

Milton of Leys Primary School Childcare Service

Day Care of Children

Milton Of Leys Primary School & Early Years Centre
Leys Square
Inverness
IV2 6HF

Telephone: 01463 773020

Type of inspection:
Unannounced

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Service provided by:
Highland Council

Service provider number:
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CS2011297021

About the service

Milton of Leys Primary School Childcare Service is a day care of children service situated in the Milton of Leys area of Inverness.

The service is registered to provide a daycare of children service for a maximum of 96 children aged 3 years up to primary school age.

The service is situated in a residential area close to shops and other local amenities. Children attending early learning childcare are cared for in a building situated beside Milton of Leys Primary School. This consists of two large playrooms, a general purpose/ canteen and servery area, and reception area with cloakroom facilities. There is an enclosed outdoor play area. School aged children attending breakfast club and out of school care are cared for in a large hall, with servery, situated in the primary school building. They can also access a multi-use games area (MUGA) and the school grounds for energetic and physical play.

About the inspection

This was an unannounced inspection which took place on 6 October between 09:00 and 18:00, 7 October, between 08:00 and 17:30, and 8 October 2025, between 09:00 and 12:30. This inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with children using the service and four of their family members
- received 29 completed questionnaires which included 24 received from families/carers of children, and 5 received from staff.
- spoke with staff and the management team
- assessed core assurances, including the physical environment
- observed practice and daily life
- reviewed documents

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, we found that requirements relating to core assurances haven't been met. We have reported where improvement is necessary within:

Children are supported to achieve.

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 experienced calm, kind and warm interactions from staff across the service.
- Staff had worked hard to implement changes to improve the indoor and outdoor spaces.
- Children were able to enjoy calm, unhurried snack and meal times.
- Supervision of snack times should now be increased.
- Children attending breakfast and out of school care could choose from a variety of play experiences to suit their interests.
- Improvements had been made to quality assurance processes. These were in the early stages of implementation.
- The service was at the early stages of implementing new planning approaches to consistently and effectively capture and develop children's curiosities and learning interests.
- There were sufficient staff to meet the needs of 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

Leadership	3 - Satisfactory / Adequate
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 3 – Satisfactory / Adequate

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

Leadership and management of staff and resources.

The service was in the early stages of reviewing its vision, values, and aims. This included using older pupils, who were part of a buddy system, to capture the views of their younger buddies in ELC. Families were not yet consistently involved in shaping the service's values in a way that meaningfully reflected their aspirations and those of the wider community. This meant, vision, values and aims were not yet sufficiently developed to influence change and improvement.

Across the service, children's participation in shaping their experiences was emerging but not yet embedded. Children attending breakfast club and out of school care were beginning to contribute ideas. These were not yet consistently followed through in ways that helped children understand their rights and how they could influence change. The voices of children attending ELC were beginning to be captured through floor books, particularly in relation to their interests and service developments.

Staff were in the early stages of developing leadership roles. These roles empowered staff to make changes to spaces and experiences. We found these were beginning to influence some improvements to some play and learning experiences. It was too early to assess the full impact of these on children's outcomes. Continued support for staff to develop strong self-evaluation practices will help ensure changes are sustained and lead to better outcomes.

The service had begun enabling staff to develop confidence in understanding and using the structure of self-evaluation processes, to drive improvements to children's outcomes. Children's care and learning was beginning to be influenced by self-evaluation although this was not yet consistent. Some effective auditing processes were in place, such as audits of the management and administration of medication. Some audits needed further development to make them more robust. For example, audits of accidents and incidents would benefit from more detail to help identify any patterns related to children or underlying causes. This meant that links to well-targeted outcomes for children as a result of self-evaluation and other quality assurance processes were still developing. Progress had been made to the existing requirement in relation to completing robust quality assurance process. We have made an area for improvement to further develop and embed effective systems of quality assurance.

(See area for improvement 1).

There were some clear improvements to aspects of the service overall. Continued improvement now needs to be sustained so that changes embed and deliver measurable benefits for children. The pace of improvement should be maintained and managed carefully to ensure this cohort of children experiences the positive impact of enhancements to care, support, and learning.

A process of recruitment was taking place at the time of our inspection. The manager demonstrated awareness of the importance of securing staff with the right skills and experience.

Staff skills, knowledge, values and deployment.

Children's experiences were beginning to benefit from opportunities for staff to reflect together on their practice. In-service days offered some scope for reflection, though these were limited, meaning that opportunities for professional dialogue were infrequent. Team meetings focused mainly on operational matters rather than deeper discussion linked to best practice. Increasing regular opportunities for reflective practice would strengthen shared understanding and improve staff knowledge and skills.

Staff had opportunities to begin to engage in regular support and supervision meetings. This supported staff to identify strengths and areas for growth in their knowledge, skills and practice. These sessions provided opportunities for staff wellbeing check-ins, but more time is needed to assess their influence on practice and outcomes for children.

(See section, What the service has done to meet any requirements made at or since the last inspection, requirement 4).

Staff have shown commitment to improvement. Their openness with inspectors reflects a willingness to engage in change that could have positive impacts on children's experiences and outcomes.

Communication across the team was generally effective, with staff showing awareness of maintaining supervision by asking colleagues to cover when leaving an area. Out of school staff made effective use of walkie talkies which contributed to a safe and responsive environment for children. The service had identified there was scope to increase the use of walkie talkies in ELC to support consistent staff deployment and effective safe supervision of children.

Children's care and learning were supported by thoughtful staffing arrangements that aimed to minimise disruption. The manager had a clear strategy for managing vacancies and absences, including the use of part-time and familiar supply staff. This approach helped maintain continuity and stability in children's experiences.

Areas for improvement

1.

To support improved outcomes for children the provider should further develop and embed effective systems of quality assurance. This should include but is not limited to:

- a) Staff develop their knowledge and understanding around self-evaluation processes and increasing their involvement in the systematic evaluation of their work and the work of the service.
- b) The management team effectively monitoring the work of each member of staff and the service as a whole.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, 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**

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

Children experience high quality spaces.

Children's experiences were supported by an environment that generally enabled them to lead their own play and learning. Children tended to stay in their home playroom rather than move freely between both rooms. This reduced access to the full range of play and learning experiences available.

Children's play and learning experiences were benefitting from improvements to indoor and outdoor area. For example, children were learning about growing plants and seasons in a section of the garden area. Plans were in place to develop this further. Visits to the wider community, including a local care home, and to local woodlands were in the early stages of being developed and implemented. This could enable children to feel connected to their communities. Overall, children were more engaged in play experiences.

Children's physical development and play benefitted from a balanced approach to risk in play.

(See section, What the service has done to meet any requirements made at or since the last inspection, requirement 2).

An interest in building a large loose parts obstacle course had been supported in ELC. This supported children to build self-confidence and develop their gross motor skills. Staff understood the benefit of supporting children to learn about risk and staying safe.

There was scope to support children's safety and security more consistently across the day. In ELC head counts were only completed at certain times, and staff were not always aware of how many children were in each area during free play, creating potential risks. This meant there was the potential for children's safety and security to be compromised. To mitigate this, outdoor play was not fully free-flow. Staff assessed that in some circumstances, such as higher levels of relief staff, children's safety could be compromised safety. They adapted by offering outdoor access for as long as possible. In out-of-school care, staff effectively used walkie-talkies to monitor children's movement between indoor and outdoor areas.

Personal care routines respected children's privacy and dignity, and infection prevention measures were improving. Immediate corrective action was taken when a minor issue with the nappy changing facilities did not meet best practice. Handwashing supervision had improved at key times. For example, before snack in out-of-school care and before lunch in ELC. However, some inconsistencies in effective supervision of handwashing remained, particularly after toileting. As a result, the previous requirement on infection prevention and control was only partly met (see section, what the service has done to meet any requirements at or since the last inspection). A new area for improvement has been identified.

(See area for improvement 1).

Children's personal information was managed in accordance with relevant best practice guidance and legal requirements. Staff across the service understood their roles and responsibilities in relation to information management. This meant that confidentiality was maintained appropriately, contributing to a safe and respectful environment for children.

Areas for improvement

1.

To keep children safe and healthy and to promote their wellbeing, the service should improve infection prevention and control by ensuring that correct hand washing routines are established and maintained, according to infection prevention and control guidance.

This is to ensure that infection prevention and control practices are consistent with the Public Health Scotland guidance 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).

Children play and learn 3 - Satisfactory / Adequate

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

Playing, learning and developing

Children were generally supported to lead their own play with some well-considered approaches evident, such as role play areas and open-ended resources. These successfully fostered imaginative play and creativity. When children worked together with peers, supported by adults, these experiences promoted communication and problem-solving skills. For children attending out of school care, some large loose parts and open ended resources supported them to explore and develop their creativity and curiosity. This provided appropriate levels of challenge for the age range of children accessing out of school care. The service should continue to develop and fully embed consistent opportunities for children to extend learning and development through responsive planning and high quality staff interactions.

Support for language, literacy, and numeracy through play varied. Some adult-led activities did not meet the needs of all children. This led to some children disengaging from these activities, indicating a need for more flexible and child-led approaches to be considered. Staff were in the early stages of implementing leadership roles which included developing literacy and numeracy play opportunities across both indoor and outdoor ELC areas. Progress was evident and there was scope to further increase these opportunities through play experiences. We found literacy opportunities in the mud kitchen and books were provided near a play activity which supported an interest in animals. Children's interest in numbers was encouraged through activities like finding numbers in the environment. Staff should now use observations to plan literacy and numeracy play experiences which capture individual interests, and prior knowledge and skills.

Children's imagination and curiosity were encouraged, but not consistently extended through high quality interactions. While children were given time and space to explore, staff did not always recognise when to intervene or observe effectively. As a result, an area for improvement made at our previous inspection remains in place.

(See section, What the service has done to meet any areas for improvement we made at or since the last inspection, area for improvement 1).

Interests were responded to and planning was beginning to reflect this. Observation and planning processes to identify learning needs and next steps were at an early stage and need further time to develop and become embedded to fully influence children's progress.

Children are supported to achieve 3 - Satisfactory / Adequate

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

Nurturing care and support

Children benefitted from a warm and welcoming environment where staff interactions were caring and responsive. Staff were kind, helping children to feel safe and settled. Appropriate comfort and reassurance was offered, supporting wellbeing. This helped children feel loved and valued. "The staff's warm and cheerful demeanour from morning drop-off to afternoon pick up creates a welcoming and positive environment for the children," and "Staff are all friendly and positive; I feel I can approach them with anything and will be listened to."

Staff recognised that strong connections supported children's wellbeing. Parents were welcomed into ELC playrooms daily which supported the building of relationships with families.

Parents felt included in their child's time at nursery through regular use of digital platforms and some informal daily communication. A parent told us: "I always have clear communication with the staff (especially her key worker) they always update me on her day including her meal time. They also update me on any new skills my child has learned." Sharing updates, photos and messages helped build positive links between home and nursery, allowing families to feel connected and engaged in their child's experiences.

There were limited opportunities across the service to promote children's independence. For example, snacks and lunches were fully prepared so there were no opportunities for children to participate on the preparation of food. They were able to select and self-serve at snack times. This was similar in breakfast and out-of-school care, where routines limited the development of independence skills.

During ELC snack time, the deployment and positioning of staff should be reviewed. Sometimes staff did not engage meaningfully, limiting social interactions and emotional connection. Supervision during eating across the service was not always effective, posing potential risks which could compromise children safety and wellbeing. The service should now look at arrangements during snack and meal times which strengthen supervision. Drinking water was available throughout the day, encouraging children to stay hydrated.

Since our last inspection, personal plans contained clearer information about strategies to support children's needs. Updates were shared at staff meetings, helping staff remain aware of individual's current support needs. For children attending out of school care, the service had identified a gap in personal care plans where these were not consistently completed in full. This meant there was the potential for some plans not accurately reflecting children's current needs. The out of school care and breakfast club aspects of the service were in the process of auditing personal plans at the time of inspection. This process was highlighting where further information needed to be gathered. This meant that the service did not always have all the information needed to support them to keep individual children safe and to meet their needs effectively. These processes were at an early stage, so their impact on children's outcomes could not yet be

evaluated. The timescale for meeting the requirement on personal planning has been extended to allow improvements to embed and make a measurable difference to outcomes.

(See section, **What the service has done to meet any requirements made at or since the last inspection, requirement 1**).

The environment generally supported social and emotional development, with a designated nurture space available and used regularly. Cosy spaces to rest and relax were not consistent across all rooms. The manager had identified that a cosy, relaxing space was not always available at out of school care. Staff were continuing to explore how they could further develop the space they had provided. For ELC children, one playroom lacked the same provision on offer in the other room. This meant that children may not find an appropriate space to relax or self-regulate without the correct support. The service could consider how they could offer the same experience in both rooms. This would enable children to be supported to relax or self-regulate in their home room.

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

Requirements

Requirement 1

By 19 June 2025, the provider must ensure each child receives appropriate care and support and their needs are met.

To do this the provider must at a minimum:

- a) Ensure personal plans set out children's current needs and how they will be met.
- b) Ensure all staff are aware of and understand the information within the personal plans and use this to effectively meet each child's needs.
- c) Ensure personal plans are regularly reviewed and updated in partnership with parents.

This is to comply with Regulation 5(1)(2) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order 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 requirement was made on 19 March 2025.

Action taken on previous requirement

We found some improvements had helped ensure children received appropriate care and support to meet their needs and reach their potential. Most personal plans sampled contained clear information to guide staff in providing effective strategies. Staff meetings were used to share updates, meaning children were generally supported by staff who knew them and understood their needs. We suggested the manager consider staff practice observations to monitor understanding and implementation of individual strategies.

Children's care was not yet fully benefiting from consistent reviews of personal plans with families. The service had begun a structured programme of regular meetings with parents of ELC children. Audits of personal plans were underway for children attending breakfast and out-of-school care at the time of inspection. This process highlighted where some information was missing from some children's personal plans.

As these processes are still in early stages, it is too soon to assess their impact on children's outcomes. The timescale for this requirement has been extended to allow embedding and clearer evidence of influence on children's experiences and progress.

This requirement had not been met and we have agreed an extension until 30 March 2026.

Not met

Requirement 2

By 19 June 2025 the provider must ensure that the safety, health and wellbeing of the children is improved.

To do this the provider must, at a minimum:

- a) Ensure that staff are knowledgeable and competent in relation to safe, consistent record keeping and administration of medication.
- b) Ensure that staff are knowledgeable and competent in implementing strategies and protocols for identified life.
- c) Implement a system for management to audit and review the storage, management and administration of medicine.

This is to comply with Regulation 4 (1)(a) and 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 experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27)

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This requirement was made on 19 March 2025.

Action taken on previous requirement

Children's health, safety, and wellbeing benefited from systems supporting consistent record-keeping and medication management. Recorded information about medicines and health needs corresponded and was accurate. At the time of inspection, no children required rescue medication, so this aspect could not be assessed.

A system had been implemented for booking medication and recording health details with families. This worked well, ensuring staff had the information needed to provide care correctly and in a timely manner. The service should consider ways to help staff apply their knowledge effectively and refine processes to reduce time spent gathering, recording, and reviewing information.

Met - within timescales

Requirement 3

By 19 June 2025 the provider must ensure children's wellbeing with effective prevention and control procedures to minimise the risk of infection, supported by effective quality assurance processes.

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

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

- a) Ensure items which are visibly dirty, such as soft furnishings, are washed, removed or replaced.
- b) Ensure effective and consistent hand hygiene routines.

This is to comply with Regulation 4 (1) (d) 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 experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27); and, 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

This requirement was made on 19 March 2025.

Action taken on previous requirement

Children's wellbeing was supported by measures to improve infection prevention and control. The environment was generally clean and well maintained, with worn or damaged items removed or replaced.

Supervision of handwashing remained inconsistent across the service. In out-of-school care, a system had been implemented to confirm handwashing before snack. This approach was promptly introduced in the breakfast club following their identification during the inspection of gaps in effective handwashing routines. This reduced the risk of cross-infection.

In the ELC setting, supervision had improved at key times, such as before lunch. Some opportunities to provide effective supervision to reinforce good hygiene after toileting were missed. The service should continue to review and strengthen handwashing supervision for all age groups.

This requirement has been partially met. To address outstanding issues, a new area for improvement has been identified under the heading: Children thrive and develop in quality spaces.

Met - within timescales

Requirement 4

By 19 June 2025, the provider must ensure improved outcomes for children and practice by implementing effective systems of quality assurance.

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

- a) The management team undertake effective quality assurance.
- b) 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.
- c) Clear and effective plans are in place for maintaining and improving the service.
- d) Regular and effective support and supervision for all staff is implemented.
- e) The management team effectively monitors the work of each member of staff and the service as a whole.

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 in order to ensure that care and support is consistent with the Health and Social Care Standards, 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 19 March 2025.

Action taken on previous requirement

Since our last inspection the service manager's remit had been reduced. This was enabling them to spend more time supporting the senior practitioner and wider staff team. The manager had been carrying out informal observations. The process of monitoring staff practice should now be formalised to strengthen quality assurance. A focused approach would identify strengths and areas for development. This should inform supervision, identify training needs and effective strategies to improve outcomes for children.

Children's experiences and outcomes were beginning to benefit from some quality assurance systems. For

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example, audits and initial self-evaluation show a clear commitment to improvement. These processes now need to be embedded. Formalising observations, strengthening self-evaluation, embedding regular staff supervision meetings, and implementing structured planning will be key to achieving sustained positive outcomes for children.

This requirement has been partially met. To address outstanding issues, a new area for improvement has been identified under the heading: Leadership.

Met - within timescales

Requirement 5

The provider must ensure there is sufficient staff for effective supervision to ensure children's safety and to meet their needs consistently. This is in order to comply with section 7 of the 'Health and Care (Staffing) (Scotland) Act 2019.'

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that:

'My needs are met by the right number of people.' (HSCS 3.15)

This requirement was made on 19 March 2025.

Action taken on previous requirement

Children's needs and safety were generally well supported through effective staff deployment across the day. Staffing arrangements were managed flexibly to ensure continuity of care. During periods of absence or when posts were vacant, the manager demonstrated a proactive approach by utilising part-time staff and regular supply staff who were familiar to the children. This helped to maintain stable and reassuring relationships, supporting children to feel safe and secure.

Staff communicated effectively with colleagues to ensure children remained well supervised. For example, if a task took a member of staff away from an area temporarily, they communicated this to colleagues so that children continued to be safely supervised. This collaborative approach contributed to a safe and responsive environment.

Children's engagement in riskier play, such as constructing and navigating an obstacle course, was consistently supported by staff. This helped ensure effective supervision and safe use of large loose parts in play, encouraging children to assess and manage risk with appropriate adult support. These practices reflected a commitment to maintaining appropriate staffing levels and promoting enriching and safe experiences for children.

Met - within timescales

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

To effectively support children's individual learning and development, the service should develop an enriching environment which supports curiosity, interests and imaginative play indoors and outdoors, and ensures high quality interactions support progress.

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 have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling.' (HSCS 1.30); and 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials.' (HSCS 1.31)

This area for improvement was made on 19 March 2025.

Action taken since then

Children's learning and development were beginning to benefit from increased opportunities that promoted imaginative play and fostered curiosity. Staff had worked hard to broaden the range of experiences, particularly within one playroom. Where the use of open-ended materials and play had been enhanced, this supported the development of fine and gross motor skills in a child-led manner. These improvements reflected a growing understanding of how the environment can support children's exploration through play, promoting creativity and physical development and foster curiosity. We discussed with the manager possibilities to enable all children to consistently access the full range of learning opportunities across both playrooms.

Children were not consistently experiencing high-quality interactions from all staff to extend their ideas and thinking. We suggested to the service that they consider formalising staff observations. This would support targeted professional development and help embed consistent, high-quality interactions throughout the setting.

This area for improvement has not been met.

Previous area for improvement 2

To support safety and wellbeing of children taking part in riskier play, the service needs to develop systems which take into account children's varying ability levels to support safe access to equipment and activities.

This should include, but is not limited to:

- a) Regularly reviewing the systems to ensure the needs of individuals participating in riskier play are met.
- b) Having a suitably qualified adult present for some sports activities, such as gymnastics.

This is in order 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)

This area for improvement was made on 19 March 2025.

Action taken since then

Children's physical wellbeing was promoted with a variety of physical play opportunities offered to them across the service both indoors and outdoors. Systems were in place to support children to participate in riskier play. For example, riskier play in the ELC outdoor area for children attending ELC had riskier play opportunities helped construct an obstacle course using large loose parts, which was safely facilitated by adults. This enabled children to engage in riskier play while learning to assess and manage risk with appropriate support.

At the time of our inspection activities, such as gymnastics, that required a trained member of staff to ensure children's safety were no longer offered. This was because adults currently working in the service were not qualified to supervise this type of activity safely. This reflected a responsible approach to risk management. The service provided children with a choice of various suitable physical play opportunities indoors and outdoors. That promoted physical development and wellbeing.

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.

Detailed evaluations

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate
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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