

# Pitfour School Nursery Day Care of Children

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Mintlaw  
Peterhead  
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**Type of inspection:**  
Unannounced

**Completed on:**  
9 October 2025

**Service provided by:**  
Aberdeenshire Council

**Service provider number:**  
SP2003000029

**Service no:**  
CS2003015724

## About the service

Pitfour School Nursery is accommodated within Pitfour Primary School located in the rural village of Mintlaw, Aberdeenshire. It is close to local shops, parks, and other community services. The service is registered to provide a care service to a maximum of 30 children aged three years to entry into primary school.

Children are cared for in a playroom with direct access to a spacious outdoor area. A small courtyard can also be accessed from the playroom, however at the time of inspection this area was not used.

## About the inspection

This was unannounced inspection which took place on 7 October 2025 between 09:15 and 17:15 and 8 October 2025 between 09:00 and 15:45. 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:

- spent time with children using the service
- spoke with three of their parents/carers
- received eight completed questionnaires from families
- received seven completed questionnaires from staff
- spoke with staff and management
- observed practice and daily experiences
- reviewed documents
- spoke with one visiting professional.

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 'Leadership and management of staff and resources' and 'Nurturing care and support'.

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
- 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 by kind staff. However, the deployment of staff was not effective to ensure good outcomes for children.
- Quality assurance and self evaluation processes were not effective to help promote good outcomes and positive care for children.
- Most children had fun and played in an attractive and welcoming playroom. However, opportunities to access free-flow indoor-outdoor play should be improved.
- The play experiences and interactions needed to support children's individual progress and development should be improved.
- Children did not experience positive and safe mealtimes.
- Children's personal plans were not effective to support staff to meet children's individual 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

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

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

## Leadership 2 - Weak

### 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.

Children and families did not experience a setting which was well led and managed. Leaders had not communicated to staff, children, or families a set of vision, values, and aims which reflected their aspirations. Staff were not effectively supported in their practice, which led to inconsistent care. Policies and procedures for promoting positive behaviour and child protection specific to the service were not in place. This raised the potential risk to children not being safeguarded from harm or abuse (see requirement 1).

Staff advised they felt supported by a kind and approachable manager. This led to some positivity and a commitment to improving the service. However, team meetings were not held consistently and staff did not receive regular support or supervision. This limited opportunities to share information, reflect on best practices, and contribute ideas for improving the service (see area for improvement 1).

Self evaluation and improvement planning processes were limited. There had been some improvements to the learning environment with the addition of more natural materials and loose parts. The cosy reading area looked attractive and children enjoyed relaxing there.

The involvement of families in the development of the service was at a very early stage. Parents spoke positively about attending play and stay sessions and end of term shows. The manager suggested some ideas to improve communication with parents. However, this had not been implemented. This meant parents were not fully aware of changes and why they were happening (see area for improvement 1).

Quality assurance was not effective to identify inconsistencies in practice. For example, areas of provision, such as poor mealtime experiences, had not been identified. Appropriate action had not been taken to ensure the outdoor environment was well maintained. This meant children were not able to access the courtyard and limited their opportunities for outdoor play in the front play area. Risk assessments to identify and reduce potential hazards and accidents were not completed, including for a damaged fence and the laundry area. We discussed this with the manager during inspection and immediate action was taken to make the areas safe for children.

Staff induction and mentoring procedures supported relief staff to feel welcomed in the service. They were provided with some information when they arrived to help them follow the nursery routines. However, they were not provided with enough information to provide all children with the care and support they needed to feel safe, secure, and loved. We suggested creating a folder with key information to support staff's knowledge of children and the manager agreed to action this.

### Requirements

1. By 16 December 2025, the provider must ensure staff are supported to deliver high quality, consistent care that leads to positive outcomes for children and their families.

To achieve this, the provider must:

a) Develop a clear and shared vision, values, and aims for the setting with staff, children, and families. These must be:

- clearly communicated and understood by all staff
- evident in daily practice and decision making
- used to guide interactions, planning, and improvement work.

b) Ensure that staff are supported by a robust framework of policies and procedures that are:

- clear, detailed, and specific to the setting
- inclusive of key areas, such as promoting positive behaviour and child protection
- regularly reviewed and used to guide consistent, safe, and nurturing practice.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (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 use a service and organisation that are well led and managed' (HSCS 4.23).

## Areas for improvement

1. To support positive outcomes and experiences for children and families, the provider and manager should implement robust quality assurance and self evaluation processes that lead to improvements in care, learning, and support.

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).

## Children play and learn 3 - Satisfactory / Adequate

### Playing, learning and developing

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

Children played in an attractive playroom, resourced with some natural and real-life materials to ignite their curiosity and imagination. Most children were happy and having fun. They enjoyed making glitter pictures, building towers made with small blocks, and rolling and cutting playdough. Parents commented, "There are always different activities and experiences for the children and parents are kept up to date with the theme of these activities".

There were some opportunities for children to lead their own play and choose where they wanted to play. However, children were restricted in their opportunities for outdoor play. For example, a damaged fence made safe with a temporary repair meant children were not able to play outdoors. We addressed this with the manager who took immediate action to risk assess the area. As a result, children benefitted from free-flow play on day two.

Children's opportunities for play and learning were enhanced through connections to their own and wider communities. They had fun running around at the Willows, an expansive grassed area at the rear of the school. Parents commented, "My child likes playing in the playground, at the Willows, and going on day trips". Links with the local sheltered housing complex had been established, however no visits had taken place recently. The manager advised plans were in place to re-introduce planned visits, promoting the opportunities to enhance play and learning.

Most staff demonstrated skilled interactions to support children's play, learning, and development. Some staff were engaging when reading stories and some children enjoyed a sensory activity involving playdough and music. However, at times the playroom was disorganised and noisy. Transitions at key times restricted high quality interactions from staff. For example, poorly timed toothbrushing before lunch caused confusion and queuing. As a result, children were not consistently engaged or supported through high quality interactions and effective questioning. Developing strategies to promote a calm and purposeful learning environment throughout the day would be beneficial.

An online planning system was used to develop learning experiences that support children's progress and development. Observations of children supported staff in this process. However, this information was not always used to plan spaces and experiences to meet children's individual needs. As a result, some children were not sufficiently challenged to maintain engagement or extend their thinking (see area for improvement 1).

## Areas for improvement

1. The provider, manager, and staff must ensure that all children experience high quality play, learning, and development opportunities that are responsive to their individual needs and interests.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to achieve my potential in my education and employment if this is right for me' (HSCS 1.27).

## Children are supported to achieve 2 - Weak

### Nurturing care and support

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

Children were supported by kind and caring staff and children were delighted to see staff they knew well. However, unfamiliar staff covering staff absences made it difficult for some children to seek comfort or ask for help and support. This meant, at times, some children looked a little lost and anxious. At key times, like lunch and pick-up, there were insufficient staff to support the children. This meant children were not always appropriately supervised to keep them safe. The leadership team advised plans were in place to recruit additional, permanent staff to help ensure a more consistent staff team (see requirement 1).

Children were supported sensitively in their personal care. However, the nappy changing bin did not meet guidance and was overflowing. This increased the risk of illness through poor infection prevention and control practices. We raised this with the manager and a new, more suitable bin was purchased.

Children were provided with opportunities to socialise, play in small groups, or alone if they wished. This included positive snack time experiences where children enjoyed socialising and chatting with staff and their peers. Some children enjoyed snuggling under blankets in the story corner. This provided them with space to rest and relax.

Lunch was served in an area of the school adjacent to the nursery. The tables were attractively presented and the food looked and smelled appetising. However, children were asked to tidy up well before lunch, with some sitting at the table for extended periods. When school children passed through the area on their way to lunch, the space became very noisy and stressful. Children were not effectively supervised to keep them safe when eating. This increased the risk of children choking and compromised infection control practices. We raised this with the manager on the first day of the inspection and staff were observed sitting with the children on the second day. However, they did not always notice children's cues for help which led to spillages and a few children who looked nervous and anxious (see requirement 2).

Children's personal plans had been recently reviewed and updated with parents. This meant staff were provided with basic information on children's care needs. Other agencies had been consulted and provided additional information to support the care needs of some children. However, staff did not demonstrate the skills and knowledge to ensure children were provided with adequate and inclusive care to help them thrive and flourish. For a few children, not all staff were aware of the strategies identified in their personal plan. This meant children were not provided with consistent and high quality care. The manager advised further development of children's personal plans was part of the service improvement plan (see requirement 3).

Most families were familiar with the setting and many children have older siblings who had previously attended. This contributed to positive relationships with staff, many of whom had worked at the setting for a number of years. However, some parents felt recent changes to staffing has meant they don't always know the person looking after their child. To help parents feel more confident about relief staffing arrangements, the names of staff working each day were displayed in the cloakroom.

There were opportunities for parents to enter the playroom and chat with staff. Play and stay days and trips and outings were planned to help build relationships and promote working together. However, not all parents agreed that this was effective. Some parents commented, "We would like more in depth handover at collection" and "There can be queues of people waiting to get in to collect/drop children off". Other parents felt they could always catch a member of staff and that they would be called if there was ever an issue (see area for improvement 1).

## Requirements

1. By 16 December 2025, to safeguard children and support their care, learning, and development, the provider must ensure that staffing arrangements are safe, effective, and responsive to children's individual needs.

To do this, the provider must at a minimum:

- a) Carry out regular assessments and reviews of each child's care, learning, and support needs and ensure that staffing levels and deployment are sufficient to meet these needs consistently.
- b) Establish and implement robust quality assurance systems that evaluate children's care experiences and determine whether staffing arrangements are enabling, responsive, and child-centred.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

2. By 16 December 2025, the provider and manager must ensure that children consistently experience safe, calm, and nurturing mealtimes that support their wellbeing and development.

To do this, the provider must at a minimum:

a) Ensure staff provide children with the supervision, support, and care to meet their individual needs at mealtimes.

b) Ensure children eat in a calm and relaxed environment.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (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: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

3. By 16 December 2025, the provider and manager must ensure children are supported with nurturing care that meets their care needs and emotional wellbeing.

To do this, the provider and manager must at a minimum:

Ensure children's personal plans accurately reflect their individual needs to support their development and wellbeing, and that staff use this information effectively to provide consistent and responsive care.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (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: '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 'As a child or young person I feel valued, loved, and secure' (HSCS 3.10).

## Areas for improvement

1. To support effective communication and promote positive relationships with children and families, the provider and manager must develop and embed meaningful ways to involve families and share information about their child's care, learning, and development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6); and 'I am treated as an individual by people who respect my needs, choices, and wishes, and anyone making a decision about my future care and support knows me' (HSCS 3.13).



## 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

Each child should have a personal plan in place (within 28 days of them starting the service). The plan should identify children's individual needs and set out clearly how these will be met. The plan should be reviewed with parents and carers every six months, or more if the child's needs change.

To achieve this consideration should be given to:

- Using information from other professionals to support the planning process.
- Developing 'All about me' records.
- Setting clear strategies for children's support.
- Planning for children's health, welfare, and safety.

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 7 October 2019.**

#### Action taken since then

A personal plan with an 'All About Me' record was in place for all children and these had been recently reviewed with parents. However, clear strategies for children's support was either not in place or had not been used by staff to provide consistent care. This meant children were not always provided with the individual care and support they needed.

**This area for improvement is no longer in place and has been incorporated into a new requirement under the quality indicator 'Children are supported to achieve'.**

### 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

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	2 - Weak
Nurturing care and support	2 - Weak

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