

Hilton Early Learning and Childcare Day Care of Children

Hilton Primary School
Temple Crescent
Inverness
IV2 4TP

Telephone: 01463 251 941

Type of inspection:
Unannounced

Completed on:
22 May 2025

Service provided by:
Highland Council

Service provider number:
SP2003001693

Service no:
CS2003017217

About the service

Hilton Early Learning and Childcare is a day care of children service situated in the Hilton area of Inverness. The service is registered to provide a care service for a maximum of 129 children aged two years, up to primary seven. The service is situated in a residential area near shops and other local amenities. The children are cared for in four playrooms and have access to secure outdoor areas. Children can also access 'Buzzy's room', a nurture room and the gym hall in the main school building.

About the inspection

This was an unannounced inspection which took place on Wednesday 21 May, between 08.30 and 17:10, and Thursday 22 May 2025, between 08:45 and 12:15. The inspection was carried out by three 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 family members of people using the service
- reviewed 12 responses to our MS Forms survey of family members of people using the service
- spoke with staff and management
- observed practice and daily experiences
- 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
- 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

- Overall, children experienced nurturing care and support from staff who were responsive to emotional cues.
- School aged children had formed positive relationships with breakfast and out of school care staff, fostering a relaxed, fun ethos.
- Children's care and support benefited from staff who recognised when to seek additional support, to enable children to reach their potential.
- Most children followed their interests and were happily engaged in activities of their choice and having fun.
- Leaders had a strong vision for the setting which demonstrated their high aspirations for children's outcomes.
- Staff should develop how they work together and communicate to proactively deploy themselves where they recognise there may be the potential for gaps in supervision.

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? | 4 - Good |
| How good is our setting? | 4 - Good |
| How good is our leadership? | 4 - Good |
| 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?

4 - Good

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

1.1 Nurturing care and support

Overall, children experienced kind, caring interactions from staff. School aged children had formed positive relationships with breakfast and out of school care staff. They supported children's interests and sometimes joined in with activities, fostering an ethos of fun. Children confidently approached staff and made requests, knowing their ideas were listened to and respected. On the whole, younger children experienced interactions from responsive, compassionate staff who used nurturing approaches to support overall wellbeing. One or two cues were missed to support younger children's emotional wellbeing effectively. We suggested the process of staff practice monitoring would, with individual feedback, support the service to develop staff skills and knowledge where there was an identified need.

Children's needs and care were supported by personal planning which provided information to meet their basic needs. Some personal planning information for children with identified support needs included a good level of detail. For example, specific details about how to use strategies to support them to flourish in the setting. The service should continue developing the level of detail contained in all personal plans to enable all children to receive consistent, high quality support. Children's care and support benefited from staff who recognised when to seek additional support to enable children to reach their potential. As a result, staff worked proactively with other professionals to seek support from them, where this was appropriate, to meet children's needs.

Children experienced unhurried snack and meal times, which were relaxed and calm. Children attending breakfast and out of school care were able to choose from a variety of healthy choices. Younger children were offered opportunities to be involved in snack preparation and could select and serve healthy snack items for themselves. Two year olds were supported to eat their lunch safely and encouraged to eat well. Three to five year old children experienced smooth transitions at lunch times. They could serve some food items at the table for themselves. There were plenty staff to support and supervise children as they ate. Some staff became task focused during lunch, meaning that some children were not well supported or supervised. When highlighted, the leadership team were responsive in ensuring that all children were well supervised. The service should continue to develop monitoring children's experiences to highlight and address where such gaps are identified.

Younger children's developmental needs and wellbeing had been considered in the provision of inviting areas to relax or sleep. The two year olds' playroom and one of the three to five year olds' playrooms both had cosy, calm areas to support children to rest or sleep.

Children were supported to develop independence in their personal care. Staff demonstrated an awareness of those children who needed support with this aspect of their health and wellbeing. They were responsive to children who needed support as they developed independence as part of the process of toilet training. Children experienced personal care which respected their privacy and dignity.

Children's care and support was beginning to benefit from having a staggered drop off. Families were

welcomed in a warm, friendly manner by staff who engaged in conversations about their children in an informal way. We suggested that this could be developed to enable more detailed care and wellbeing information to be shared consistently.

Children's health and wellbeing benefitted from quality assurance processes which supported medication to be well managed and correctly administered.

1.3 Play and learning

Children were able to follow their interests and free flow between outdoors and indoors for most of their day. Most children were happily engaged in activities of their choice and having fun. Staff supported children in their play, supplying further resources if requested by the children. Children's ideas, thinking and learning were not yet benefiting from consistent use of high quality interactions such as the use of open ended questions.

Children's literacy and language development was supported by a number of opportunities across both indoor and outdoor spaces. These included an attractive book area outdoors for three to five year olds. The manager led regular Bookbug sessions which also promoted singing and rhymes as well as listening to stories. Children emerging writing skills were supported by a range of mark-making opportunities both indoors and outdoors. The younger two year old children were encouraged to join in with singing and rhymes as they played. This supported them to develop knowledge and understanding of language.

Children's skills, understanding and knowledge in numeracy were promoted across a variety of areas. There were some appealing invitations to explore numbers. Some numeracy activities were linked to number songs the children had been learning and singing. We found that opportunities to extend or enrich children's learning were not always supported by high quality interactions from staff.

Observations of children's learning and planning for extending interests, knowledge and skills were in the early stages of development. The leadership team were supporting the development of a cycle of using observations of children's learning to inform planning for next steps. This included supporting staff to identify effective next steps to build on children's current interests, prior skills and learning. Planning for children's learning and development in the two year olds' room used schematic play as a starting point. There was scope to further develop this approach.

How good is our setting?

4 - Good

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

2.2 Children experience high quality facilities

Children were cared for in a modern, purpose-built premises, which provided plenty of natural light and opportunities for good ventilation. Free-flow play between indoors and outdoors was available to all children throughout the day. Overall the setting, indoors and outdoors, was well maintained. Spaces were furnished to provide developmentally appropriate resources to promote a homely feel.

Children attending breakfast and out of school club had access to a multi-purpose room with a servery. Children were able to self-select from a good range of resources which were made accessible to them. These reflected children's current interests. Children's play benefitted from access to some sports equipment for physical activities. This demonstrated to children that their interests and choices mattered.

Two year olds benefitted from an indoor environment that was homely, cosy and comfortable. Some similar, inviting touches were apparent in the three to five year olds rooms and there was scope to develop this further.

Staff were continuing to develop the outdoor environment. They were aware of creating a safe environment. For example, some staff were introducing some new resources to children and how to use them safely. For example, staff spent time explaining to children how to safely use new A-frame climbing tee-pees. The service was in the early stages of creating "pop up" play boxes to support and stimulate children's interests. During our inspection, children were accessing two new outdoor pergolas for the first time. Staff shared their plans to monitor children's use of these initially. They advised that once they had observed children's play in these areas, this would inform how they were resourced to meet current play and learning interests.

Children's safety and wellbeing benefitted from an environment which was generally clean, organised and tidy. Some infection prevention and control practices were embedded. However, we found inconsistencies in some areas of practice. These had the potential to compromise children's health and wellbeing. For example, children accessing toilets independently were not well supervised which led to ineffective handwashing and an increased risk of cross infection. We evaluated a previous area for improvement relating to infection prevention and control practice.

(See section, What the service has done to meet any areas for improvement we made since the last inspection, area for improvement 2).

As a result of this evaluation and our findings, we made a new area for improvement.

(See area for improvement 1).

Across the setting, the developmental needs of the wide age range attending the service had been taken into account. Children were supported to explore creatively through play using loose parts and some open-ended resources. This enabled them to be curious and to be imaginative. There was a sufficient variety and types of resources to support the children's interests across a range of ages. and needs.

Children's information was securely stored to maintain confidentiality.

Areas for improvement

1.

To support children's health and wellbeing, effective supervision should be in place to ensure consistent handwashing as part of establishing good infection prevention and control measures, in relation to toileting routines.

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)

How good is our leadership?

4 - Good

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

3.1 Quality assurance and improvement are led well

Leaders had a strong vision for the setting which demonstrated their high aspirations for children's outcomes. They were in the early stages of implementing improvements, which were beginning to lead to positive changes to children's experiences and outcomes.

Service values had recently been reviewed with staff, families and children as part of a positive behaviour improvement priority. Staff referred to the values in interactions with children. The manager used stories and songs to introduce and consolidate younger children's understanding of the values. This supported children to understand how the values influenced relationships

Children's experiences and outcomes were beginning to benefit from the focused development of the service since the last inspection. A number of robust quality assurance and monitoring systems were in place. These included audits of the environment and children's lunch time experience. Some systems, such as staff monitoring, were in the early stages of implementation. The manager had provided alternative channels to give staff regular general and constructive feedback. There was a plan to provide staff with more focussed individual feedback. The leadership team advised their next steps in developing staff skills and knowledge. These included identifying strengths within the staff team, areas where skills need further development and individual training needs.

Effective self-evaluation was supporting the service to identify where good progress was being made in relation to improving children's outcomes and experiences. This process also helped to identify where further actions and development were needed to impact positively on improvements. For example, the service recognised that further work was needed to develop consistent observations of children's development and learning. They were linking this to the development of their approach to planning for next steps.

How good is our staff team?

3 - Adequate

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

4.3 Staff deployment

We found particular circumstances in relation to staffing at the time of inspection. The ELC service was in a period of transition, supporting a number of staff newly in post. The service was working with staff towards achieving a balance and mix of staff experience, skills and knowledge across the setting. Processes to support staff joining the service, such as induction and mentoring, should continue to be developed.

Children's care and support benefitted from the positive relationships they had developed with staff, who often got down to interact at children's levels. Staff interactions with children across the service were generally warm and caring. Children had formed positive attachments with staff at breakfast and out of school care which contributed to fostering a relaxed, calm ethos at these key times of the day.

Children attending the ELC service were not always benefitting from staff deployment which took account of the range of staff experience, knowledge and skills. Busier, key times of the day, such as lunch time, had sufficient staff to meet children's needs. However, some staff became task focussed leading to inconsistencies in supervision. Sometimes routines and activities of the day had not been fully considered by staff in relation to their deployment across the three to five year olds' playrooms. This meant that cues to support children's emotional needs or to enrich play and learning were sometimes missed. Staff should develop how they work together and communicate to proactively deploy themselves where they recognise there may be the potential for gaps in supervision.

(See area for improvement 1)

Areas for improvement

1.

To support effective supervision and quality engagement with children, the leadership team should ensure that staff work proactively to identify potential gaps in their positioning and deployment. Where appropriate, changes should be made to meet children's needs.

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, and 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

To support children's wellbeing, development needs and progress being effectively met, support strategies must be provided and used effectively to meet identified needs. This should include, but is not limited to, ensuring that all staff are knowledgeable about each child's health and wellbeing needs, their tailored care and support strategies.

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 area for improvement was made on 15 May 2024.

Action taken since then

Staff were good at identifying individual needs where support was needed to help children reach their full potential. Where appropriate, referrals were made and support from other professionals was put in place. Children's individual needs were recorded in personal plans and Form 1s. The strategies in these should be more specific. For example, detailing the specific strategies to be used from a communication development programme. This would enable children to be provided the right support at the right time.

This area for improvement has not been fully met and will remain in place.

Previous area for improvement 2

To keep children healthy and safe, the service should ensure that effective infection prevention and control practices and routines are in place and consistently practiced.

This includes but is not limited to, ensuring that:

- a) staff are knowledgeable and competent in effective handwashing routines and practice
- b) children are supported so their handwashing hygiene and routines are effective and following infection prevention and control guidance
- c) staff are knowledgeable and competent about all aspects of infection prevention and control.

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).

This area for improvement was made on 23 May 2023.

Action taken since then

Handwashing routines were well established at some key times such as before and after eating. Staff were knowledgeable about how to support effective handwashing.

Staff were aware of supporting children who needed support with toileting and provided the support they required. However, children accessing toilets independently were not well supervised leading to ineffective handwashing and an increased risk of cross infection. As a result, we made a new area for improvement.

(See section, How good is our setting?).

Staff had been supported to develop their knowledge and skills in relation to infection prevention and control. Input from the leadership team such as clear guidance and risk assessments supported effective infection prevention and control measures to support children's health and wellbeing.

This area for improvement has been met.

A new area for improvement in relation to effective and consistent supervision of handwashing has been made under section, How good is our setting?

Previous area for improvement 3

To support children's wellbeing and promote the continued development and improvement of the service, the manager should ensure robust quality assurance systems are in place.

This should include but is not limited to:

- a) formally monitoring staff practice and providing staff with constructive feedback to support them to fully meet children's needs, including, implementing consistent monitoring of infection prevention and control practices
- b) auditing all children's information recorded, including medication information, ensuring this corresponds between recording formats.

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 area for improvement was made on 10 May 2023.

Action taken since then

Children's wellbeing and outcomes were beginning to benefit from positive impacts as a result of the implementation and further development of quality assurance systems. The manager was in the early stages of formal monitoring of staff practice. Some general feedback had been provided to staff in relation to positioning and deployment. Staff practice in relation to this was not yet consistent. As a result we made an area for improvement under section How good is our staff team?

(See area for improvement 2).

Overall, general feedback to staff, via a digital classroom, was constructive and highlighted progress and next steps.

Regular monitoring of recorded information to support children's care, support and wellbeing helped to ensure that information was accurate and corresponded across the formats used. The service should now continue monitoring processes to ensure that there is sufficient, accurate detail to provide high quality care.

This area for improvement has been met.

Complaints

Detailed evaluations

| | |
|--|--------------|
| How good is our care, play and learning? | 4 - Good |
| 1.1 Nurturing care and support | 4 - Good |
| 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? | 4 - Good |
| 3.1 Quality assurance and improvement are led well | 4 - Good |
| How good is our staff team? | 3 - Adequate |
| 4.3 Staff deployment | 3 - Adequate |

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