Castletown Primary School Nursery
Day Care of Children

Castletown Primary School
Castletown
Thurso
KW14 8UA

Telephone: 01847 821 256

Type of inspection:
Unannounced

Completed on:
11 September 2026

Service provided by:
Highland Council

Service provider number:
SP2003001693

Service no:
CS2003017186

About the service

Castletown Primary School Nursery is registered to provide a care service to a maximum of 40 children, from the age of two years to those not yet attending primary school. The nursery is operated by The Highland Council. The head teacher is the registered manager of the nursery and is responsible for more than one school. The nursery operates term time only.

The nursery is located within Castletown Primary School in Castletown, Caithness. It has its own separate entrance. The nursery premises consists of a playroom, with direct access to an enclosed outdoor play area.

About the inspection

This was an unannounced inspection which took place on 9 and 10 September 2026. Feedback was provided to the manager and representatives from the local authority on 11 September 2026. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- reviewed online feedback from five families.

Key messages

• Overall, children experienced caring relationships with staff and their basic care needs were generally met.

• Parents spoke positively about the staff team, and the relationships staff had developed with their children.

• The provider had not ensured sufficient leadership capacity, time and support to effectively manage the service and drive improvement.

• Staff were committed to improving practice but had not received appropriate support, guidance or professional development.

• Children had opportunities to make choices and lead aspects of their own play.

• The quality of children's play, learning and development experiences was inconsistent and lacked sufficient depth and challenge.

• The learning environment did not effectively support children's engagement, learning and 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	2 - Weak
Children play and learn	2 - Weak
Children are supported to achieve	2 - Weak

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

Leadership 2 - Weak

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

Quality Indicator: Leadership and management of staff and resources

The service had experienced recent staffing changes, and some staff were still developing confidence within their roles. Staff were receptive to feedback and committed to improving practice. However, they had not received the leadership, guidance and support necessary to develop effective practice. As a result, children did not consistently experience high-quality care, learning and support.

Leadership arrangements were ineffective and had not secured consistently positive outcomes for children. For example, there was insufficient leadership capacity to support the effective delivery of key leadership responsibilities. Competing priorities limited the time available for leaders to support staff, monitor practice and drive improvement. As a result, leaders were not consistently able to provide effective oversight of practice or sustain improvement. (See Requirement 1)

Self-evaluation and quality assurance arrangements were not effective in driving improvement. Leaders had sought to improve this by simplifying self-evaluation processes to support staff's understanding of improvement. However, leaders did not have an accurate understanding of the service's strengths and areas for development. For example, significant gaps in children's learning profiles had not been identified through quality assurance processes. Opportunities for children, families and other stakeholders to contribute to service development were limited. This meant significant weaknesses were not recognised or addressed promptly.

Improvement planning had not resulted in sustained improvements to children's experiences. Some appropriate priorities had been identified. For example, the indoor learning environment had been identified as an area for development. However, leaders had not ensured actions were implemented, embedded or evaluated effectively. As a result, children continued to experience an environment that did not effectively support their learning and development.

Arrangements to support, develop and monitor staff practice were not sufficiently robust. For example, formal supervision arrangements were not in place. As a result, expectations for practice were not clearly understood or implemented across the staff team, limiting opportunities for professional development and reflective practice. This impacted the consistency of support provided, meaning children did not always experience responsive care and high-quality experiences that met their individual needs.

Requirements

1. By 26 February 2027 the provider must ensure effective leadership and management systems are in place to support, develop and monitor staff practice, resulting in improved outcomes for children.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

Children play and learn 2 - Weak

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

Quality Indicator: Playing, learning and developing

Children were confident in moving freely between the indoor and outdoor play spaces, making choices about where and how they played. This supported their independence and provided opportunities for them to lead their own play.

Some children required greater support to sustain engagement in play and learning. This was not always provided, and children's interests were not always recognised or built upon. On a small number of occasions, play experiences were closed down rather than developed further. This limited opportunities for children to follow their interests and develop their learning.

Children demonstrated the highest levels of engagement during outdoor play. They explored loose parts and water play with enthusiasm, demonstrating creativity, cooperation and problem-solving skills. Practitioners often joined children's play and supported their enjoyment. However, opportunities to extend learning through skilled interactions were not consistently used. For example, opportunities to introduce mathematical language and concepts during water play were missed. As a result, children's thinking and learning was not consistently extended. (See Area for improvement 1)

Significant weaknesses were identified in the quality of children's learning experiences. The indoor play space was sparse and uninviting, with many shelves containing few play resources or left partially empty. Children had limited access to a broad range of materials to support exploration and curiosity. Learning spaces did not consistently encourage investigation, problem-solving or sustained engagement. This meant many children moved quickly between activities and did not become deeply involved in their play or learning. (See Area for improvement 2)

Opportunities to develop creativity, literacy and numeracy were limited. There were few opportunities for children to explore, create, problem-solve or apply emerging literacy and numeracy skills across the play environment. Learning spaces lacked meaningful invitations to play. Literacy and numeracy were not embedded within experiences or learning spaces. As a result, children were not well supported to develop and extend emerging skills through play and everyday experiences.

Children's progress in learning and development was not effectively planned for. Practitioners were developing their understanding of planning processes. However, observations of children's play and learning were not used consistently to identify next steps or inform meaningful learning experiences. As a result, children's interests, prior learning and developmental needs were not used consistently to support progress.

Areas for improvement

1. To ensure children experience high-quality play and learning, the provider should support staff to develop the environment both indoors and outdoors. This should include but is not limited to, organising resources and spaces to enrich children's play and promote creativity and curiosity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I experience high-quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To ensure children benefit from personalised and enriching experiences, the provider should support staff to develop their skills in responsive interactions that extend children's learning, curiosity and creativity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I experience high-quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

Children are supported to achieve 2 - Weak

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

Quality Indicator: Nurturing care and support

Children generally experienced warm and nurturing interactions; however, these were not always consistent. Most staff interacted positively with children and responded to their needs appropriately. Children sought comfort and reassurance from familiar practitioners and were confident in approaching them for support, demonstrating positive relationships with staff.

Parents spoke positively about the staff team, describing staff as, "kind and caring, warm and welcoming towards both parents and children." Parents highlighted the positive relationships children had with staff, with one commenting that their child's key worker was, "fantastic" and another noting that, "most staff are friendly and approachable." At times, some staff used a sharp tone and were task-focused, which limited opportunities for children to experience comfort and connection. As a result, opportunities to support children's emotional wellbeing and strengthen positive relationships were sometimes missed.

The environment did not consistently reflect a nurturing and homely ethos. Some areas had a clinical feel and lacked warmth and comfort. Opportunities for children to access cosy, relaxing spaces were limited, with only one dedicated story area available. The lunchroom contained tables and chairs but offered few features to create a welcoming and homely atmosphere. As a result, opportunities for children to feel settled, relaxed and emotionally supported throughout the setting were reduced.

Staff demonstrated a basic understanding of children's individual care and wellbeing needs, and children's day-to-day care needs were generally met. However, this understanding was not consistently reflected in children's personal plans or translated into personalised support. Personal plans lacked sufficient detail to clearly identify children's strengths, needs and strategies for support. Where strategies had been identified, they were not implemented consistently. This meant, children did not always benefit from a coordinated and individualised approach to supporting their wellbeing, development and engagement. (See Requirement 1)

Partnerships with families needed improvement. Parents reported few opportunities to discuss their child's care, play and learning and felt they received limited feedback about their child's experiences. Opportunities to engage with staff were restricted, particularly at drop-off and collection times, as children were routinely collected from the garden gate.

Parents were not always fully involved in discussions about their child's experiences, progress and support. They identified communication as an area for improvement and expressed a desire for more regular updates about their child's experiences and increased opportunities to visit and engage with the nursery. One parent commented that they would like, "Better communication and updates on what their child does day to day" while another highlighted the need for, "better communication and more opportunities to visit the nursery." Parents also felt that collection arrangements limited opportunities for interaction with staff, with one parent commenting, "It would be good if parents could get into the setting, rather than picking up from the outdoor area."

Interactions used to support emotional wellbeing were not always effective. At times, language used by staff focused on directing behaviour rather than helping children understand expectations or supporting them to make positive choices. This meant, opportunities to develop children's understanding, self-regulation and emotional wellbeing were not always maximised.

Children experienced some positive aspects during mealtimes. Opportunities to self-select food and pour drinks promoted independence, confidence and self-help skills. Mealtimes were generally calm and unhurried, allowing children sufficient time to eat. However, these strengths were not consistently complemented by high-quality staff interactions. Staff deployment did not always support meaningful engagement with children, and mealtimes were often task focused. As a result, opportunities to promote communication, social development and relationship building were missed. In addition, staff were not always positioned appropriately to maintain effective oversight of children while they were eating, reducing their ability to respond promptly to potential choking risks or provide support when required. Following feedback, improvements were evident on the second day of inspection, with staff demonstrating greater awareness and more effective positioning. These improvements should be embedded consistently to ensure children's safety and wellbeing are promoted at all times.

Requirements

1. By 26 February 2027, the provider must ensure that children's individual needs are consistently met through effective personal planning and informed practice.

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

a) Ensure staff have a clear understanding of each child's holistic needs, including their interests, preferences and developmental stage.

b) Ensure personal plans identify specific, individualised strategies to support wellbeing, learning and development.

c) Ensure staff use information contained within personal plans to inform interactions, experiences and support provided to children.

d) Ensure staff work collaboratively with parents and carers to gather, review and update information about children's needs, interests, preferences and progress, ensuring this informs personal planning and practice.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: '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 keep children safe and promote their wellbeing, the provider should ensure that robust and consistent arrangements are in place to prevent, recognise, record and respond to incidents, including repeated biting.

This should include developing clear strategies within children's personal plans, strengthening staff understanding of these strategies, and ensuring structured communication processes support consistent supervision and prompt action when concerns arise.

This is to ensure care and support is consistent with Health and Social Care Standard 3.20: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'.

This area for improvement was made on 30 March 2026.

Action taken since then

Processes were in place to respond to incidents. However, these were not consistently supported by effective personal planning. Individual plans did not always clearly identify children's support needs or the strategies staff should use to support their wellbeing. As a result, there was potential for children to experience inconsistent care and support, impacting negatively on their safety and wellbeing.

This area for improvement has not been met and is now a requirement. (See Requirement 1 under 'Nurturing care and support')

Complaints

Please see Care Inspectorate website (www.careinspectorate.scot) for details of complaints about the service which have been upheld.

Detailed evaluations

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

Children play and learn	2 - Weak
Playing, learning and developing	2 - Weak

Children are supported to achieve	2 - Weak
Nurturing care and support	2 - Weak

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