

# Culbokie Primary School Nursery Day Care of Children

Culbokie Primary School  
Culbokie  
Dingwall  
IV7 8JH

Telephone: 01349 877 900

**Type of inspection:**  
Unannounced

**Completed on:**  
4 October 2023

**Service provided by:**  
Highland Council

**Service provider number:**  
SP2003001693

**Service no:**  
CS2007145089

## About the service

Culbokie Primary School Nursery is registered to provide a day care of children service to a maximum of 24 children aged three years to those not yet of an age to attend primary school. The service is provided by Highland Council.

Culbokie Primary School Nursery is situated within the main school building in the village of Culbokie in the Ross and Cromarty area. The nursery consists of a large playroom, a cloakroom area, toilets, and an enclosed outside area accessed from the playroom.

## About the inspection

This was an unannounced inspection which took place on 3 October 2023 between 8.45am and 4.00pm and 4 October 2023 between 9.00am and 11.30am. 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 five children using the service;
- reviewed feedback received from 12 families;
- spoke with two parents;
- spoke with five staff and management;
- observed practice and daily life; and
- reviewed documents.

## Key messages

Some interactions were nurturing, supporting children to feel settled.

Children benefited from good access to the outdoors which supported their overall health and wellbeing.

Resources needed reviewing and improving to provide a high-quality learning environment.

Quality assurance and self-evaluation processes had been ineffective in achieving sustained improvement.

Staff deployment did not ensure high-quality 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?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How good is our care, play and learning?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect children's experiences or outcomes.

### Quality indicator 1.1: Nurturing Care and Support

Some interactions were warm and caring, supporting children to settle in the service. However, staff missed cues from some children who needed support. For example, some children were anxious when they arrived at the start of the day and staff did not always get down to their level to engage with them and make them feel welcome. Staff's body language did not support children to feel loved and valued. One parent commented "I would like my child to be helped to settle when arriving in the morning." The manner of some interactions was dismissive of children's emotions, which did not support children's overall wellbeing or promote positive relationship building. (see area for improvement 1).

Personal planning information was not used effectively to support children. Individual personal plans had been completed in conjunction with families, however information had not been regularly reviewed. This meant that staff could not always anticipate children's needs and respond quickly to changes in their lives. When strategies had been developed to support children, we did not see staff use these consistently. For example, when children needed support with their developing language and communication, most staff did not have the necessary resources to provide the appropriate level of support.

There was limited exchange of information between staff and families when children arrived at or left the setting which did not support positive transitions. The majority of parents who provided feedback told us they felt communication about their child's day could be improved. Comments included "I would like a more thorough debrief of my child's day" and "drop off and pick up is often hurried". This lack of communication compromised continuity of care for children as information about children's needs, wellbeing and emotions was not shared (see area for improvement 1).

Arrangements for snack and mealtimes did not support children to have a relaxed and sociable experience. There were very few opportunities for children to develop their independence skills. Staff were very task driven during snack times which meant that they were not focused on children and could not respond immediately in the event of an emergency, such as choking. At times, staff were called away from snack to supervise other areas of the setting. This compromised children's safety and resulted in missed opportunities to support and extend children's social and communication skills. We have made a requirement around this under staff deployment, 4.3.

Lunchtime arrangements did not support a high-quality experience. The transition to lunch was disorganised, with children waiting for a long period of time between stopping play and going to the lunch hall, which resulted in some children becoming anxious. At times staff were distracted and not alert to what was going on. This resulted in missed opportunities to assist children who required additional support during this time. We discussed this with the management team who told us they were in the process of reviewing the lunchtime experience (see area for improvement 2).

### Quality indicator 1.3: Play and Learning

Children were leading their play for most of the time and were able to choose where they wanted to play, freely moving between inside and outside. This promoted their choice and independence. However, there were missed opportunities to support children's creativity and choices through well considered approaches. For example, children playing in the home corner had limited real life resources available to support their developing curiosities and imagination (see area for improvement 3). As a result, children were not empowered to be fully involved in their play.

Play experiences provided limited opportunities to develop and extend children's language, literacy and communication skills. For example, staff did not encourage children to have fun with rhymes and songs when children were exploring musical instruments, or throughout the day. Where words were displayed in play areas, there were few relevant resources available to allow children to experiment and learn a new language. Staff interactions were often short and fleeting, lacking structure and challenge, resulting in missed opportunities to have meaningful conversations with children (see area for improvement 4). Overall, there was not a sense that children were having fun through high quality play and learning experiences.

Opportunities to develop numeracy skills were not embedded throughout the setting. Staff did not routinely introduce mathematical language during play experiences to support children's developing numeracy skills. When numeracy was introduced, it was not done in a meaningful way for children (see area for improvement 4).

Child-centred planning approaches were in the early stages of implementation and needed further development. Staff had undertaken some training but were not yet confident in implementing the settings approach to planning. The quality of observations was inconsistent, often descriptive, and not focused on individual learning. This meant it was difficult to track children's progress and plan appropriate opportunities to consolidate and challenge their learning. As a result, children were not supported to reach their potential.

### Areas for improvement

1. To support children's wellbeing, learning and development, the provider should ensure staff are supported to develop skills in nurturing interactions and communication with parents and carers.

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.' (HSCS 3.14).

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

- a) increasing staff knowledge and competency in using Care Inspectorate good practice guidance: "Keeping children safe: supporting positive mealtime experiences in early learning and childcare (ELC)";
- b) promoting opportunities for developing children's independence and language skills;
- c) improving staff deployment and practice to ensure children are well supported during snack and mealtimes; and
- d) ensuring children experience positive transitions.

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

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible.' (HSCS 1.35).

3. To ensure all children can access well-resourced play areas and experiences which support and extend children's learning, the provider, manager and staff should review and improve the play and learning resources available to children.

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

'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity.' (HSCS 2.27).

4.

To support children's learning and development, the provider should ensure that staff knowledge and skills are consistent with good practice guidance for developmentally appropriate play and learning activities.

This should include, but is not limited to the following documents:

- Realising the Ambition: Being Me; Education Scotland.

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 (HSCS 3.14).

## How good is our setting?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect children's experiences or outcomes.

The setting was well ventilated, with a door opening directly into the outdoor area, supporting children's choice in where they wanted to play. However, the setting had a functional feel, rather than being warm and welcoming to children. There was a lack of homely touches, decoration, and quality furnishings. A quiet room had been created, but this was not cosy and was not well utilised by children. This compromised children's ability to rest and relax.

Staff did not demonstrate a good understanding of when children could be at risk, for example, blocks were stored against a perimeter fence, which could enable children to leave the setting. We signposted the manager to the Care Inspectorate resource "Keeping children safe practice notes". We discussed how this could be used to support staff's awareness and management of risk, to protect children from potential harm (see area for improvement 1).

Infection prevention and control measures were ineffective in protecting children from the possible spread of infection. Children's handwashing was not well monitored, resulting in children eating with dirty hands, or touching unclean items after washing their hands (see area for improvement 2).

Toilet and nappy changing facilities did not meet with best practice guidance, and put children at risk of the spread of infection. Children who required personal care were changed on a mat on the floor. The mat provided was in poor condition and dirty. There was an unpleasant odour in the toilet area which did not provide a welcoming environment. Although the manager was in the process of acquiring resources to remedy nappy changing facilities, the current arrangements compromised children's health and wellbeing (see area for improvement 3).

Children's personal information was not always securely stored. We discussed this with the manager who agreed to ensure arrangements were changed to comply with the relevant best practice guidance.

### Areas for improvement

1. The provider should ensure that children are protected from risk of harm. This should include, but is not limited to:

- a) effective systems are in place to ensure the environment is a safe place for children; and
- b) staff are skilled in identifying and addressing risks and implement this consistently in their practice.

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

'My environment is safe and secure.' (HSCS 5.17).

2. To support children's health and wellbeing, the provider, manager and staff should improve current infection control procedures. This should include but is not limited to:

- a) effective supervision of children's hand washing.

This is to ensure that infection prevention and control practices are consistent with the NHS Scotland document: 'Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)'.

This is to ensure that care and support is consistent 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).

3. The provider should ensure children receive personal care in an environment that is pleasant and supports high levels of infection prevention and control. This should include, but is not limited to:

- a) appropriate nappy changing facilities; and
- b) providing a welcoming environment, free from unpleasant odours.

This is to ensure that children's personal care practices are consistent with the Care Inspectorate document 'Nappy changing for early learning and childcare settings (excluding childminders)'.

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

'If I require intimate personal care, there is a suitable area for this, including a sink if necessary.' (HSCS 5.4).

## How good is our leadership?

### 1 - Unsatisfactory

We made an evaluation of unsatisfactory for this key question. There are major weaknesses in critical aspects of performance which require immediate action to improve experiences and outcomes for children.

The setting's vision, values and aims did not positively inform practice. The manager was in the early stages of reviewing these with staff. They were in the very early stages of developing approaches to engage with parents and carers, for example coffee catch-ups, which could support meaningful consultation. Parents we spoke to told us they valued the opportunity to meet with the manager.

Quality assurance and self-evaluation processes had been ineffective in sustaining previous improvements. Although an improvement plan was in place, staff were not confident in using it to inform positive change for children and families. We discussed with the manager ensuring that the improvement plan focussed on priorities to improve outcomes for children and families (see requirement 1).

Gaps in quality assurance processes meant that staff were not sufficiently supported to improve their skills, knowledge and understanding. When inconsistencies in practice had been identified, processes were not in place to address these. Staff did not take accountability for making improvements, or learn from serious incidents. The culture within the service did not support families to highlight areas of concern. One parent commented, "staff aren't always willing to take these (concerns) on board." As a result, children were at risk of harm and did not benefit from high quality care and support (see requirement 1).

Staff were not well supported to reflect on their own practice. They were beginning to undertake self-evaluation, using best practice guidance such as 'A quality framework for daycare of children, childminding and school aged children'. However, there was limited understanding of how this reflection impacted upon children's experiences and outcomes. This meant that children did not experience improved outcomes based on relevant evidence, guidance and best practice (see requirement 1).

Overall, the ethos within the setting was not respectful. This was having a significant impact on sustaining improvement and the pace of change.

## Requirements

1. By 26 January 2024, the provider must ensure improved and sustained outcomes for children. To do this, the provider must, at a minimum, ensure:

- a) robust and effective quality assurance processes are implemented;
- b) clear and effective plans are in place for maintaining and improving the service;
- c) regular and effective support and supervision for all staff is implemented;



- d) staff are supported to develop their knowledge and understanding around self-evaluation processes and are involved in the systematic evaluation of their work and the work of the service; and
- e) staff are supported to develop relevant individual skills, knowledge and understanding and to use this in their practice.

This is in order to comply with the 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) (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).

## How good is our staff team?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect children's experiences or outcomes.

Consideration had been given to continuity of care throughout the day, with additional staff in place over the lunchtime period. This allowed staff to have breaks and minimised the impact to children.

Communication between staff throughout the day was limited. When staff needed the support of colleagues, they did not always ask for it. Such as, staff who were opening the door to parents and carers, were distracted by children who were at risk of exiting the setting. This meant staff did not spend quality time speaking with parents and carers. This contributed to ineffective exchange of information to support consistency of care for children (see requirement 1).

While staffing met with the minimal requirements, staff deployment was not effective in meeting the needs of children. Staff did not always respond to the changing needs of the setting and children throughout the day. At times, staff failed to move about within the setting, such as between inside and outside, to ensure effective supervision of children. This potentially placed children at risk, and meant children did not always get support when they needed it, or quality interactions to extend their learning (see requirement 1).

Routines of the day had not been well considered, resulting in poor staff deployment. For example, afternoon snack was served as children were being collected by parents and carers. This meant that staff were task orientated and not able to focus on children, on occasion leaving children unattended which put them at risk of harm. One parent commented "The staff are busy and often seem to be flitting around firefighting, as opposed to engaging with children." (see requirement 1).

## Requirements

1. By 26 January 2024, the provider must ensure children are safe and effectively supervised at all times and receive high quality care and support. To do this, the provider must, at a minimum ensure:

- a) staff are effectively deployed within the nursery as is appropriate to meet the health, wellbeing and safety children.

This is to comply with Regulations 4(1)(a) and 15(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) (Requirements for Care Services)

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

‘People have time to support and care for me and to speak with me.’ (HSCS 3.16).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	1 - Unsatisfactory
3.1 Quality assurance and improvement are led well	1 - Unsatisfactory
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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