were structured to take account of children's stages of development and learning. The mud kitchen area was popular outdoors. We observed children of all stages engaging in imaginative play with loose parts and water in this space. Resources indoors such as sand, construction materials and small world toys were utilised by children to be creative and have fun.

Some areas of the indoor playroom were not as well resourced. For example, the home corner was not used by children during the inspection. This area lacked interesting provocations to stimulate children's curiosity and invite them to engage in dramatic play. Children had some opportunities to explore multi-sensory resources such as playdough. However, there were limited opportunities for children to access paint and arts and crafts materials in a manner which promoted their individual expression. This limited children's access to resources to extend their curiosity, creativity and inquiry.

There were some infection prevention and control practices which supported a safe environment for the children and staff. The environment was generally clean and staff supported children to wash their hands before snack and lunch. However, some infection control practices needed improvement. Children were not always supported to wash their hands at other appropriate times, for example after outdoor play or after snack and lunch. Water bottles for children in general areas were used in areas where food was served which had the potential to increase the risk of cross contamination. A communal towel was used to dry hands in the children's toilet area and resources for play and learning were also stored in a cubicle in this space. This had the potential to increase the risk of cross contamination and the spread of infection (**see area for improvement 1**).

Suitable nappy changing arrangements were not in place. Nappy changing took place in a staff toilet area which does not meet best practice guidance as set out in "Space to grow and thrive: Design guidance for early learning and childcare and school age childcare setting". This had the potential to increase the risk of the spread of infection and did not support children's privacy and dignity (**see area for improvement 2**).

## Areas for improvement

1. To keep children safe and healthy and to promote their wellbeing, the provider should ensure effective infection prevention and control practices are in place. This includes but is not limited to ensuring:

- a) that correct hand washing routines are established and maintained, according to infection prevention and control guidance;
- b) items, such as water bottles, which have been stored and used in general areas are not used at tables where food is served; and
- c) resources for play and learning are not stored in toilet areas.

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

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 based on relevant evidence, guidance and best practice.' (HSCS 4.11).

2. To ensure children receiving personal care are effectively supported, the provider should, at a minimum, ensure that appropriate nappy changing facilities are available which comply with best practice guidance.

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 based on relevant evidence, guidance and best practice.' (HSCS 4.11).

## 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.

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

The manager and staff team were hard working and committed to doing the very best for the children and families in the service. The manager had taken on the role of leading the nursery since the start of this session. They had additional leadership responsibilities which included a secondary school, four primary schools and two additional nurseries. This impacted the time available to support and manage the service. As a result, children did not experience a service which was well managed and focussed on supporting continuous improvement (**see requirement 1**).

Children and families had some opportunities to influence change within the service. Daily conversations with children enabled them to express their interests, likes, and dislikes. This was reflected in some of the resources available for play which took account of their interests. This helped children feel valued and included in the service. Families were warmly welcomed into the service and feedback was sought from them in a variety of ways, including through daily conversations, invited sessions and questionnaires. All families we spoke with reported that the staff team were welcoming, approachable and provided good communication regarding their children's experiences. Some families commented that their children's development and social skills had improved since starting in nursery. As well as this, families supported nursery fundraising events to raise money for local causes such as the lifeboat station. We found this promoted inclusion and allowed families opportunities to be involved and contribute towards change within the nursery.

Some aspects of self-evaluation were in the early stages of making a positive difference to children's experiences. The service improvement plan had identified the need to improve observation and planning processes. Staff had undertaken professional learning in this area, reflected on practice and started to make improvements to the systems to track and monitor children's progress. However, this was often carried out by the staff team in isolation which meant that they did not benefit from constructive feedback to improve their practice.

There were significant gaps in the areas covered by the quality assurance processes in place. This impacted negatively on children's experiences. For example, the approach to staffing was not outcome focussed and some aspects of the organisation and resources within the environment did not work well for children. This meant that staff deployment and some elements of the environment in the nursery did not meet children's individual care, play and learning needs **(see area for improvement 1)**.

Some monitoring of the nursery had taken place; however, this was not robust to secure progression. Monitoring did not focus on individual children's play and learning experiences. As a result, the manager was not always able to identify where improvements were needed **(see area for improvement 1)**.

## Requirements

1. By 25 August 2025, the provider must ensure positive outcomes for children's learning, development and wellbeing. To do this, the provider must ensure sufficient resources are allocated to effectively manage 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 in order 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. The provider should ensure improved outcomes for children by implementing effective systems of quality assurance. To do this the provider should, at a minimum, ensure:

- a) the manager effectively monitors the work of each member of staff and the service as a whole; and
- b) clear and effective plans are in place for maintaining and improving the service.

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).



## 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.

## Quality indicator 4.3: Staff deployment

Children were supported by staff who were kind and caring. It was evident that all staff working in the service were fond of all children in their care. Staff told us they supported each other well which promoted an inclusive ethos. Parents commented on the welcoming and approachable manner of the staff team and the positive relationships between the staff and their children.

Effective communication from staff to meet children's needs was not consistent across the day. There were some occasions where staff communicated well, for example, when children required support with personal care. However, there were frequent times when communication between staff was limited, which led to areas of the service and children being unsupervised. For example, there were times when both staff were indoors which left the outdoor area unsupervised. During one of these times outdoors, a younger child fell backwards off a bench and banged their head on the ground. The lack of effective supervision placed children at risk of harm (**see requirement 1**).

Although the minimum adult to child ratio was met, the deployment and number of staff working in the service were insufficient to meet children's needs. The approach to staffing in the service was not outcome focussed. It did not take into account the complexity of individual children's needs, the recent addition of two year old children to the service and the layout of the building. For example, due to competing demands on staff, they were not always available to effectively supervise areas during play or support children effectively at snack or mealtimes. This negatively impacted children's safety (**see requirement 1**).

As well as this, play and learning experiences were not always maximised to ensure children's individual development needs were supported as staff often didn't have time to observe and provide appropriate support. This resulted in missed opportunities to support children to reach their potential.

## Requirements

1. By 25 August 2025, to ensure children's care and support needs are met and they receive high quality experiences, the provider must ensure there are effective staffing arrangements in place. To do this, the provider must, at a minimum:

- a) assess and review children's care and support needs, taking into account the layout of the service; and
- b) use the outcome to inform staffing numbers and arrangements.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17); and  
'My needs are met by the right number of people.' (HSCS 3.15)

## 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

We noted that the local authority has yet to disseminate guidance supporting children and young people with health needs in schools, which was published in December 2017. We recommend that the provider considers disseminating this updated guidance with appropriate services.

Health and Social Care Standards 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

**This area for improvement was made on 17 September 2019.**

#### Action taken since then

The systems to support personal planning for children took account of the Health and Social Care Standards. Children's health needs were supported by effective personal planning. This area for improvement has been met.

#### Previous area for improvement 2

We would recommend the provider undertakes an updated inspection of all boundary fencing to ensure children's safety is maintained.

Health and Social Care Standards 5.17: My environment is secure and safe.

**This area for improvement was made on 17 September 2019.**

#### Action taken since then

A modern stand-alone nursery building was erected in an area adjacent to the primary school building in 2021. This site had appropriate boundary fencing which supported children's safety and security. This area for improvement has been met.

### 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?	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

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