PPP Childcare Service
Day Care of Children

Pulteney Centre
Huddart Street
Wick
KW1 5BA

Telephone: 01955 608 530

Type of inspection:
Unannounced

Completed on:
8 May 2026

Service provided by:
Pulteneytown People's Project

Service provider number:
SP2003003632

Service no:
CS2003036105

About the service

PPP Childcare Service is registered to provide a service to a maximum of 40 children, aged from birth to those not yet attending secondary school.

PPP Childcare Service is a full-time day care of children service provided by Pulteneytown People's Project, and is situated in the town of Wick, Caithness. The service is situated within a purpose-built community building and has access to two secure playrooms, large hall and a secure outdoor play space.

The service works in partnership with The Highland Council to provide funded early learning and childcare.

About the inspection

This was an unannounced inspection which took place on 28 and 29 April 2026. Feedback was given to the provider and a representative from the local authority on Friday 8 May 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 the provider
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

• Overall children were settled and experienced positive relationships with staff caring for them.

• Children had fun playing with their peers and were able to lead their own play experiences, supporting their enjoyment and independence. However, engagement in play was variable.

• At times, interactions supported children's early language development, this was not consistent across the setting.

• Personal planning was not effective in supporting staff to meet children's individual needs.

• The overall quality of care and learning was not consistently high, with experiences often remaining basic and did not fully support children to achieve.

• Leadership and quality assurance arrangements were not effective in driving improvement. As a result, practice was inconsistent and children did not consistently experience high-quality care and support.

• The pace of change was slow to drive improvement and secure positive outcomes for children and their families.

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	3 - Satisfactory / Adequate

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

Since the last inspection, the service has undergone changes within the leadership team, resulting in a loss of continuity. Quality assurance processes had not been developed, leading to gaps in the monitoring and evaluation of practice. For example, audits of personal plans, chronologies and observations of staff practice were not carried out effectively. As a result, leaders did not have a clear understanding of practice and were not able to identify or respond to areas for development promptly. This meant children did not consistently experience high-quality care and support.

Staff had opportunities to come together and share information. For example, through team meetings and digital communication platforms, which supported to-day communication. Recent training opportunities, such as input on supporting risk assessment, had been provided resulting in some improvements in staff confidence and a more consistent approach to assessing and managing risks within the setting.

There was scope for meetings and development opportunities to be used more effectively to promote reflection and self-evaluation. Best practice guidance did not consistently inform service development, and action planning lacked clarity and accountability. As a result, there was no shared ownership of improvement across the team, and practice remained inconsistent.

The new manager had begun to revisit the service's vision, values and aims with the staff team; however, this work was at an early stage and had not yet influenced practice. This meant children continued to experience variability in the quality of care and support they received.

Staff were recruited safely in line with safer recruitment practices. This ensured children were cared for by suitable and appropriately vetted adults. Positive processes were in place to support new staff through induction, helping them to feel welcomed and supported in their roles.

An area for improvement relating to effective quality assurance was made at our last inspection and has been escalated to a requirement. (See Requirement 1)

Requirements

1. By 25 September 2026, the provider must ensure improved outcomes for children by implementing effective systems of quality assurance.

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

a) regular and effective support and supervision for all staff is implemented

b) clear and effective plans are in place for maintaining and improving the service

c) the management team effectively monitors the work of each member of staff and the service as a whole.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Children 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

Some children were engaged in play and were able to lead their own experiences. Access to outdoor play and equipment supported children's physical development, including balance and coordination. This contributed positively to their wellbeing. For example, children enjoyed using the large swing and play equipment, which also encouraged social interaction, turn-taking and active play.

Outdoor play experiences were largely limited to physical play, with fewer opportunities for exploratory or creative play. These experiences had not been developed since the previous inspection. As a result, opportunities to promote creativity, curiosity and wider learning outdoors were limited.

Staff created a friendly and playful atmosphere with positive interactions such as, joining children in outdoor activities and engaging in spontaneous singing and shared storytelling. These experiences supported children's enjoyment, language development and emotional connection. However, interactions were not consistently used to deepen learning or extend play. As a result, children were not always supported to extend their skills or sustain meaningful engagement in their play.

Children were not always supported to achieve due to inconsistent approaches to observation, assessment and planning. Observations were not always regular or focused on children's learning. Staff did not consistently demonstrate a strong understanding of child development to inform their assessments. As a result, next steps were not clearly identified or used to plan meaningful experiences. This was identified as an area for improvement at our inspection and this remains unmet. (See Area for improvement 3 under 'What the service has done to meet any areas for improvement we made at or since the last inspection?')

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

Most children appeared happy and settled within the service and were familiar with the adults caring for them. Staff were generally kind and nurturing, supporting children's basic care needs and offering comfort. As a result, most children experienced positive relationships and felt safe and secure.

On a few occasions, staff were more task-focused or used a stern tone when speaking with children. This impacted on children's emotional wellbeing as staff were not always responding appropriately to their needs.

Families were welcomed into the setting, supporting positive relationships and regular communication. This provided some opportunities for informal information sharing about children's needs.

Children's individual wellbeing needs were compromised, as personal planning was not used effectively. Staff did not always support children to engage and make progress, and in some cases, there was a lack of clarity around the approaches and strategies required. This resulted in inconsistency in how children were supported, with support not always provided in a timely or coordinated way. We made an area for improvement about ensuring each child receives appropriate care and support and their needs are met at our inspection in September 2025, this remains unmet and has been escalated to a requirement. (See Requirement 1 and Area for improvement 1 under 'What the service has done to meet any areas for improvement we made at or since the last inspection?')

Partnerships with other professionals supported information sharing and practical support. Transition arrangements helped children feel prepared when moving to new environments. However, multi agency working was largely focused on transitions rather than children's current needs. Information and advice from other professionals was not consistently used to inform day to day practice or guide support strategies. As a result, children's development and wellbeing needs were not consistently supported.

Snack time supported children's independence, with opportunities to make choices and carry out tasks such as, pouring their own drinks. Some children benefitted from positive social interaction. This was not consistent, and at times children experienced limited engagement, reducing opportunities to develop communication and social skills.

Overall lunchtime was calm and sociable, with staff supporting routines and promoting positive interactions and independence, contributing to children's wellbeing. Consistency across the experience needed to be strengthened. In addition, the nutritional content of lunches was not consistently in line with best practice guidance, and limited progress had been made since the previous inspection in ensuring children received a healthy and balanced diet.

Requirements

1. By 25 September 2026, 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 stages.

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

c) Ensure staff follow the information within personal plans to deliver responsive care and high-quality experiences.

d) Implement effective audits of personal plans and staff practice to ensure plans are accurate, up to date and consistently applied.

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 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'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 should include but is not 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).

This area for improvement was made on 7 November 2025.

Action taken since then

There had been insufficient progress made in improving personal planning approaches. Children's needs were not consistently understood or responded to, and they did not always receive the support needed to help them engage and make progress. Approaches were unclear and inconsistently applied, leading to variation in care and missed opportunities to support children's wellbeing and development.

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

Previous area for improvement 2

To ensure children are safeguarded and protected from harm, the provider should, at a minimum:

a) Ensure the leadership team effectively monitors the child protection practice of each member of staff and the service as a whole, identifying gaps and taking timely action to address them.

b) Ensure clear and effective plans are in place for maintaining and improving child protection procedures, including regular policy reviews, staff training and reflective practice.

c) Ensure everyone working in the service are competent and knowledgeable about national, local and the service's own child protection procedures and 'Getting it Right for Every Child' (GIRFEC).

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

This area for improvement was made on 7 November 2025.

Action taken since then

Some progress was made in strengthening child protection practice. Staff had undertaken relevant training, which supported their knowledge and awareness of safeguarding responsibilities. However, approaches to monitoring and auditing, including the review of chronologies, remained ineffective and did not provide oversight of children's needs or emerging risks. As a result, leaders did not always have a clear overview to identify patterns or respond in a timely way, which reduced consistency in safeguarding practice.

This area for improvement has not been met and remains in place.

Previous area for improvement 3

To ensure children benefit from personalised and enriching experiences, which support their learning and development. The provider should support staff to develop their skills in engaging, responsive interactions that promote curiosity and creativity.

This should include but is not limited to:

a) ensuring a consistent approach to the quality of staff interactions

b) strengthening planning processes to ensure they are child-led, flexible and informed by high-quality observations

c) embedding a consistent approach to observation and assessment that clearly identifies children's progress and informs meaningful next steps.

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).

This area for improvement was made on 7 November 2025.

Action taken since then

Children did not consistently benefit from engaging and enriching experiences to support their curiosity and development. Inconsistent approaches to interaction and planning meant children's learning was not effectively extended, and their progress was not clearly understood or supported.

This area for improvement has not been met and remains in place.

Previous area for improvement 4

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, effective and focused monitoring is carried out across the setting

b) robust audits are developed and implemented and any actions are addressed promptly.

This is to ensure that care and support is in line with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 7 November 2025.

Action taken since then

Limited improvement was made in establishing effective and robust quality assurance processes. Monitoring and auditing arrangements were not carried out consistently or effectively. As a result, leaders did not have a clear understanding of practice. This meant children did not benefit from a culture of continuous improvement, and their experiences and outcomes were not consistently improved.

This area for improvement has not been met and is now a requirement. (See Requirement 1 under 'Leadership and management of resources')

Previous area for improvement 5

To keep children safe and promote their wellbeing, the provider should ensure that effective supervision and risk management measures are consistently implemented to prevent avoidable injuries.

This includes but not limited to: improving staff practice in identifying and managing hazards; ensuring children are appropriately supported during times such as, toileting.

This is to ensure care and support is consistent with Health and Social Care Standard 5.17: 'My environment is secure and safe'.

This area for improvement was made on 22 May 2025.

Action taken since then

Effective measures were in place to support children's safety and wellbeing. Staff demonstrated improved awareness in identifying and managing risks, and children were appropriately supported during times such as, toileting. As a result, children experienced a safe and secure environment.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) 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	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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