Spean Bridge Primary Nursery
Day Care of Children

Spean Bridge Primary School
Spean Bridge
PH34 4EU

Telephone: 01397 712 914

Type of inspection:
Unannounced

Completed on:
19 May 2026

Service provided by:
Highland Council

Service provider number:
SP2003001693

Service no:
CS2003016419

About the service

Spean Bridge Primary Nursery is attached to Spean Bridge Primary school situated in the village of Spean Bridge, near Fort William. The service is provided by the Highland council and is registered to provide care to a maximum of 25 children not yet attending primary school.

Children were cared for in a playroom with its own entrance, toilet facilities and direct access to an enclosed nursery garden.

About the inspection

This was an unannounced inspection which took place on 18 and 19 May 2026. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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:

- observed practice and daily life
- reviewed documents
- spoke with the children using the service
- spoke with the manager and staff
- received and reviewed three questionnaires from family members
- spoke with two parents
- spoke with visiting professionals
- assessed core assurances, including the physical environment.

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.

Key messages

• Children were happy, settled and supported by kind, responsive staff.
• The staff team were open and honest about recent challenges which had impacted on their capacity to improve outcomes for children and families.
• The small staff team worked well together and felt valued and respected by each other.
• Children must be provided with toilet and nappy changing facilities that support their health, safety, and welfare needs and respect their privacy and dignity.
• Children were happy during their play and with what was available to them. Resources and play experiences, both indoors and outdoors, could be improved to challenge, stimulate and inspire children's curiosity, helping them to engage more fully in deep and meaningful play.
• To improve outcomes for children and families, reflective practice opportunities and robust quality assurance processes should be implemented.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

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

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

Leadership 2 - Weak

Quality Indicator: Leadership and management of staff, and resources.

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

The manager and staff were honest about a period of significant change, which had presented ongoing challenges. While staff felt valued and respected by colleagues, gaps in support and direction during management changes had impacted on staff motivation and outcomes for children and families. The manager recognised the need for regular, structured support and supervision meetings with individual staff to strengthen professional dialogue, reflective practice, and staff wellbeing.

The vision, values and aims of the service were not yet clearly understood by staff which meant they were not fully embedded in practice. The manager had identified the need to review and refresh the current vision, values and aims to better reflect the aspirations of children, families, and staff.

An Improvement plan was in place, however; the manager and staff were unaware of the service's priorities to improve outcomes. This limited progress and meant the pace of positive change within the service was slow. The manager and staff should gain a clear understanding of service developments and work effectively together to achieve these. This will help support a culture of continuous improvement and enhance outcomes for children and families (see area for improvement one).

Some quality assurance processes were in place but were not yet effective in identifying gaps in practice. In particular, inconsistencies with best practice guidance were noted in environments, and daily routines. For example, the children's toilet within the playroom did not have a main door. This resulted in children's privacy and dignity not being fully respected and an increased risk of spreading infection. Nappy changing facilities were located in the staff toilet and did not follow best practice guidance which posed a risk to cross contamination. The provider must ensure that children are kept safe and healthy and their privacy and dignity is maintained by ensuring toilet and nappy changing facilities follow best practice guidance (see requirement one).

Some opportunities for reflective practice had been established, with monthly meetings taking place between staff and the manager. These discussions did not always provide meaningful reflection on practice or progress against improvement priorities. The manager acknowledged these sessions could be more meaningful and used to reflect on practice. We signposted self-evaluation resources and improvement support on our website to strengthen this area of practice. These documents could support the manager to embed systems of quality assurance and self-evaluation that is robust, effective and provides a steady pace of change (see area for improvement one).

Gathering the views of children, families and staff were not consistently used to influence positive change. Some families told us they had not been asked their opinions on how to further develop the service. We provided the manager with examples of how views of partners, including children, could be embedded in practice to help ensure they feel valued and included in plans to improve outcomes.

Recruitment processes supported the safe appointment of staff and new staff felt supported by their colleagues. Induction processes could be strengthened by providing newer staff with an experienced mentor.

Implementing the National Induction Resource into the induction process could provide a more structured and reflective introduction to the role. This would help support newer staff to gain confidence and have a good understanding of their roles and responsibilities.

Requirements

1. By 20 August 2026, the provider must ensure that children are kept safe and healthy and their privacy and dignity is maintained by ensuring toilet **and nappy changing** facilities follow best practice guidance. This is to ensure that infection prevention and control practices are consistent with the Scottish Government's document 'Space to Grow and Thrive'.

This should include but is not limited to:
a) enclosing the current facilities with a door to the entrance of the toilets
b) providing appropriate facilities for changing nappies
c) ensuring staff are knowledgeable and competent about all aspects of infection prevention and control.

This is in order to comply with Regulation 4(1)(b) (Welfare of users) of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).
This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is safe and secure' (HSCS 5.19).

Areas for improvement

1. To improve outcomes for children, effective and robust quality assurance processes should be implemented. To do this the provider should, at a minimum, ensure:
a) regular and focused monitoring is carried out across the setting
b) robust audits are developed and implemented, and any actions are addressed promptly
c) self-evaluation is used meaningfully to support improvement
d) clear and effective plans are developed and implemented to maintain and improve the service.

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

Quality indicator: Playing, learning, and developing.

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

Children were happy during their play and moved confidently around the play spaces. Resources were organised and accessible, allowing children to independently select what they wished to play with. This supported choice and independence. For example, children enjoyed making pictures with elastic bands on a pin board and told us, 'Wow, look what I've made with these, it's a butterfly.' While children were engaged in their play, resources and experiences did not always provide sufficient challenge, promote curiosity and excitement to engage children in deep and meaningful play. As a result, not all children experienced play and learning that challenged their age and stage of development.

Children would benefit from high quality resources being introduced within both their indoor and outdoor environments. For example, real life experiences, loose parts, open ended and natural materials. These types of resources would support children better to be creative, imaginative, curious, and problem solve independently (see area for improvement one).

Children's interests were reflected through a responsive approach to planning and a floor book evidenced staff considered their views and interests when planning play and learning. We encouraged staff to build on their current practice by using children's ideas and comments more effectively to extend learning. There were some examples of staff considering what children knew and what they wanted to learn; however, this was not yet consistent across planning cycles. As a result, opportunities to deepen and consolidate learning were sometimes missed. At times, staff used skilled interactions to support and enhance children's play. This approach of effective questioning and explaining was not consistently used during discussions with children. This resulted in missed opportunities to extend children's learning and development through play.

Children had opportunities to develop skills in language, literacy, and numeracy. For example, children's emergent writing skills were evident on wall displays and they were eager to share books with us relevant to their interests on life cycles. Children told us, 'This one teaches us about lambs' and 'This one is how a caterpillar turns into a butterfly.' Children participated in surveys, voted and counting routines, which supported their understanding of number and sequence. For example, children proudly showed us how they placed small counters in pockets on a display board for their lunch choices and told us, 'We count them all up.' There was scope to enhance children's language, literacy, and numeracy skills in the nursery garden.

Children accessed free-flow play to the outdoor space at times during their day, this was not yet fully embedded within daily routines. This meant opportunities for children to lead their own learning between indoor and outdoor environments were not always provided. The outdoor area had potential for further development. For example, introducing a shelter would provide a quieter space and protection from the elements. Keeping the resource shed door open would enable children to access resources more freely, supporting independence and choice.

Most staff knew children well, and systems were in place to track their progress using the local authority's progression framework and tracking sheets. Observations of children's learning varied in quality; some focused more on describing activities rather than clearly identifying children's learning. Children's next steps in learning and development were not clearly identified or used to inform play and learning experiences. The provider had identified work was needed in this area of practice and would work with staff to help them fully support children to progress over time.

Areas for improvement

1. To support children's learning, curiosity and development, the provider should ensure that play experiences and resources consistently offer sufficient challenge and stimulation, in line with children's age and stage of development.

This should include, but is not limited to, increasing access to high-quality, open-ended and natural materials, and providing more real-life and loose parts experiences across both indoor and outdoor environments to promote creativity, problem-solving and sustained, meaningful play.

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

'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27)

And

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

Children are supported to achieve 4 - Good

Quality indicator: Nurturing care and support.

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

Children were happy, settled, and enjoyed their time at nursery. They had developed friendships with their peers and positive relationships with staff. Most staff knew children well and provided them with kind, responsive care. Warm interactions and consistent support and reassurance ensured children's needs were met. This approach contributed positively to children's wellbeing and provided them with sense of security and confidence. Families told us, 'The staff are amazing', 'Staff are kind and caring, and 'We are really happy how quickly our child has settled in nursery'.

Most staff were knowledgeable on children's individual needs, likes, and preferences. Effective information sharing with families meant children had personal plans in place which enabled staff to provide children with good care and support. Staff were starting to collaborate with external professionals, to ensure they implemented targeted strategies to further support children who experienced challenges. Each child had an individual folder, containing observations and photographs that was shared with families during parent contact evenings. A few parents told us they would like more feedback on their child's experiences, progress and development. We provided staff with some suggestions of how they could provide more regular opportunities to engage with families to support a consistently collaborative approach.

Building positive relationships with families was important to staff as they warmly welcomed families into the service at the beginning and end of the day. Families were invited to contribute to the setting, for example, to join play and stay sessions, bring pets in from home and speak to the children about their professions. These opportunities to share information between home and nursery contributed to effective information sharing and provided children with smooth transitions.

Mealtimes were relaxed, unhurried and sociable experiences for children. They sat chatting happily with their friends and engaged in meaningful conversations with staff. On the second day of inspection, snack and lunchtime experiences had improved as children were provided with choice and opportunities for independence and responsibility. For example, they used real crockery, and self-served food which enhanced their experience.

Staff were confident in how to respond to concerns regarding a child's welfare and wellbeing which helped keep them safe from harm. Medication was stored safely. We reviewed medication paperwork and noted it did not fully support staff to understand children's medical needs. Additionally, a review of long-term medication was needed to ensure symptoms, dosage instructions and expiry dates were still relevant.

This would support staff to administer medication safely (see area for improvement one). We signposted our guidance 'Management of medication in daycare of children and childminding services' to assist them with this.

Areas for improvement

1. To keep children safe and healthy the provider should ensure medication paperwork is in line with best practice guidance, 'Management of medication in daycare of children and childminding services' and provides staff with the information they need to manage children's medication safely.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

Leadership	2 - Weak
Leadership and management of staff and resources	2 - Weak

Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate

Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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