

## Sgoil Araich Ghaidhlig Loch Abar Day Care of Children

Bun-Sgoil Ghaidhlig Loch Abar  
Ardgour Road  
Caol  
Fort William  
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**Type of inspection:**  
Unannounced

**Completed on:**  
11 November 2025

**Service provided by:**  
Highland Council

**Service provider number:**  
SP2003001693

**Service no:**  
CS2003013559

## About the service

Sgoil Araich Ghaidhlig Loch Abar is registered to provide a day care of children service to a maximum of 50 children aged from three years to those attending primary school at any one time. The nursery and out of school care service is operated by Highland Council. The service operates term time only. At the time of the inspection, there were 25 nursery children in attendance on the first day and 24 on the second day. Seven children were in attendance within the out of school care on the first day.

The nursery is located on the premises of the Bun-Sgoil Ghaidhlig Loch Abar Primary School and has its own separate entrance. The accommodation comprises of two large playrooms, a kitchen area and a reception area with cloakroom facilities. Shared toilets and a nappy changing space are located between the two playrooms. There is an enclosed outdoor play area which can be directly accessed from both indoor playrooms. The out of school service operates from one of the nursery playrooms and has direct access to the outdoor space.

## About the inspection

This was an unannounced follow up inspection which took place on 10 November 2025 between 10:00 and 17:00 and 11 November 2025 between 08:45 and 13:30. Feedback was shared with the service on 11 November 2025 between 13:30 and 14:30.

The inspection was carried out by two inspectors from the Care Inspectorate. The inspection focused on a requirement and areas for improvement restated during the previous full inspection which took place on 4 June 2025. The requirement and areas for improvement had been made during a full inspection on 31 October 2024 and not met during a further follow up inspection on 14 February 2025. We carried out a supporting improvement visit on 17 September 2025. We evaluated how the service had addressed these areas to improve outcomes for children and as a result, have re-evaluated the leadership heading.

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 five staff and the manager;
- observed practice and children's experiences; and
- reviewed documents.

## Key messages

- We assessed progress to meet the requirement and areas for improvement during the follow up inspection and found that the required improvement had not been met.
- Sustained improvement was not evident and significant gaps remained within quality assurance processes. As a result, children's needs were not being consistently met.

## 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 thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate

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

## Leadership 2 - Weak

During this follow up inspection, the evaluation for Quality Indicator 'Leadership and management of staff and resources' has been lowered to weak. The evaluation for Quality Indicator 'Staff skills, knowledge and deployment' remains adequate.

In the previous inspection report from 4 June 2025, findings for these Quality Indicators were reported within '3.1 Quality assurance and improvement are led well' and '4.3 Staff deployment'. Due to the publication of the new shared inspection framework the terminology for reporting this has changed.

A requirement was made at a full inspection on 31 October 2024 under this heading. This requirement was not met at a follow up inspection in 11 Feb 2025, during a full inspection on 4 June 2025 and at a further follow up inspection on 10 November 2025. (see 'what the service has done to meet any requirements we made at or since the last inspection').

We identified significant gaps in the service's quality assurance and monitoring arrangements. Issues such as an incorrect medication dosage being administered, were only corrected after inspector intervention, highlighting ineffective systems and creating potential risks to children's safety. Despite ongoing discussions with the Care Inspectorate during the last three inspections, recurring problems in personal planning and medication management remained unresolved. Action planning lacked clarity on responsibilities and timescales, and staff were not effectively supported through supervision, feedback, or mentoring. These gaps resulted in inconsistent practice and missed opportunities to improve quality, directly affecting children's experiences and increasing the risk of unsafe care.

Self-evaluation was at an early stage, with limited staff involvement and little progress. Meetings focused on broad topics rather than reflective practice, and communication about service developments was often indirect, reducing staff engagement in improvement. While staff showed a strong willingness to improve and independently used Care Inspectorate SIMOA resources to help children manage risk, they were not supported to reflect on this through structured self-evaluation. Without robust monitoring, clear improvement planning, and reflective opportunities, the service could not ensure consistent, high-quality care. The provider must urgently strengthen monitoring, embed effective self-evaluation, and provide targeted support for staff development.

The leadership arrangements failed to drive forward improvement at an appropriate pace. This impacted the overall quality of provision, as opportunities to enhance practice and outcomes for children were missed. As a result a further requirement has also been stated under this heading (see requirement 1).

### Requirements

1. By 9 March 2026, the provider must ensure that management arrangements are robust and effective in delivering safe, high-quality outcomes for children.

To do this the provider must, at a minimum, ensure:

a) Effective systems are put in place for monitoring the effectiveness of the leadership arrangements.

This is to comply with Regulation 4 (1)(a)(b) (welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/10).

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 thrive and develop in quality spaces 3 - Satisfactory / Adequate

During this follow up inspection, the evaluation for Quality Indicator 'Children experience high quality spaces' remains adequate.

In the previous inspection report from June 25, findings for this Quality Indicator were reported within '2.2 Children experience high quality facilities'. Due to the publication of the new shared inspection framework the terminology for reporting this has changed.

## Children play and learn 3 - Satisfactory / Adequate

During this follow up inspection, the evaluation for Quality Indicator 'Playing, learning and developing' remains adequate.

In the previous inspection report from June 25, findings for this Quality Indicator were reported within '1.3 Play and learning'. Due to the publication of the new shared inspection framework the terminology for reporting this has changed.

## Children are supported to achieve 3 - Satisfactory / Adequate

During this follow up inspection, the evaluation for Quality Indicator 'Nurturing care and support' remains adequate.

In the previous inspection report from June 25, findings for this Quality Indicator were reported within '1.1 Nurturing care and support'. Due to the publication of the new shared inspection framework the terminology for reporting this has changed.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 31 January 2025, the provider must ensure improved outcomes for children by implementing effective systems of quality assurance. To do this, the provider must, at a minimum, ensure:

- a) the manager effectively monitors the work of each member of staff and the service as a whole;
- b) regular and effective support and supervision for all staff is implemented; and
- c) clear and effective plans are in place for maintaining and improving the service.

This is to comply with Regulation 3 Principles 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

**This requirement was made on 31 October 2024.**

#### **Action taken on previous requirement**

We found significant gaps in the quality assurance processes and overall monitoring of the service. We observed that issues such as the administration of an incorrect medication dosage for a child only being addressed after being queried by the inspector, indicating that quality assurance processes were not robust. This had the potential to put children's safety at risk. Despite ongoing discussions and support, recurring issues such as gaps in personal planning and the management of medication remained unresolved, demonstrating a lack of effective action.

There were limited approaches in place to monitor and support the work of the staff team. The most recent action plan lacked clarity around actions, timescales, and responsibilities. For example, the plan did not set out how staff would be supported to develop their confidence, knowledge, and skills. Monitoring of staff deployment had taken place, but feedback mechanisms were not effective and did not support individual development. Staff told us there were limited opportunities for any individualised feedback to support their practice. Support and supervision sessions for staff and opportunities for them to undertake allocated service development time were not in place. Mentoring arrangements for new staff were not well considered to help staff better understand their roles.

These gaps demonstrated that current processes for monitoring staff practice and supporting leadership development were ineffective. As a result, staff lacked consistent guidance and developmental support, leading to variability in practice and missed opportunities to strengthen quality. This had a direct impact on children's experiences, reducing the consistency and quality of care and learning they received.

Self-evaluation processes were in the very early stages, and we saw little progress on areas identified in this requirement and the area for improvement relating to personal planning. Staff involvement in the self-evaluation process was limited. This approach reduced opportunities for staff to feel fully involved in decision-making and contribute to continuous improvement.

The provider now needs to urgently strengthen monitoring, provide targeted support for staff development, and embed effective self-evaluation processes. This would help to support the staff team to build confidence, take ownership of improvement, and deliver safe, high-quality care. We have updated this requirement to state that regular and effective support and supervision for all staff is implemented.

**This requirement has not been met and will be extended until 7 March 2026.**

**Not met**

## 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) personal plans are regularly reviewed and updated in partnership with families.

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 4 June 2025.**

#### Action taken since then

We found that personal planning remained inconsistent and lacked the detail needed to fully support children's needs. While some plans contained clear information and had been reviewed with families, others lacked detail, particularly around areas such as medical requirements and personal care strategies.



Although staff demonstrated respect for children and used positive language within plans, gaps in recording and updating information meant that plans were not consistently accurate or comprehensive.

Systems to review and update personal plans were not fully effective. Staff had limited time and opportunity to complete this work, and recent audits highlighted delays in obtaining responses from families related to children's care. In addition, the out-of-school club were not included in the auditing process, which reduced its effectiveness. This impacted staff's ability to consistently meet children's health, welfare, and safety needs.

**This area for improvement has not been met.**

## Previous area for improvement 2

To keep children safe and healthy and to promote their wellbeing, the service should improve infection prevention and control measures. This includes but is not limited to ensuring:

- a) correct hand washing routines are established and maintained, according to infection prevention and control guidance;
- b) children are effectively supervised and supported whilst eating to prevent cross contamination of food; and
- c) all areas, including areas where food is consumed, are clean.

This is to ensure that infection prevention and control practices are consistent with the Public Health Scotland document: Health protection in children and young people settings, including education.

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 31 October 2024.**

### Action taken since then

We found that effective infection prevention and control measures had been put in place and were consistently applied. Children were supported to follow correct handwashing routines at appropriate times, such as after outdoor play and before meals. Staff provided close supervision during snack and mealtimes, creating a relaxed and sociable experience while preventing cross-contamination of food. All areas, including dining and snack spaces, were clean and well maintained. These improvements meant children were kept safe and healthy in a clean environment, promoting their wellbeing throughout the day.

**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](http://www.careinspectorate.com).

## Detailed evaluations

Leadership	2 - Weak
Leadership and management of staff and resources	2 - Weak
Staff skills, knowledge, values and deployment	3 - Satisfactory / Adequate
Children thrive and develop in quality spaces	3 - Satisfactory / Adequate
Children experience high quality spaces	3 - Satisfactory / Adequate
Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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