

Sgoil Araich Ghaidhlig Loch Abar

Day Care of Children

Bun-Sgoil Ghaidhlig Loch Abar
Ardgour Road
Caol
Fort William
PH33 7JE

Telephone: 01397 709 720

Type of inspection:
Unannounced

Completed on:
4 June 2025

Service provided by:
Highland Council

Service provider number:
SP2003001693

Service no:
CS2003013559

About the service

Sgoil Araich Ghaidlig Loch Abar is registered to provide a day care of children service to a maximum of 50 children aged from three years to those attending primary school at any one time. The nursery and out of school care service is operated by Highland Council. The service operates term time only. At the time of the inspection there were 38 nursery children and 8 out of school care children in attendance.

The nursery is located on the premises of the Bun-Sgoil Ghaidlig Loch Abar Primary School and has its own separate entrance. The accommodation comprises of two large playrooms, a kitchen area and a reception area with cloakroom facilities. Shared toilets and a nappy changing space are located between the two playrooms. There is an enclosed outdoor play area which can be directly accessed from both indoor playrooms. The out of school service operates from one of the nursery playrooms and has direct access to the outdoor space.

About the inspection

This was an unannounced inspection which took place on 3 June 2025 between 08:45 and 17:30 and 4 June 2025 between 08:45 and 11:00. Feedback was shared with the service on 4 June 2025 between 13:30 and 14:30. 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, 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 four of their families;
- spoke with staff and the manager;
- reviewed online questionnaire feedback from 18 families;
- 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

- School aged and nursery children benefitted from warm, caring relationships from staff.
- Children were engaged in experiences which sustained their interests, allowed them to revisit their learning and promoted their creativity and curiosity.
- Improvements to the layout and resources within the indoor play spaces positively impacted children's engagement levels.
- Most families reported positively on their experiences using the service.
- Effective personal planning for children was not yet consistent within the service.
- Some infection prevention and control practices were not robust and had the potential to increase the risk of cross contamination and the spread of infection.
- Quality assurance processes need to be extended and embedded to secure sustained improvements across the service and improve outcomes for children.

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?	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, where strengths only just outweighed weaknesses.

Quality indicator 1.1: Nurturing care and support

Children were happy, settled and enjoyed their time at nursery. Overall, they experienced warm, caring and nurturing approaches to their personal care and learning needs. Staff recognised children as individuals and they responded to their needs and wishes, most of the time. They communicated with children at their level in a quiet and sensitive way. These supportive interactions developed close bonds between staff and children, contributing to positive relationships. The positive relationships developed with children were highlighted as a key strength by parents who told us: "The staff are approachable, friendly & caring. They know the children, care about their needs and are warm & welcoming." and "He loves the staff and feels happy and secure there".

Staff spoke knowledgeably and confidently about children's individual care needs and what they did to support them. We observed some examples of staff using their knowledge well to support individual children. Some personal plans sampled had been reviewed with families but this was not consistent. This had the potential to compromise the consistency of care for children. There was a requirement to improve personal planning in the previous inspection report which has now been met. However, further action is still needed to ensure personal planning information is reviewed at appropriate times and reflects children's current needs **(See area for improvement 1)**.

Effective systems for the management and administration of medication were not yet in place. For example, some children's medical needs had not been reviewed within appropriate timescales. As well as this, there was no system in place to record whether particular children had been administered medication before entering the service. This had the potential for children's medical needs not being met. **(See requirement 1 in 3.1)**

Children benefitted from unhurried snack and mealtimes. During these experiences they were provided with opportunities to develop independence skills. For example, children poured their own milk, prepared and served their own snack and cleared away their dishes. For most of the time, staff were responsive to children's needs at snack and this promoted a sociable experience. However, on occasion, staff did not always remain seated at the table with children. This resulted in inconsistent support and supervision for children eating. There was a system in place to monitor which children had accessed snack. This was not being consistently used which meant that staff did not always know which children had the opportunity to drink or eat snack.

Lunch choices were healthy and nutritious and children had access to fresh water to support hydration. Staff sat with children at lunchtimes but were not always alert to their needs. For example, a number of children placed their lunch in the bin after eating very little and this was not noticed by staff. This did not support a positive lunchtime experience for children. We spoke with the manager and suggested that snack and mealtime experiences would benefit from further monitoring to support consistent standards and practice across the staff team.

Quality indicator 1.3: Play and learning

Within the nursery and out of school care service, children were meaningfully and actively involved in leading their own play and learning through a balance of spontaneous and planned experiences, which were

fun and interesting and offered 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, while playing outdoors staff encouraged children to explore concepts of water movement and forces through sensory play. This promoted children's natural curiosity and actively engaged their interest.

Play experiences provided some opportunities for children to develop their Gaelic language, literacy and numeracy skills. During routines and some play experiences staff modelled Gaelic words and phrases to support children's understanding. We observed some opportunities for counting in Gaelic through singing in small groups. We discussed with the service how this could be extended and developed further through high quality interactions within children's play experiences.

There were opportunities for purposeful mark making across play areas indoors as well as resources to support the development of children's pre-writing skills through activities such as, arts and crafts and painting. However, we observed times where chances to support and extend children's learning were missed. For example, there were missed opportunities to support children's understanding of counting and the concept of money during their role play in the hair salon. As a result, children did not always benefit from challenge in their play.

The staff team were at the start of developing a more responsive approach to planning. They had attended professional learning opportunities to support this area of development and were using best practice guidance to improve their skills and knowledge. We found that there was a lack of consistency of high quality observations of children's learning which made it challenging to identify children's progress and plan for next steps. The service had identified the need to continue to support and develop staff confidence in observation, planning and assessment approaches to ensure all children are supported and challenged at an appropriate level.

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. Most parents felt communication was good. However, just over a third of families who responded to our survey stated that sometimes or rarely, they are welcomed into the service and have the opportunity to discuss their child's care, play and learning. Some of their comments included: "It's usually so busy for both parties that there just isn't the time for this". "We have had opportunity for stay and play, however, you do not get much time to discuss individual children and these can be quite chaotic". and "I would like more formal feedback on how she's tracking to her milestones and any areas that need focus or support".

Areas for improvement

1. The provider should develop children's personal plans and support staff to use this information effectively to support meeting children's health, welfare and safety needs.

To do this, the provider should, at a minimum, ensure:

- a) personal plans set out children's current needs and how they will be met;
- b) personal plans are regularly reviewed and updated in partnership with 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?

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 two indoor playrooms were welcoming and comfortable spaces with plenty of natural light and ventilation. The playrooms were set out in a manner which enabled children to access resources easily and lead their own play. There was good selection of furniture available for children of nursery age. The out of school club took place in one of the nursery playrooms. We found that appropriate sized tables and chairs for older children were not available in the out of school club. We spoke with the service about considering changes to aspects of the environment to suit older children.

Over the past few months the staff team had worked to review and develop the layout and resources within the indoor space. Better defined and purposeful areas for arts and crafts, block play as well as sand and water play were well used by children. A selection of open ended objects and loose parts within the role play area brought interesting choice and detail within children's play. As a result, children were engaged in experiences which sustained their interests, allowed them to revisit their learning and promoted their creativity and curiosity.

There were some areas indoors which would have benefitted from further development. For example, some books were available in the service, however, these were not easily seen or readily accessed by children. We suggested improving the accessibility of books and reviewing the provision of these to ensure they also meet the needs of older children in the out of school care service.

Nursery children had free-flow access to the outdoor space for the majority of the day. This supported children to be active and healthy and have opportunities to develop their gross motor skills. Children in the out of school club did not access the outdoor space during the inspection. The outdoor area lacked quality provocations and interesting invitations to play and did not reflect the same level of interest as indoors. The staff team shared that they were in the early stages of making improvements to the outdoor space.

All areas, including areas where food was consumed, were generally clean and well maintained. This contributed to supporting a safe environment for children.

We did find that there were a number of infection prevention and control issues which had the potential to impact negatively on children's safety, health and wellbeing. There was a lack of robust supervision of handwashing of children accessing the toilet as well as before snack and lunchtime which meant that effective handwashing was inconsistent. Utensils for children to serve food at snack were not in place until staff had been prompted to add these by the inspector. We also observed children taking items from packed lunch boxes which were situated on the canteen floor. This had the potential to increase the risk of cross contamination and the spread of infection. There was an area for improvement to address issues with infection and prevention and control at the last full inspection. This will remain in place.

How good is our leadership?

3 - Adequate

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

Quality indicator 3.1: Quality assurance and improvement are led well

At the time of the inspection, the manager was able to use their allocated nursery management time to support the nursery. This had enabled them to dedicate protected time to lead and manage the service and begin to carry out some monitoring and quality assurance tasks. We emphasised the importance of sustaining allocated management time for the continued development of the service.

Children and families had some opportunities to be involved and influence change. Children had some influence and choice in where they played on a daily basis. Most parents agreed or strongly agreed with the statement 'My child and I are involved in a meaningful way to help develop the service'. However, a few disagreed. Parents were given opportunities to be involved in service developments through parent consultations and stay and play sessions. The service had identified the need to further develop how children and families are meaningfully involved in the development of the service and had included this as part of their development priorities for the following session. We signposted the Care Inspectorate practice note 'Me, my family and my childcare setting: A practice note for building stronger connections and meaningful relationships' to support the service with their ongoing development of family engagement opportunities.

Regular opportunities for staff support and supervision were not yet in place. Staff had attended an annual professional review which provided opportunities for them to meet with the manager to discuss their personal targets. However, there were limited opportunities which enabled staff to reflect on their individual practice and make improvements. We discussed with the manager and provider, ways in which the service could strengthen their processes and create opportunities to provide constructive individualised feedback to staff.

Staff in the out of school club had been given the opportunity to take part in some professional learning events. However, they were not regularly involved in staff meetings, self-evaluation or included in the wider service development and improvement priorities.

Some quality assurance processes ensured aspects of the service were being reviewed and monitored in a focused and meaningful way. For example, changes to the indoor environment resulted in children experiencing a more positive environment. However, there were still significant gaps in the quality assurance processes in place. For example, issues with medication, mealtimes, infection prevention and control as well as staff deployment had not been identified or addressed since the last inspection. Effective audits of personal planning were not yet embedded, and we noted gaps in the auditing of accident and incident information for nursery children. As a result, children were not yet benefitting from a service with robust quality assurance processes to support a cycle of continuous improvement.

The requirement made in relation to effective quality assurance processes which has been in place since November 2024 has been restated. The service now needs to take action to ensure the pace of change secures positive outcomes for children and their families.

(See Requirement 2 under 'What the service has done to meet any requirements made at or since the last inspection?')

How good is our staff team?**3 - Adequate**

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

Quality indicator 4.3: Staff deployment

The 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. Some families commented: "The staff are lovely and friendly and do care a lot about the happiness and health of the children", "Staff are so lovely and welcoming, I find them really easy to talk to and approachable if I have any questions", and "I find all the staff approachable and friendly and professional".

Arrangements for unplanned absence were supported by effective systems to ensure children's needs were met. For example, the long term vacancy within the service was covered by one regular member of staff who integrated very well within the existing staff team. This helped to minimise disruption to children's routines and ensured they received continuity and consistency in their care.

Overall, 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. At times, 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. However, we observed little communication between staff throughout the day in relation to headcounts of children. When asked, a member of staff could not tell us how many children were in the nursery service that day or how many were in their room. This meant that some staff were not always aware of the whereabouts of children which could compromise their safety.

Whilst we recognised that there were sufficient numbers of staff in place, the deployment of staff at key times throughout the day was not always effective. Whilst on the whole children were supervised, there were areas of the service where staff needed to be more vigilant and consider their positioning. For example, at times, staff sat with their backs to larger groups of children which meant they were not always aware of the needs of the wider group and could not effectively observe play. As well as this, staff were not always aware of their positioning in relation to supporting interactions, experiences and outcomes. This was particularly noticeable at mealtimes, during busier times of the day and throughout daily transitions. As a result, staff did not always notice cues from children for support or interaction. This had the potential to compromise children's experiences.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 January 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 ensure:

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

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). (Requirements for Care Services) Regulations 2011, SSI 2011/210.

This is to ensure care and support is consistent with the Care Inspectorate document Guide for providers on personal planning.

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).

This requirement was made on 31 October 2024.

Action taken on previous requirement

Most staff are now aware of and understand the information within personal plans and are using this effectively to meet children's needs. However, regularly reviewing and updating personal planning information with families was not always consistent across the service. The service had made sufficient progress towards meeting this requirement. However, further action is still needed to ensure personal planning information is reviewed at appropriate times and reflects children's current needs.

(See area for improvement 1 in 1.1).

This requirement has been met.

Met - outwith timescales

Requirement 2

By 31 January 2025, the provider must ensure positive outcomes for children's health, safety 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 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).

This requirement was made on 31 October 2024.

Action taken on previous requirement

At the time of the inspection, the manager was able to use their allocated nursery management time to support the nursery. This had enabled them to dedicate protected time to lead and manage the service and begin to carry out some monitoring and quality assurance tasks.

This requirement has been met.

Met - outwith timescales

Requirement 3

By 31 January 2025, the provider must ensure improved outcomes for children by implementing effective systems of quality assurance.

To do this, the provider must, 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 comply with Regulation 3 Principles and Regulation 15 (a) and (b) Staffing 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This requirement was made on 31 October 2024.

Action taken on previous requirement

Since the last full inspection, an action plan had been developed which identified key areas for improvement and areas for action within the service. Progress has been made in meetings some of these actions. However, there were still significant gaps in the quality assurance processes in place. For example, issues with medication, mealtimes, infection prevention and control as well as staff deployment had not been identified or addressed since the last inspection. Effective audits of personal planning were not yet embedded and we noted gaps in the auditing of accident and incident information for nursery children. As a result, children were not yet benefitting from a service with robust quality assurance processes to support a cycle of continuous improvement.

A programme of training opportunities had started to be implemented, to support staff in their understanding around engaging in meaningful reflective practice to bring about positive improvements within the service. However, there were limited opportunities which enabled staff to reflect on their individual practice and receive constructive feedback to make improvements.

This requirement has not been met and has been extended until 7 November 2025.

Not met

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

To keep children safe and healthy and to promote their wellbeing, the service should improve infection prevention and control measures.

This includes but is not limited to ensuring:

- a) correct hand washing routines are established and maintained, according to infection prevention and control guidance;
- b) children are effectively supervised and supported whilst eating to prevent cross contamination of food; and
- c) all areas, including areas where food is consumed, are clean.

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).

This area for improvement was made on 31 October 2024.

Action taken since then

We found that all areas, including areas where food was consumed, were generally clean and well maintained. This contributed to supporting a safe environment for children.

We found there was a lack of robust supervision of handwashing of children accessing the toilet as well as before snack and lunchtime which meant that effective handwashing was inconsistent.

There were times when staff had not noticed opportunities to address issues which could increase the risk of the spread of infection. These included children eating from a lunch box on the canteen floor and a lack of utensils to serve snack.

This area for improvement has not been met and will be continued.

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	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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