

# Wimberley Estate Childcare Centre Day Care of Children

Somme Crescent  
Inverness  
IV2 3YB

Telephone: 01463 222 115

**Type of inspection:**  
Unannounced

**Completed on:**  
4 December 2025

**Service provided by:**  
CALA Integrated Services

**Service provider number:**  
SP2010011308

**Service no:**  
CS2010278956

## About the service

Wimberley Estate Childcare Centre is registered to provide a service to a maximum of 44 children aged from birth to five years. The service is provided by CALA Integrated Services.

The service operates two playrooms only, one aged 0-2 years and 2-5 years.

Wimberley Estate Childcare Centre is situated within a residential area of Inverness.

## About the inspection

This was an unannounced inspection which took place on 3 and 4 of December 2025. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, 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;
- received nine completed questionnaires from parents/carers and staff;
- spoke with staff and management;
- assessed core assurances, including the physical environment;
- observed practice and children's experiences;
- 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, no improvements were identified relating to core assurances.

## Key messages

- Children were happy, confident and having fun.
- Staff were very nurturing and caring towards children, who they knew well.
- Most children's needs were being met through personal planning, however, further detail should be included in support strategies to enable children's needs to be met effectively.
- Work had began to improve the quality of the information recorded in personal plans including observations/planning and next steps.
- Quality assurance and self evaluation processes were are the early stages of development.

## 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	4 - Good
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.

### **Quality indicator: Leadership and management of staff and resources**

The service had experienced changes to the management team. The new manager had only been in post for a few months. Both the staff and management team engaged well during the inspection process, taking on advice and support. This demonstrated a commitment for improvement to ensure positive outcomes for children.

The service displayed their vision, values and aims statement in the nursery cloakroom, encouraging people's awareness of what to expect from the provision. This practice reflects an understanding of the importance of shared values in shaping high-quality provision. Families had been given opportunities to come in to the setting and give feedback including stay and plays sessions. The manager recognised the importance of having a shared vision that reflected the setting and families' aspirations.

The service had introduced quality assurance processes and adopted more reflective practice, however, these had not been fully embedded and were yet to meaningfully impact on children's outcomes and experiences. Staff had started to make improvements to this, they had begun to develop a quieter space for children to rest and had reviewed some play resources. The management team and staff had started to consider how this would be embedded using the new "A quality improvement framework for the early learning and childcare sectors: early learning and childcare". Engaging in regular self-evaluation and quality assurance processes would support continuous improvement and help promote positive outcomes for children and families. We discussed with the management team the importance of using self-evaluation tools robustly and routinely to support the ongoing improvement of the service. This was highlighted at the last inspection and the previous area for improvement still remains in place. (See section, What the service has done to meet any areas for improvement we made at or since the last inspection).

Staff felt supported by the management team who they described as being approachable. Although the manager had introduced meetings with individual staff, there were no regular full staff meetings where all staff could come together and reflect on practice, be involved in the identification of areas for improvement, review progress in these and how they impacted on experiences and outcomes for children.

Infection prevention and control practice required improvement. There were no sink for handwashing within the 0-2 playroom, which compromised infection prevention and control practice. Children currently wash their hands in a nearby bathroom sink, which not only reduces opportunities for independence but also requires staff to leave the playroom frequently to supervise, impacting overall supervision and safety. Additionally, the nappy-changing area in the 2-5 room is located within the open toilet space near handwashing sinks. This arrangement fails to protect children's privacy and dignity, which is a fundamental aspect of quality care. These issues indicate that current facilities and routines do not fully meet best practice standards for infection control or respect for children's rights, and urgent action is needed to address these gaps. **(See area for improvement 1).**

### **Quality indicator Staff skills, knowledge, values and deployment**

The staff team had experienced some recent changes and were beginning to work well together. The service was in a period of transition, supporting a number of staff newly in post. The service was working

with staff towards achieving a balance and mix of staff experience, skills and knowledge across the setting. The management team had a focus on staff relationships and growing a positive ethos within the service. This fostered a warm atmosphere

Staff recruitment processes were robust and aligned with safer recruitment guidance, ensuring compliance and promoting children's safety and wellbeing. An induction process for introducing new staff to policies and procedures and the service ethos was in place. This is a strength, as it supports consistency in practice and helps embed the service's values.

Children benefited from a caring staff team. Although the current staff team had only been working together in the same room for a short period, we observed some positive team working. Staff were welcoming and engaged in the inspection process. They were responsive to suggestions and showed a commitment to making improvements to support good outcomes for children.

Staff recognised the importance of nurturing, warm, responsive attachment and interactions. However, due to competing demands placed on them they could not always offer the level of support and interaction they wanted to. This did not consistently ensure high quality outcomes and experiences for children. Although the minimum adult to child ratio was met, the deployment and number of staff working in the service was insufficient at certain times of the day. The approach to staffing in the service was not outcome focussed and did not take into account, the complexity of individual children's needs and the layout of the building. As a result, the quality of children's experiences was compromised and limited at times. For example, staff did not always pick up children's cues for support. The previous area for improvement still remains in place. (See section, What the service has done to meet any areas for improvement we made at or since the last inspection).

The manager strived to provide consistency of care within the staff team. Arrangements for unplanned absence were supported by effective systems. For example, the manager tried to use the same supply staff to minimise disruption to children's routines.

### Areas for improvement

1. To support children's health and wellbeing, the provider should ensure that effective infection prevention and control practices are in place for children and changes are made to the physical environment:
  - a) to ensure that a handwashing basin is installed and accessible within the indoor playroom to allow younger children to wash their hands;
  - b) to ensure a screen is provided in the nappy changing area to respect children's privacy and dignity.

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 is also to ensure that the premises are consistent with the best practice guidance, Space to Grow.

## Children thrive and develop in quality spaces 4 - Good

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

### Quality indicator: Children experience high quality spaces

Children experienced a welcoming and homely nursery with plenty of natural light and good ventilation. It was a clean, tidy and well-maintained space for children to play, learn and relax in.

Within the indoor space, children had access to resources that were well presented and encouraged exploration and fun. The continuous provision indoors had been well considered to include a variety of open ended and natural resources, enabling children to explore opportunities which promoted their curiosity and imagination. There were cosy areas for children to rest and relax which supported their emotional needs. These spaces were also used for shared story reading, which promotes language development and strengthens relationships. Observations of nurturing interactions between staff and children during these experiences demonstrate positive attachment and responsive care, contributing to a sense of security and belonging within the nursery. However, while these areas are beneficial, their impact could be maximized by ensuring they are consistently accessible and used purposefully to extend learning. For example, incorporating a wider range of resources to support literacy and communication skills would enhance the educational value of these spaces. Evaluating how effectively these areas meet both emotional and developmental needs would help ensure they deliver sustained benefits for children.

Staff recognised the benefits of outdoor play and provided children with good opportunities to be outside. Children told us that they enjoyed playing outside which promoted physical energetic play to keep them active and healthy. We saw nice interactions between staff and children, with staff responsive to the individual needs of each child. For example, children were happily engaged playing basketball in the garden. This experience provided opportunities to promote physical activity, decision making and resilience.

The building had direct access to an outdoor play area. There were some opportunities for free flow access between the indoor and outdoor play area. However, this was not consistently offered to children throughout the inspection. At times outdoor play was restricted in both playrooms. This should be reviewed and actioned to ensure children have choice around their play and learning experiences.

The environment provided a safe and secure place for children. Arrangements for storage of children's personal info were well managed and complied with best practice. Staff had an awareness and understanding of their role in using info appropriately and securing it safely.

Infection control practices minimised the potential spread of infection. For example, children were confident in their hand washing routines at snack and lunchtimes. However, children in the 2- 5 room were not always supported to wash their hands after their walk or when coming in from outside. This was highlighted to staff on the day of the inspection and will continue to address this.

**Children play and learn** 3 - Satisfactory / Adequate

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

**Quality Indicator: Playing, learning and developing**

Children were generally supported to learn and develop through play, with opportunities that were both spontaneous and planned. They were encouraged to take an active role in leading their play and learning, which is a positive aspect of practice. Some experiences offered were stimulating and promoted curiosity, imagination, and collaborative play, indicating a commitment to fostering creativity. Current provision for language, literacy, and numeracy development is limited, which restricted opportunities for progression in these key areas. For example, resources for messy play, water, and sand were insufficient in the 2-5 room, reducing scope for sensory and exploratory learning. Similarly, mark-making opportunities were minimal, and literacy and numeracy were not consistently embedded throughout the environment. These gaps suggest that while the setting promotes play-based learning, it lacks a comprehensive approach to supporting core developmental skills.

A planning system to develop children's interests, play and to build on prior learning was in the early stages of being developed. Effective observations of children's learning and development was also an identified area for improvement. Work was ongoing with staff to develop consistent approaches to both planning and recording observations effectively. We saw that some observations were linked to the floor books, however, some recorded observations of learning did not always show progression or any next steps. This meant the approach did not effectively support children to reach their full potential. The previous area for improvement still remains in place. (See section, What the service has done to meet any areas for improvement we made at or since the last inspection).

Children's opportunities for play and learning were enhanced through strong connections to their own and wider communities. These included trips to the woodland area, local park and natural spaces. This supported children to feel part of their community.

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

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

**Quality Indicator: Nurturing care and support**

Children were happy and settled. They confidently interacted with staff and each other. Children experienced warm, caring and nurturing approaches to their personal care and learning needs. Staff had established trusting and respectful relationships with children, which contributed to them feeling safe and secure. Overall parents expressed overall satisfaction with the care provided, indicating confidence in staff and the quality of the service.

Some parents' comments include;  
"The staff are friendly and approachable".

"I really love the staff here. I feel confident that they will do the best for my children and I am confident they are safe and happy there".

"If I ever have a concern about my child, I know I can talk to the staff about these and the staff will always tell me of any changes".

Staff knew the care and support needs, preferences and routines for the majority of the children attending. However, written personal planning information was inconsistent. Children's personal plans did not always reflect the child's needs and the strategies required to meet these needs, and not all forms were fully completed or reviewed with parents. As a consequence, staff did not always have sufficient knowledge and understanding of the specific needs of the children attending and how best to support them to progress and achieve their potential. **(See area for improvement 1).**

Arrangements in place ensured that children were able to sleep and rest when they needed to. Staff were aware of the importance of quality sleep for children's emotional resilience and safety. Staff made sure that children had access to comforters and fresh bedding, enhancing the quality of sleep for each child.

Since our last inspection the service had made some changes to the lunch time routine. As a result lunch was generally a calmer, more relaxed and a homely experience. The baby room ate lunch in the familiar surroundings of their playroom. Some staff sat and ate with them, fostering a family-type meal experience. However, at times, staff were task-focused, prioritising tidying over engaging with children promptly. This resulted in missed opportunities to model positive eating behaviours and provide immediate support, which could compromise both safety and the developmental benefits of mealtimes. In the 2-5 room, the lunchtime routine was poorly organised. Children experienced long waiting times before being seated, which led to frustration and reduced engagement. While children receiving hot meals were served first, those with packed lunches waited significantly longer, creating an experience that was neither child-focused nor inclusive. This lack of equity and organisation undermines the potential benefits of shared mealtimes and suggests a need for stronger planning and staff deployment to ensure consistency and fairness across all age groups.

Medication was stored securely and administered in line with best practice. We found that staff and management knew their responsibility regarding safe medication administration. This helped keep children safe.

Staff understood their roles and responsibilities to keep children safe and protected from harm. They could confidently tell us how they would respond if they had any child protection concerns. This contributed to keeping children safe.

## Areas for improvement

1. To support children's wellbeing, the provider should ensure personal planning approaches improve so that they set out clearly how children's care and support needs will be met.

This would include but not be limited to:

- a) ensuring personal plans reflect children's current needs;
- b) ensuring strategies of support for individual children are developed and implemented by staff;

c) ensuring all staff are knowledgeable and understand the information within the personal plans and use this to effectively meet each child's needs.

This is to ensure care and support is consistent with the Care Inspectorate document 'Guide for providers on personal planning'.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices'. (HSCS 1.15).

## 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 support children to achieve, the provider should review approaches in place to evaluate children's progress.

This should include, but is not limited to:

- a) improving the approach and skills of staff in relation to tracking and monitoring children's progress; and
- b) supporting staff to develop their understanding of how to effectively observe and assess children's learning in order to plan quality learning experiences and meaningful next steps.

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 education and employment if this is right for me'. (HSCS 1.27).

**This area for improvement was made on 9 August 2023.**

#### Action taken since then

There had been some improvement in the quality of observations of children's learning. Work was ongoing with staff to develop consistent approaches to both planning and recording observations effectively. We saw that some observations were linked to the floor books, however, some recorded observations of learning did not always show progression or any next steps.

Therefore, this area of improvement has not been met and has been re-stated.

## Previous area for improvement 2

To support improved outcomes for all, the provider should ensure that quality assurance processes are embedded to promote continuous improvement.

This should include, but is not limited to:

- a) including the views of parents and children in evaluations of improvements and to inform new actions;
- b) embedding quality assurance systems which support effective monitoring, tracking and evaluation as part of the continuous improvement process; and
- c) ensuring all staff are clear about their roles and responsibilities in effecting change and improvement actions.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HCSC 4.19).

**This area for improvement was made on 9 August 2023.**

### Action taken since then

The service had experienced changes to the management team. Some quality assurance and self-evaluation processes had been put in place. However, these were not yet robust or having a positive impact on improvement.

Therefore, this area of improvement has not been met and has been re-stated.

## Previous area for improvement 3

To support children to receive the care and support that is right for them, the provider should review and make changes to staff deployment.

This should include, but is not limited to:

- a) reviewing staffing to ensure continuity of care at the beginning and end of each day;
- b) reviewing staffing to ensure consistency of care.

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

'I am supported and cared for by people I know so that I experience consistency and continuity' (HCSC 4.16).

**This area for improvement was made on 14 May 2024.**

### Action taken since then

At certain times of the day, such as the beginning of the day, the approach to staffing was not outcome focused. For example, children in the 2-5 room were not able to access the garden until late morning. This did not support consistency of care and, on occasion, this meant that staff could not anticipate children's care and needs. As a result, the quality of children's experiences was compromised and limited at times.

Therefore, this area of improvement has not been met and has been re-stated.

#### Previous area for improvement 4

To support children to be safe and healthy, the provider should review and make necessary changes to the management and administration of medication.

This should include, but is not limited to:

- a) ensuring permission forms are completed accurately; and
- b) effective auditing.

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

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

**This area for improvement was made on 14 May 2024.**

#### Action taken since then

Medication was stored securely and administered in line with best practice. We found that staff and management knew their responsibility regarding safe medication administration. Permission forms are completed accurately and effective audits were in place. This helped keep children safe.

This area for improvement has been met.

#### Previous area for improvement 5

To ensure all children experience an environment which is welcoming and homely, the management and staff should review the layout of the environment. This should include, but is not limited to, providing cosy areas for children to rest and relax.

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

'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax'. (HSCS 5.6).

**This area for improvement was made on 14 May 2024.**

#### Action taken since then

Since the last inspection the service has developed their cosy areas and the layout of the environment in both playrooms. There were cosy areas for children to rest and relax which supported their emotional needs. These spaces were also used for shared story reading, which promotes language development and strengthens relationships.

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	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	4 - Good
Children experience high quality spaces	4 - Good
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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