

Les Enfants Nursery (Inshes) Day Care of Children

Unit 8
Inshes Retail & Leisure Park
Sir Walter Scott Drive
Inverness
IV2 3TN

Telephone: 01463 714 666

Type of inspection:
Unannounced

Completed on:
23 July 2025

Service provided by:
Les Enfants Nurseries Ltd

Service provider number:
SP2006008117

Service no:
CS2008191381

About the service

Les Enfants Nursery (Inshes) is registered to provide a care service within the nursery to a maximum of 162 children, not yet of an age to attend primary school at any one time. The centre comprises of two baby rooms, two toddler rooms and two pre school rooms. During school holidays a maximum of 24 primary school aged children can attend the holiday club service.

The service is located at Inshes retail and leisure park in Inverness.

The service is also registered to provide after school care to a maximum of 40 children within Kingsmill's Scout Hall, Walker Park Kingsmill's Road, Inverness, IV2 3LL.

The service is privately owned and works in partnership with The Highland Council to provide funded early learning and childcare.

About the inspection

This was an unannounced inspection which took place on 22 and 23 July 2025. 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, 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 feedback from nine parents.

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

- Children were cared for in a nurturing and inclusive environment, which supported their emotional wellbeing and helped them feel safe, valued and supported.
- Staff interactions were caring and respectful, fostering positive relationships.
- Personal planning lacked consistency, reducing the ability to ensure a well-informed and individualised approach to care and learning.
- Children experienced some opportunities to develop language and literacy through songs and stories.
- Nappy changing facilities in one of the baby rooms had the potential to compromise children's safety.
- Quality assurance processes were not yet regular or robust enough to secure sustained improvement.
- Significant gaps were identified in day-to-day monitoring, which had the potential to compromise children's health and wellbeing.
- The provider and manager had reviewed staff deployment within the service. This meant that there was a sufficient number of staff to meet children's care 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

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 across all playrooms were cared for in a nurturing and inclusive environment, contributing to them feeling safe, valued and supported. Interactions with children were caring and respectful, fostering positive relationships. Professionalism and kindness were highlighted as a key strength of the service by some families. Comments included:

"All staff are very friendly and welcome us into the settling"

"Staff are welcoming every day, they show understanding and empathy towards the kids and I feel comfortable talking to them about any concerns"

"I have well-established relationships with staff, built on trust".

Staff demonstrated a good understanding of younger children's basic care routines. Immediate needs such as, feeding, toileting and rest were responded to. However, there was potential for continuity and consistency in care to be compromised, as the quality of personal planning was inconsistent. For example, most plans did not clearly identify individual strategies of support or reflect how staff were meeting children's specific developmental needs. This reduced the ability to ensure a consistent and well-informed approach across the team. Additionally, limited opportunities were provided to capture children's voices, preferences, interests and needs, which impacted child-centred planning for school-aged children. **(See Area for improvement 1)**

Safe sleep procedures were consistently followed. Children who required rest were supported in a calm and quiet environment, with staff ensuring that sleep arrangements met current guidance. Appropriate checks were carried out at regular intervals and sleep records were maintained accurately. Staff demonstrated a clear understanding of safe sleep positioning and the importance of monitoring sleeping children to ensure their safety and comfort.

Mealtimes were observed to be a mixed experience across the service. While some children enjoyed relaxed and sociable interactions with staff and peers, there were missed opportunities to consistently promote social engagement and meaningful conversation. In some instances, the approach to mealtimes appeared task-oriented, with a focus on routine rather than creating a nurturing atmosphere. Additionally, while some children were encouraged to develop independence, such as snack preparation and serving themselves, this was not consistent across the setting.

Transitions to lunchtime for younger children were observed to be prolonged, which led to children waiting for extended periods with limited engagement. This resulted in some restlessness and missed opportunities for meaningful interactions.

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, one parent commented that daily communication could be more efficient.

Quality Indicator 1.3: Play and learning

Children had access to a range of play experiences that supported their development and learning. The environment offered a mix of structured and free play opportunities and children were generally engaged and content.

Staff engaged warmly with children, providing a safe and caring environment. While there were some positive interactions, there were missed opportunities to extend children's play and learning meaningfully. At times, staff supervision was more focused on managing routines than on actively supporting and enriching children's play experiences. Some children required support to engage more meaningfully with the resources available, particularly open-ended materials such as, loose parts. While a range of resources were accessible, not all children demonstrated confidence or understanding in how to use them independently. In the more effective practice observed, staff provided gentle guidance and modelled ways to explore and combine materials, which helped to spark curiosity. However, this approach was limited, resulting in missed opportunities to support creativity and imaginative play.

Children were provided with some opportunities to develop their skills in language and literacy and consolidate their learning through play. Staff were songful throughout the inspection, singing familiar songs which captured children's attention, enhancing language development. Staff read stories to children in the moment. This sparked their imagination and nurtured their interests in books. These spontaneous interactions created a warm environment where children were eager to participate, laying positive foundations for communication skills. There was some opportunities for children to develop early numeracy skills. However, these experiences were not consistently planned or embedded across the service. As a result, opportunities to extend children's learning in literacy and numeracy were sometimes missed.

Children's play and learning was enhanced through strong connections to the local community. This included, regular walks for the babies and trips to the play park. Children attending the holiday club participated in daily excursions to local places of interest. These experiences provided access to fresh air, impacting positively on children's wellbeing.

Planning within the service did not consistently reflect children's age and stage of development. While staff were responsive to children's immediate interests, planned experiences often lacked depth, challenge or relevance to individual learning needs. This resulted in missed opportunities to support progression and ensure that activities were developmentally appropriate and engaging. This was a previous area for improvement and remains unmet. (See Area for improvement 1 under 'What the service has done to meet any areas for improvement we made at or since the last inspection?')

Areas for improvement

1. To support children's wellbeing, the provider should ensure personal planning approaches improve so that they set out clearly how children's care and support needs will be met.

This would include but not be limited to:

- a) ensuring personal plans reflect children's current needs
- b) ensuring strategies of support for individual children are developed and implemented by staff
- c) ensuring all staff are knowledgeable and understand the information within the personal plans and use this to effectively meet each child's needs.

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).

How good is our setting?

3 - Adequate

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

Quality Indicator 2.2: Children experience high quality facilities

Most playrooms were welcoming and thoughtfully arranged to create a homely and nurturing atmosphere. Soft furnishings, natural materials and personal touches such as, children's artwork and family photos contributed to a warm and comfortable environment. However, the space for older children attending the holiday club looked clinical and lacked natural light and ventilation.

Playrooms included well-considered cosy spaces that supported younger children to rest, relax and take time away from busy play. Children were observed using these spaces independently or with gentle support from staff. This contributed positively to their emotional wellbeing and ability to self-regulate.

Children were offered positive experiences when engaging with large loose parts in the outdoor area. They demonstrated creativity, collaboration and problem-solving as they explored different ways to build, balance and construct using a variety of open ended resources.

The design of the setting limited children's opportunities to make choices in their play experiences. For example, there was no direct access to the outdoor area from most playrooms and on the day of the inspection children were not consistently provided with choice around where they wanted to play.

Good handwashing practices were consistently observed across the setting. Children were supported and encouraged to wash their hands at appropriate times such as, before meals and after using the toilet. Staff modelled and reinforced effective hand hygiene routines, helping children to develop healthy habits. These practices contributed positively to infection prevention and control. However, in some areas of practice the service was not meeting expected standards for infection prevention and control. For example, poor hygiene and cleanliness were observed within one of the nappy changing and toilet areas. This was a previous area for improvement and remains unmet. (See Area for improvement 1 under 'What the service has done to meet any areas for improvement we made at or since the last inspection?')

Nappy changing facilities in one of the baby rooms had the potential to compromise children's safety. The setup for personal care did not reflect best practice in providing a safe and secure experience. **(See Area for improvement 1)**

There were inconsistencies in maintaining a safe environment across playrooms. While some playrooms were well-organised and supported children's safety and independence, in others there was an increased risk of children tripping while playing. Some staff lacked an understanding of potential risks and how to minimise these. For example, staff in one of the playrooms did not take timely action to remove resources from the playroom floor.

Children's personal information was not always securely stored. Some records were accessible in open areas, which posed a risk to confidentiality and did not align with best practice or data protection requirements.

Areas for improvement

1. To ensure children's safety and wellbeing, the provider should review nappy changing procedures and equipment. This should include but is not limited to, ensuring nappy changing mats are placed on stable, appropriate surfaces with protective barriers that prevents the risk of falls.

This is to ensure care and support are 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?

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

The service had some systems in place to support quality assurance and improvement; however, they were not yet regular or robust enough to secure sustained improvement. There was a positive step towards monitoring children's progress more systematically to identify areas for improvement. However, this approach was still in its early stages and not yet embedded in day-to-day practice. Staff were beginning to explore how individual tracking could inform planning and improve outcomes, but this was not consistently impacting on positive outcomes for children. Further development is needed to ensure that tracking becomes a meaningful and effective tool within the wider quality assurance processes.

There were significant gaps in the auditing of day to day practice. During the inspection, poor hygiene and cleanliness were observed in key areas, including toilet and nappy changing facilities. These areas were not maintained to an acceptable standard, posing a potential risk to children's health and wellbeing. This was identified at the last inspection and improvements had not been sustained or embedded into daily practice. The provider and manager must take urgent action to ensure that cleaning routines are robust, facilities are hygienic and staff are clear on their responsibilities. (See Area for improvement under section 'What the service has done to meet any areas for improvement we made at or since the last inspection?')

There was a positive ethos and a willingness among staff to reflect on practice and make some improvements within the service. Self-evaluation processes were evolving. However, they were not yet consistently leading to improved outcomes. Staff had begun to engage in reflective practice, using tools such as, mind maps to capture ideas, observations and areas for development. Some early improvements had been noted. For example, changes to staff deployment had led to more consistent supervision and improved communication amongst the staff team. To build on this progress, the service should continue to develop more systematic self-evaluation processes that involve all stakeholders and clearly link to measurable improvements in outcomes for children.

Support and supervision systems were in place and provided staff with opportunities to reflect on their practice. Targeted development sessions focusing on play and quality interactions had been delivered as part of the service's improvement journey. These sessions aimed to enhance staff understanding of how to extend children's learning through responsive, purposeful engagement. While some positive changes in practice were observed, approaches were not yet consistently embedded across the team. The service should continue to support and monitor staff practice to ensure that the learning from these sessions are fully implemented and sustained in daily practice, leading to improved outcomes for all children.

How good is our staff team?

4 - Good

We made an evaluation of good, for this key question. As several important strengths taken together clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality Indicator 4.3: Staff deployment

Children benefitted from a caring and nurturing staff team. They were enthusiastic and committed to providing a positive experience for children in their care. They modelled positive social interactions, both verbal and nonverbal, supporting children to develop an understanding of positive relationships. They were warm, friendly and responsive in their approach and demonstrated positive team working, which promoted a calm environment.

Since the last inspection improvements to staff deployment had been made. The manager recognised that continuity of care was important to ensure positive outcomes for children and took this into account when deploying staff. There was a sufficient number of staff working in the service to meet the needs of individuals. Most staff worked well together as a team and their differing skills and knowledge complimented one another and resulted in positive interactions with children. Staff communicated effectively with one another to manage routines and transitions.

Staff provided individualised support by effectively engaging with children throughout the day. Most staff demonstrated an awareness of when and how to effectively intervene, picking up on cues to support children's wellbeing. This resulted in positive engagement and interaction. The service should continue to review and monitor how staff are deployed during key times of the day, to support improved outcomes for children.

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 effectively deliver high quality play and learning experiences, the manager should support staff to access training appropriate to their role and apply the training to their practice.

This should include but is not limited to:

- a) how to complete meaningful high quality observations
- b) reporting and recording children's progress and identifying meaningful next steps
- c) using best practice guidance to support high quality interactions and play experiences.

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 27 August 2024.

Action taken since then

Staff demonstrated a willingness to reflect on their practice and make changes to benefit children's experiences. However, these improvements were not yet embedded or consistent enough to result in high-quality outcomes. Key areas such as, planning for learning, staff interactions and the use of best practice guidance still require further development to ensure children consistently benefit from rich, meaningful and responsive experiences.

This area for improvement has not been met and remains in place.

Previous area for improvement 2

To support children's health and wellbeing, the provider and manager should ensure that effective infection prevention and control practices are in place for children.

This should include but is not limited to ensuring:

- a) toilet facilities and equipment are clean, hygienic and well maintained
- b) nappy changing facilities are clean and decontaminated as required.

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 27 August 2024.

Action taken since then

The service was not currently meeting expected standards for infection prevention and control. During the inspection, poor hygiene and cleanliness were observed in key areas, including toilet and nappy changing facilities. These areas were not maintained to an acceptable standard, posing a potential risk to children's health and wellbeing.

This area for improvement has not been met and remains in place.

Previous area for improvement 3

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).

This area for improvement was made on 27 August 2024.

Action taken since then

The service has made a good start in developing its quality assurance processes and there was evidence of increased reflection and some positive changes. However, improvements were not yet fully embedded in practice. Gaps remain in how consistently systems are applied and how effectively they lead to sustained improvements in outcomes for children. Continued focus is needed to build on this foundation and ensure a strong, embedded culture of continuous improvement.

This area for improvement has not been met and remains in place.

Previous area for improvement 4

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).

This area for improvement was made on 27 August 2024.

Action taken since then

The provider and manager had taken steps to review staff deployment and made changes where appropriate. These adjustments supported improved experiences for children.

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	4 - Good
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?	4 - Good
4.3 Staff deployment	4 - Good

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