

Lairg Primary School Nursery Day Care of Children

Lairg Primary School
Main Street
Lairg
IV27 4DD

Telephone: 01549 402 345

Type of inspection:
Unannounced

Completed on:
8 May 2025

Service provided by:
Highland Council

Service provider number:
SP2003001693

Service no:
CS2003017235

About the service

Lairg Primary School Nursery is registered to provide a care service to a maximum of 30 children, from the age of three years to those not yet attending primary school. The nursery is operated by The Highland Council. The head teacher is the registered manager of the nursery but is responsible for more than one school. The nursery operates term time only. At the time of the inspection there were nine children in attendance.

The nursery is located within Lairg Primary School situated in the village of Lairg, Sutherland. The nursery premises consists of a large playroom, with direct access to an enclosed outdoor play area, which contains a range of loose parts and open-ended resources which extend and enrich the children's imaginative play and learning experiences.

About the inspection

This was an unannounced inspection which took place on 7 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
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- reviewed online questionnaires from four parents and carers.

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
- 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

- Staff were caring and nurturing and committed to providing a positive experience for all children.
- Personal plans did not consistently capture children's holistic wellbeing needs.
- Children had fun and were actively involved in leading their play.
- A variety of activities and experiences stimulated children's curiosity and imagination.
- Mealtimes were a positive, relaxing and sociable time for children.
- Quality assurance systems and processes were not having a consistently positive impact.
- Staff deployment did not consistently meet 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?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 1.1: Nurturing care and support

Children were cared for by kind and pleasant staff. They were patient and used soothing tones when speaking to children. This helped promote a calm ethos where children were happy. We observed praise, cuddles and reassurance from staff which supported secure attachments and positive relationships. This contributed to children being nurtured and valued. Overall parents spoke very positively about the staff team, including how caring and respectful they are.

Personal plans did not consistently capture children's holistic wellbeing needs. Although most staff members knew the children well, important information and support strategies for some children were not clearly understood or documented to help them meet individual children's needs. This had potential to compromise continuity and consistency in care. **(See Area for improvement 1)**

Mealtimes were a positive, relaxing and sociable time for children where they were provided with a range of opportunities to develop their independence. For example, children helped to choose, prepare and serve the snack fruit items. They collected crockery and other items to set the table, they poured their own milk and cleared away their plates and dishes. This supported children to have opportunities to take responsibility and learn key life skills. At mealtimes staff sat with children which provided opportunities to promote close attachments and develop their language skills.

Children's medical needs were understood by staff which helped to keep children safe. Medication was audited to ensure it was in date. However, documentation to support the safe administration of medication was not fully or accurately completed. For example, we found discrepancies between dispensing label dosage information and written dosage information. We also found that some children's long-term medication had not been reviewed in line with best practice. This had the potential for children's medical needs not being met. (See Area for improvement under section 'How good is our leadership?')

Establishing good working relationship with parents was important to the staff team. There was daily communication with families at drop off and collection time as well as online updates. Parents were also invited to attend stay and play sessions with their children. Most parents felt communication was good. However, a few parents commented that handovers were variable and could be better. The service may wish to consider reviewing their drop of and collection procedures. A parent told us, "I do not like the dropping off at the gate as you can't see any posters etc. Information for the nursery week is on the nursery door".

Quality Indicator 1.3: Play and learning

Children had fun and were actively involved in leading their play. They were able to move freely between play areas and benefitted from experiences to support their physical and sensory development. There were opportunities throughout the day for children to access the outdoor play area. They had fun running, climbing and playing in the fresh air. This contributed to the development of gross motor skills.

There were some opportunities available to develop children's skills in literacy, numeracy and language. The indoor space provided a range of experiences for children to paint, write, draw, cut and stick within contexts which engaged their interests. This supported the development of early marking and fine motor skills.

The staff team were cheerful and playful in their interactions with children. Staff used some good quality interactions to support children's play and learning. However, staff often had to prioritise their time providing comfort for children and supporting toileting needs. This resulted in missed opportunities to support other children to extend their learning through play experiences. For example, when children were playing with sand and water there was missed opportunities to explore concepts such as, volume, measuring and capacity.

Planning approaches within the service were child centred and responsive to the children's interests and life experiences. For example, staff used children's interests in space and spring to shape learning experiences. This ensured activities were meaningful and engaging for children. Parents highlighted this as a key strength of the staff team. One parent told us, "Staff tune into each child's interest and inspire them individually". Another parent told us, "Staff are so child centred".

As part of their ongoing improvement work the service had identified the need to support and develop staff confidence in observation, planning and assessment approaches to ensure all children are supported and challenged at an appropriate level. This was in the early stages of development and the service should continue to develop this area of practice.

Areas for improvement

1. To support positive outcomes for children, the provider should ensure that personal planning enables each child to receive appropriate care and support to meet their needs; and

- 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 staff are competent in completing chronologies and use these to take appropriate action to support children and their families.

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).

How good is our setting?

4 - Good

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

Quality Indicator 2.2: Children experience high quality facilities

The indoor playroom was clean and comfortable with plenty of natural light and ventilation. This provided a welcoming space for children. Staff were working towards creating a more homely environment for children. This was in the very early stages of development and further work was needed in relation to this.

Displays around the rooms were used to reflect children's interests and experiences. This provided opportunities for children to revisit their play and learning and share their achievements, which contributed to children's sense of pride.

The layout of the playroom enabled children to access resources independently and provided ample space for exploration and play. Consideration had been given to the variety of activities and experiences on offer to stimulate children's curiosity and imagination. For example, children enjoyed using recycled resources such as, cardboard, fabric scraps and paper rolls to design and build unique creations. These experiences supported children's artistic and cognitive skills as well as supporting them to understand the value of reusing and caring for the world around them.

Children had access to outdoor play. They used the outdoor space with confidence and experienced enjoyment, challenge and fun. Areas to climb, run and balance outdoors provided opportunities for children to develop their gross motor skills. There was potential for children to leave unaccompanied by an adult whilst they played outside. Effective risk assessments had not been carried out to mitigate this risk. Staff were proactive during the inspection and took appropriate action to rectify this.

Staff were knowledgeable about Infection Prevention and Controls procedures which minimised the potential risk of spread of infection. For example, children washed their hands at appropriate times and were encouraged to do this independently.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 3.1: Quality assurance and improvement are led well

Staff valued children's voice as they provided opportunities for children to share their ideas and influence their learning. Through observations of play and daily discussions, staff responded to children's interests and suggestions. This resulted in children being empowered, valued and allowed them to drive change in the setting.

Self-evaluation processes were evolving; however, they were not yet regular or robust enough to secure sustained improvements. Processes had allowed staff to reflect on their practice and identify areas for improvement. However, actions were not yet being routinely evaluated or reviewed to assess the impact on children's experiences. We asked the manager to review and increase opportunities for staff to come together to reflect on practice and improvement priorities. **(See Area for improvement 1)**

Quality assurance systems and processes were not having a consistently positive impact. Some processes to review children's experiences and outcomes were in place. However, effective monitoring of practice was not yet established to support continuous improvement. Additionally, we identified gaps in the auditing of medication which had the potential to compromise children's health needs. **(See Area for improvement 1)**

Support and supervision systems were in place. These provided opportunities for staff to meet with management to discuss their personal targets. However, they were not yet consistently enabling staff to reflect on practice and make improvements. We discussed with the management team ways in which the service could strengthen their processes. For example, linking support and feedback to formalised observation of staff practice.

Areas for improvement

1. To improve outcomes for children and families, the management team should ensure that a strong ethos of continuous improvement is established.

This should include but not limited to:

- a) developing robust quality assurance systems
- b) implementing effective audits
- c) developing monitoring processes to support a cycle of improvement.

This is in order 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?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 4.3: Staff deployment

All staff were caring and nurturing and committed to providing a positive experience for all children. They were warm and friendly in their approach which promoted a happy and inclusive environment where children could play and have fun.

The ethos between team members was positive and interactions between staff were kind and respectful. This helped create a positive atmosphere for both staff and children to feel comfortable and secure in. The staff team communicated well with each other when a task took them away from their designated area. For example, they would inform each other when leaving the room or when attending to a child's needs.

Staff deployment did not consistently meet children's needs. On occasions staff were task orientated and not always aware of their positioning in relation to supporting interactions, experiences and outcomes. This was particularly noticeable at snack times, during busier times of the day and throughout daily transitions. It was also more evident when children played outdoors. As a result, staff did not always pick up on cues from children for support or interaction. It also meant that on occasion children were not appropriately supervised throughout the day. This had the potential to compromise children's safety and impacted on play experiences. **(See Area for improvement 1)**

Staffing levels did not give consideration to the layout of the environment, daily routines and the individual needs of children. This impacted negatively on the quality of experience and the interactions between staff and children. **(See Area for improvement 1)**

Areas for improvement

1. To ensure children are safe and receive high quality experiences at all times the provider and manager should as a minimum, review and make appropriate changes to staff deployment, to improve experiences for children.

This is 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).

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 would recommend the manager to review external door security arrangements in the main school building. This is to ensure children using the toilets can be supported in such a way as it promotes independence whilst ensuring they cannot access outside unsupervised.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

This area for improvement was made on 30 August 2019.

Action taken since then

Since the last inspection the service had installed new toilets within the playroom. This meant children could access the toilet independently in a secure environment.

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.

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?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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