

Portree Nursery Ltd Day Care of Children

Camanachd Square
Portree
Isle of Skye
IV51 9BW

Telephone: 01478 612 127

Type of inspection:
Unannounced

Completed on:
9 October 2025

Service provided by:
Portree Nursery Limited

Service provider number:
SP2003001848

Service no:
CS2003008673

About the service

Portree Nursery Ltd is situated in a dedicated building within the town of Portree in the Isle of Skye area of Highland. The nursery premises consists of a reception space, three interconnecting playrooms, two kitchen areas, toilets and nappy changing facilities and an office space. Two of the nursery playrooms have direct access to an enclosed outdoor area.

This service is provided by Portree Nursery Ltd and is registered to provide a day care of children's service to a maximum of 27 children not yet attending primary school at any one time of whom no more than 11 are aged under 2 years and of whom no more than 16 are aged 2 to under 3.

The manager is also the manager of Portree Nursery CS2019378120.

About the inspection

This was an unannounced inspection which took place on 7 October 2025 between 09:15 and 17:00 and 8 October 2025 between 08:45 and 16:30. Feedback was shared on 9 October 2025 between 10:00 and 11:00. 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 and two of their families;
- spoke with staff and management;
- reviewed online questionnaire feedback from nine families;
- reviewed online questionnaire feedback from four children;
- assessed core assurances, including the physical environment;
- observed practice and children's experiences;
- reviewed documents; and
- spoke with two visiting professionals.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, improvements were identified relating to core assurances. We have reported where improvement is necessary within the heading related to leadership.

During this inspection we 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

- Children experienced warm, consistent care that supported their wellbeing.
- Personal planning and routines promoted responsive, individualised care.
- Strong partnerships with families enhanced children's experiences.
- The movers room provided engaging and developmentally appropriate experiences for children which supported their curiosity, independence, and early learning.
- Play and learning experiences in the baby room would benefit from improvement.
- Limited outdoor play reduced children's access to physical, sensory, and nature-based experiences.
- Development within the service is underway, with improvements evident, but continued focus is needed to accelerate and sustain change.
- Quality assurance, safeguarding, and recruitment processes require further improvement to ensure children's safety and consistently high standards of care.

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

Leadership	2 - Weak
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	4 - Good

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

Leadership 2 - Weak

Quality indicator: Leadership and management of staff and resources

We made an evaluation of weak for this quality indicator, as there were some strengths, but these were compromised by important weaknesses.

The service had refreshed its vision, values, and aims in collaboration with staff, children, and families, reflecting a commitment to inclusive practice. Staff demonstrated an understanding of these principles through nurturing interactions that supported children's health and care needs. However, the vision and aims were not yet consistently embedded. For example, the vision to provide for stimulating, well resourced environments that promote high-quality play and learning was not fully realised in children's daily experiences.

The service had responded positively to some aspects of the previous inspection feedback, with some improvements evident. An improvement plan had been put in place, focusing on enhancing learning environments across both playrooms. This had a positive impact for children in the movers room but was not yet leading to sustained improvements within the baby room. Environmental upgrades had been implemented promptly, including the installation of handwashing sinks in each playroom and a kitchen area, aligning with current standards.

Further progress across the service had not yet been consistent or sustained, and key areas for improvement remained unmet. The pace of change was slow and not always sustained, with three areas for improvement still outstanding. Self-evaluation was still at an early stage. For example, staff required more targeted support to develop their understanding of quality provision within the play and learning environments.

Quality assurance processes needed further work to support consistently high standards of care and safety for children. Accident audits had highlighted an increase in bumps and falls in the baby room since August, and some positive steps had been taken to address this, demonstrating a responsive approach to children's safety and wellbeing. However, quality assurance processes had not identified gaps in a number of areas, including: safer recruitment practices, child protection procedures and infection prevention and control. As a result, some children had not consistently experienced the high-quality care needed to support their safety, wellbeing and positive experiences in the setting. There was an area for improvement related to quality assurance identified at the last inspection which remains unmet.

A structured induction process was in place, drawing on the National Induction Resource and service-specific materials to support new staff. While mentoring arrangements were in place, more guidance was needed to support senior staff in carrying out their mentoring roles effectively to enable new staff to provide quality experiences for children.

Child protection procedures were not implemented consistently to ensure children's safety and wellbeing. The service had taken steps to strengthen child protection processes, including the management team accessing higher-level training and improving the use of chronologies. However, procedures were not always implemented to ensure robust safeguarding. A protection concern was not appropriately followed up and required notifications were not made until prompted by the inspector. Policies lacked clarity around notification responsibilities and had not been consistently implemented or updated. As a result, a previously identified area for improvement related to child protection remains unmet.

Safer recruitment systems were not consistently effective, with some required checks missed. While practices such as obtaining references and PVG checks were followed, a member of staff was working with children whilst not appropriately registered. This oversight could impact the assurance of staff suitability and children's safety. A requirement has been set to ensure robust implementation of safer recruitment practices. We also signposted the service to the Care Inspectorate's bitesize resource on SSSC registration (see requirement 1).

The management team demonstrated a commitment to the development of the service and engaged positively with the inspection process, demonstrating openness to feedback and a focus on ongoing improvement.

Requirements

1. By 6 February 2026, to keep children safe, the provider must put effective systems in place to ensure that only staff who are appropriately registered with a professional body carry out work in the service in a post for which registration is required.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/10) Regulation 9(b).

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).

Children play and learn 3 - Satisfactory / Adequate

Quality indicator: Playing, learning and developing

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

Children in the baby room had limited opportunities to engage in play that stimulated their imagination, curiosity, or creativity. Resources to support exploratory and imaginary play were lacking, and staff did not consistently respond to children's emerging interests. For example, interest in role play with dolls was not supported with appropriate materials, and mark-making activities were only introduced after prompting from the inspector, highlighting missed opportunities to extend learning.

Provision in the movers room was more engaging and better aligned with children's developmental needs. Children accessed a wider range of resources, including sand play, books, construction materials, and a well-equipped home corner with real and open-ended objects. These supported child-led play and sustained engagement, reflecting a more developed understanding of how to nurture children's curiosity and independence.

Across both playrooms, children had very limited access to outdoor play, despite their clear interest in the natural environment visible through the windows. The lack of outdoor experiences restricted opportunities for sensory exploration, active movement, and physical development.

Interactions in the baby room were warm and caring when staff were able to provide focused attention, helping children feel safe and secure during routines such as feeding and nappy changes. At times, staff supported communication development by modelling and extending language, though this was not consistent across the day. Some children experienced periods of limited engagement or sustained contact from staff. Opportunities for responsive, child-led interaction were missed, particularly when staff did not pause to allow children time to respond.

In the movers room, interactions more consistently supported children's play, learning and development. Staff promoted language and early numeracy through construction play and shared reading, using opportunities to introduce vocabulary related to height, shape, and counting. These more intentional and responsive interactions helped sustain children's engagement and supported their communication skills more effectively.

Planning and assessment approaches showed some strengths, particularly in the use of an online app to share updates and observations about children's learning and progress with families. Some observations of children focused on individual development, while others described group experiences more generally. Next steps were planned for children, but some had not been updated in line with their ongoing development, indicating a need to improve how progress is monitored and learning is planned. Staff had begun discussing ways to improve this, including enhancing the use of developmental overviews to better monitor progress and target support.

Planning was becoming more responsive to children's interests, especially in the movers room, where staff used children's ideas to guide learning experiences. Evidence from profiles and floor books showed a shift away from adult-led activities toward more child-led provocations, with children engaging in learning around interests such as animals, magic, dinosaurs, and cars.

During the inspection, staff responded to emerging interests, such as singing and water play, by introducing relevant materials to support children's engagement. While this demonstrated a growing responsiveness to children's cues, these types of experiences, along with resources such as musical instruments, craft materials, paint, clay or playdough, should form part of children's core daily provision rather than being added reactively. Further developing staff understanding of what constitutes a high-quality learning environment will help ensure children consistently benefit from rich, varied experiences that support their development and sustained engagement. There was an area for improvement related to play and learning identified at the last inspection which remains unmet.

Children are supported to achieve 4 - Good

Quality indicator: Nurturing care and support

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children experienced warm, consistent care that supported their wellbeing and helped them feel secure within the setting. Transitions were thoughtfully planned and tailored to the individual needs of children and families, with opportunities to become familiar with the environment and staff prior to starting. This personalised approach contributed to positive settling-in experiences. Some families commented: "All the staff are incredibly nurturing and caring and have really helped my child settle in over the last year." and

"The relationship with the staff is a strength. Our child is always very happy to go to nursery and has clearly formed a strong attachment with a number of staff."

Staff demonstrated a good understanding of children's health and wellbeing needs. Meals were planned to accommodate dietary requirements, allergies, and intolerances, and mealtimes were used effectively to promote children's independence. Children were actively involved in preparing snacks, serving food, and pouring drinks. Consistent routines around mealtimes, sleep, and personal care further enhanced children's sense of safety. These approaches supported children to feel confident, capable, and secure in their daily experiences.

Children's wellbeing was supported through effective personal planning that was tailored to each child's individual strengths and care needs. The staff team used information from children's personal plans to support their needs well. Families were actively involved in regular reviews of these plans, helping to ensure consistency in care. Staff also liaised with relevant agencies to incorporate strategies that promoted children's care and support. All families who responded to our survey strongly agreed or agreed with the statement: 'I am fully involved in my child's care, including developing and reviewing their personal plan.'. As a result, children received consistent, responsive care that supported their development and sense of security.

The service fostered positive relationships with families through a warm and welcoming approach. Regular verbal and written communication, including an online app, helped keep families informed and engaged. Staff used information from families to help understand and support children's care needs. These approaches helped strengthen partnerships with families and supported more responsive, individualised care for children. Some families commented: "I feel like they really know and understand my child and want the best for him. They message through the day if there is anything I need to know and we usually have an informal chat during drop off and pick up. They are always patient and friendly and approachable." and "The staff at the nursery regularly seek our input and thoughts on what we are happy with and where things could be improved. Most recently on child led play and topics within the weeks."

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

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) all staff are aware of and understand the information within the personal plans, including support strategies, and use this to effectively meet each child's needs; and
- c) personal plans are regularly reviewed and updated in partnership with parents.

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); and
'My care and support meets my needs and is right for me.' (HSCS 1.19).

This area for improvement was made on 2 December 2024.

Action taken since then

Children's personal plans set out their current needs and the strategies in place to support their health, welfare, and safety. Staff are familiar with the content of each plan and use this information effectively to tailor their care and interactions, ensuring individual needs are consistently met. Personal plans are reviewed and updated regularly in partnership with parents, reflecting ongoing changes in children's development and circumstances. This collaborative and responsive approach supports positive outcomes for children across the setting.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that children are safe and protected and their wellbeing needs are met. To do this, the provider should, at a minimum ensure:

- a) all staff are competent and confident implementing child protection procedures; and
- b) chronologies are used effectively to identify and support children's wellbeing and safeguarding.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

This area for improvement was made on 2 December 2024.

Action taken since then

The service has made progress in strengthening child protection, including higher-level training for management and improved use of chronologies to support children's wellbeing. However, procedures still need improvement to ensure consistent safeguarding. A protection concern linked to staff misconduct was not followed up appropriately, and required notifications were missed. Policies lacked clarity and were not consistently implemented or updated. Further work is needed to ensure all staff are confident in child protection procedures.

This area for improvement has not been met.

Previous area for improvement 3

To promote children's continued learning, development and enjoyment, children should have access to a wide range of literacy and numeracy resources and experiences which are challenging and suitable to their individual interests and stages of development. There should be a sufficient number of resources to enable children to make independent choices and engage in deep and meaningful play.

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).

This area for improvement was made on 2 December 2024.

Action taken since then

Across the service, children did not consistently have access to a wide enough range of resources that reflected their individual interests and developmental stages. While some materials were available, they were limited in scope and quantity, which reduced opportunities for independent choice and deep, meaningful play. Further work is needed to ensure that resources are sufficiently varied, challenging, and embedded in daily provision to support children's continued learning, development, and enjoyment.

This area for improvement has not been met.

Previous area for improvement 4

To improve outcomes for children, the provider should further develop and implement an effective system of quality assurance to monitor and improve practice. At a minimum, the provider should:

- a) ensure effective systems are in place to identify, monitor and review the impact of improvements;
- b) carry out effective monitoring of the service including the quality of children's play and learning experiences; and personal planning; and
- c) ensure staff have the right knowledge and skills to meet the safety needs of children at all times.

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); and

'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 2 December 2024.

Action taken since then

Quality assurance systems were not yet sufficiently developed to effectively monitor and improve practice. Monitoring of children's play and learning experiences remained inconsistent. Gaps in staff knowledge and oversight, particularly in staff recruitment, child protection, infection control, and medication management, indicate a need for further improvement to ensure children's safety needs are consistently met.

This area for improvement has not 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

Leadership	2 - Weak
Leadership and management of staff and resources	2 - Weak
Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate
Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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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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