

## PPP Childcare Service Day Care of Children

Pulteney Centre  
Huddart Street  
Wick  
KW1 5BA

Telephone: 01955 608 530

**Type of inspection:**  
Unannounced

**Completed on:**  
9 September 2025

**Service provided by:**  
Pulteneytown People's Project

**Service provider number:**  
SP2003003632

**Service no:**  
CS2003036105

## About the service

PPP Childcare Service is registered to provide a service to a maximum of 40 children, aged from birth to those not yet attending secondary school.

PPP Childcare Service is a full-time day care of children service provided by Pulteneytown People's Project, and is situated in the town of Wick, Caithness. The service is situated within a purpose-built community building and has access to two secure playrooms, large hall and a secure outdoor play space.

The service 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 8 September 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- reviewed online feedback from 11 parents and carers.

As part of this inspection, we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning.

This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

## Key messages

- Children benefitted from a caring, nurturing, and committed staff team who promoted positive relationships and a calm, supportive environment.
- Personal planning was not consistently effective, leading to gaps in continuity of care and missed opportunities to provide timely, individualised support.
- Variability in staff understanding of child development led to inconsistent interactions, with missed opportunities to extend thinking and respond to children's interests.
- Children benefitted from clean, well-maintained and thoughtfully organised indoor and outdoor environments that supported wellbeing, play and learning.
- Leaders demonstrated a commitment to ongoing development, with staff supported to reflect on practice and contribute to improvement.
- Quality assurance processes were in place but not applied consistently or effectively, leading to gaps in personal planning and child protection procedures, which compromised timely support and children's wellbeing.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

|  |              |
|--|--------------|
| How good is our care, play and learning? | 3 - Adequate |
| How good is our setting?                 | 4 - Good     |
| How good is our leadership?              | 3 - Adequate |
| How good is our staff team?              | 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 benefitted from a warm and welcoming environment where most staff interactions were caring and responsive. Staff were kind and attentive, helping children to feel safe and settled. Appropriate comfort and reassurance was offered, supporting emotional wellbeing. However, some interactions were task-focused, which impacted on the consistency of nurturing experiences. Parents spoke positively of the staff team. Comments included:

"Staff are caring and cheerful"

"Everyone is friendly and patient"

"Very friendly approachable staff that go above and beyond to support every child and their individual needs."

Staff demonstrated a good understanding of 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, there were no clear strategies of support in place for some children. Where strategies had been identified these were not always followed by all staff, leading to inconsistency in the support children received. One parent told us, "I've not seen a personal plan for my child" and another commented, "there is very little focus on personal plans". (See Area for improvement 1)

Snack time provided a positive, sociable experience where staff encouraged independence and conversation. However, lunchtime was more routine driven, offering fewer opportunities for children to develop independence and emerging language skills. Staff followed safe mealtime practices and demonstrated an awareness of choking prevention.

Children enjoyed familiar foods; however, the menu lacked variety and nutritional balance. This was identified by a parent who told us, "Snack and meals could be healthier". We signposted the service to the updated 'Setting the Table' guidance document to support the service in making improvements with menu planning.

Families did not routinely enter the setting during daily drop-off and collection times. This reduced opportunities for informal communication and relationship-building between staff and families. As a result, there were fewer chances to share observations and discuss children's progress. To encourage more meaningful engagement on a daily basis we signposted the service to 'Me, My Family and My Childcare Setting'.

Child protection procedures were ineffective. The policy lacked clarity in key areas, leading to inconsistency in responding to safeguarding concerns. For example, there were instances where child protection procedures were not followed correctly. As a result, protection concerns were not consistently reported to the appropriate lead agency. This had the potential to compromise children's safety. (See Area for improvement 2)

### Quality Indicator 1.3: Play and learning

Children had access to a range of play experiences within a warm and welcoming environment. Staff were kind and responsive, and children appeared happy and settled throughout the day.

There were positive examples of play that supported learning, including sensory and imaginative activities. For instance, children engaged in messy play with rice, which encouraged exploration and supported early fine motor development.

The outdoor area supported physical play well, offering space for running, climbing and free movement. This contributed positively to children's physical development and wellbeing. However, the outdoor space lacked opportunities to support literacy, numeracy and curiosity-led learning. There was scope to enhance this area with open-ended materials, mark-making tools and numeracy-rich resources.

Staff created joyful and responsive moments through spontaneous singing, which supported language development and emotional connection. These interactions were more meaningful than structured group story and song times, which were less engaging for some children.

Staff had begun to track children's developmental progress using overview documents, which was a positive step. However, the limited use of this information to inform planning meant that opportunities to extend and individualise children's learning were missed. As a result, play experiences were not consistently purposeful or responsive to children's developmental needs.

Staff demonstrated varying levels of understanding in child development, which led to inconsistencies in the quality of interactions. While staff interactions were warm and nurturing, they did not consistently support children's learning. Activities occasionally lacked appropriate challenge and staff missed opportunities to extend children's thinking or respond to their emerging interests. For example, during outdoor play children showed curiosity when a helicopter flew overhead but staff did not use this spontaneous moment to encourage discussion or inquiry. Enhancing staff responsiveness to children's cues and interests would support richer learning experiences, particularly in language development and imaginative thinking.

Some staff asked questions that were not developmentally appropriate such as, prompting children to name colours before they were ready to respond. This limited the effectiveness of learning opportunities and risked disengaging children. Staff would benefit from further support in developing a consistent understanding of developmental stages, enabling them to tailor their questioning and interactions to suit individual needs and ensure inclusive, supportive learning experiences. (See Area for improvement 3)

### 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 should include but is not 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).

2. To ensure children are safeguarded and protected from harm, the provider should, at a minimum:

- a) Ensure the leadership team effectively monitors the child protection practice of each member of staff and the service as a whole, identifying gaps and taking timely action to address them.
- b) Ensure clear and effective plans are in place for maintaining and improving child protection procedures, including regular policy reviews, staff training and reflective practice.
- c) Ensure everyone working in the service are competent and knowledgeable about national, local and the service's own child protection procedures and 'Getting it Right for Every Child' (GIRFEC).

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).

3. To ensure children benefit from personalised and enriching experiences, which support their learning and development. The provider should support staff to develop their skills in engaging, responsive interactions that promote curiosity and creativity.

This should include but is not limited to:

- a) ensuring a consistent approach to the quality of staff interactions
- b) strengthening planning processes to ensure they are child-led, flexible and informed by high-quality observations
- c) embedding a consistent approach to observation and assessment that clearly identifies children's progress and informs meaningful next steps.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**How good is our setting?****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 2.2: Children experience high quality facilities**

Children benefitted from access to good-quality facilities that supported their wellbeing, play and learning. The environment was clean, well-maintained and thoughtfully organised to meet the needs of the age group. Spaces were inviting and child-friendly, with a range of areas that encouraged exploration, creativity and independence. Staff had created cosy, quiet areas for rest and reflection, alongside open spaces for group play and learning.

Indoor areas were well-resourced, offering a variety of materials that supported imaginative play, construction and sensory experiences. Children were observed confidently moving between activities, making choices and engaging with their surroundings. Resources were accessible and age-appropriate and the layout of the setting supported children's autonomy.

The outdoor space was safe and stimulating, with equipment that promoted physical development and active play. Staff made good use of the environment to support movement and coordination, and children were seen enjoying opportunities to run, climb and explore. There was scope to further develop the outdoor area to enhance opportunities for curiosity and enquiry, including the use of open-ended materials, natural elements and spaces that encourage investigation and discovery.

Staff were mindful of where children were at all times. They regularly counted the number of children in each area and told other staff if they were taking children to another area of the setting. Consistent use of walkie talkies enhanced staff communication and allowed them to stay in constant contact across different areas of the setting such as, the indoor and outdoor spaces. This contributed to keeping children safe.

Infection prevention and control practice needed improved in some areas. There were no child sized sinks for handwashing within the indoor playroom, which compromised infection prevention and control practice. Children had to wash their hands in a nearby sink in the bathroom. This reduced opportunities for independence and resulted in staff leaving the playroom frequently to support and supervise children to wash hands.

**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**

A shared vision for improvement had been developed in collaboration with key stakeholders, which supported a sense of direction and ownership across the team. This was in the very early stages of implementation and was not yet consistently informing decision-making.

The staff and management team demonstrated a clear commitment to ongoing developments across the service. Leaders were described as approachable and staff were supported to reflect on their practice and contribute to improvements. A shared understanding of good practice was developed through team discussions and the use of digital platforms, which contributed to a positive ethos of learning and collaboration.

Children's experiences and staff practice were observed by leaders. Some positive impacts were noted, particularly in promoting reflective practice and identifying areas for improvement. However, this work was at an early stage and systems for monitoring and evaluating practice were not yet fully embedded to consistently drive improvements in outcomes.

Quality assurance systems had been established but they were not applied consistently and effectively across the service. We identified some gaps within the quality assurance processes in place. For example, audits of personal planning and child protection processes were not carried out effectively. This meant timely and appropriate support was not in place for individual children, which had potential to compromise their wellbeing. (See Area for improvement 1)

Support and supervision systems had been established, providing a foundation for individual staff development. Sessions facilitated two-way feedback and reflective practice. However, clear strategies to support ongoing professional growth were not consistently implemented, limiting the potential impact on staff development and service improvement.

## Areas for improvement

1. To improve outcomes for children, effective and robust quality assurance processes should be implemented. To do this the provider should, at a minimum, ensure:

- a) regular, effective and focused monitoring is carried out across the setting
- b) robust audits are developed and implemented and any actions are addressed promptly.

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

**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. Staff told us:



"We are a great team which I can not praise enough, we are not just a staff team we are family"

"We all work together as part of a team to ensure our children are safe and nurtured."

A sufficient number of staff were consistently available to meet the needs of all children, ensuring supervision remained effective throughout the day. Staff placed themselves thoughtfully to ensure all children's individual needs were well-considered. As a result, children benefitted from a calm experience.

Staff members were committed and communicated effectively with one another. Overall, this contributed positively to the day-to-day running of the service and supported continuity and responsiveness in care. However, this could be improved during times of transition. The service should continue to review the skill mix of staff across the team to ensure children consistently experience high quality play and learning.

Staff new to the service were inducted well and there was a clear process in place for mentoring and supporting new staff. Management had implemented an induction programme based on the 'Early Learning and Childcare: National Induction Resource'. This enabled new staff to feel included as part of the existing team.

## 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?           | 3 - Adequate |
| 1.1 Nurturing care and support                     | 3 - Adequate |
| 1.3 Play and learning                              | 3 - Adequate |
| How good is our setting?                           | 4 - Good     |
| 2.2 Children experience high quality facilities    | 4 - Good     |
| How good is our leadership?                        | 3 - Adequate |
| 3.1 Quality assurance and improvement are led well | 3 - Adequate |
| How good is our staff team?                        | 4 - Good     |
| 4.3 Staff deployment                               | 4 - Good     |

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