Les Enfants Nursery (Inshes)
Day Care of Children

Unit 8
Inshes Retail & Leisure Park
Sir Walter Scott Drive
Inverness
IV2 3TN

Telephone: 01463 714 666

Type of inspection:
Unannounced

Completed on:
26 August 2026

Service provided by:
Les Enfants Nurseries Ltd

Service provider number:
SP2006008117

Service no:
CS2008191381

About the service

Les Enfants Nursery (Inshes) is registered to provide a care service within the nursery to a maximum of 162 children, not yet of an age to attend primary school at any one time. The centre comprises of two baby rooms, two 2-3 rooms and two pre-school rooms. During school holidays a maximum of 24 primary school aged children can attend the holiday club service. The service is located at Inshes Retail and Leisure Park in Inverness. The service is also registered to provide after school care to a maximum of 40 children within Kingsmill's Scout Hall, Walker Park Kingsmill's Road, Inverness, IV2 3LL. The service is privately owned and 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 24, 25 and 26 August 2026. 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, 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,
- spoke with three parents and reviewed online feedback from 20 parents,
- observed practice and daily life, and
- 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 experienced nurturing, inclusive care that supported their wellbeing and helped them feel safe, valued and supported.
- Staff interactions were warm and respectful, supporting positive relationships.
- The service should further develop the quality of interactions, planning and use of observations to extend children's learning and support continued progress.
- Children benefited from calm, welcoming indoor spaces that supported children's wellbeing, comfort and engagement in play and learning.
- Outdoor learning experiences should be strengthened to provide more consistent, high-quality opportunities that enrich children's play, learning and development.
- Focused improvement activity was beginning to improve outcomes for children. Further work is needed to embed self-evaluation, strengthen quality assurance and monitoring, and ensure improvements are evaluated across all areas of the service.

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

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.

Changes to the leadership team and effective transition arrangements had supported progress in addressing areas for improvement identified at previous inspections. Leaders demonstrated a clear commitment to improvement and had introduced systems to strengthen personal planning, the use of observations, planning processes and mealtime experiences. These developments were beginning to improve outcomes for children, particularly in the babies' and 2-3 rooms. Leaders had taken a measured approach to change to support sustainability. As a result, some improvement planning, self-evaluation and quality assurance processes were not yet consistently embedded across the service.

Leaders provided visible support to staff through their regular presence in playrooms, modelling practice and offering guidance. Staff spoke positively about the support they had received to implement new approaches. However, leaders were frequently required to provide staffing cover, reducing the time available for mentoring, quality assurance and evaluation activities. This limited their capacity to monitor the impact of improvements consistently and had the potential to slow the pace at which changes became embedded.

Leaders had begun reviewing the service's vision, values and aims to better reflect the aspirations, needs and preferences of children and families. They had gathered feedback from parents and had increased opportunities for staff, children and families to contribute to self-evaluation using the shared quality improvement framework and best-practice guidance. Staff were becoming more involved in evaluating practice and driving improvement, although this remained at an early stage in some areas. For example, staff in the 2-3 and pre-school rooms had reviewed mealtime approaches together, leading to safer, more enjoyable and flexible experiences for children.

Parents were encouraged to share their own views and those of their children. One parent told us they received "Frequent questionnaires and opportunities for feedback." These positive developments provide a foundation for strengthening self-evaluation across the service. There remains scope to extend this work within the school age childcare provision, and we signposted leaders to the school age childcare quality framework and the Scottish Out of School Care Network (SOSCN). Although progress had been made, personal planning within the school age childcare provision required further development to ensure plans fully reflected and supported children's individual needs, interests and outcomes.

Some quality assurance processes were in place, including audits of accidents and environmental checks. However, monitoring arrangements were not yet sufficiently robust to identify and address inconsistencies in practice. For example, procedures for managing temperatures in the baby sleep area were not always followed. Monitoring of improvement activity did not consistently evaluate the impact of changes on children's experiences and outcomes. More effective quality assurance arrangements would help leaders identify issues promptly, sustain improvements and strengthen accountability across the service. Monitoring and auditing arrangements within the school age childcare provision also required further development. We therefore re-stated and revised the area for improvement first made in August 2024 (see area for improvement under section 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Recruitment processes reflected safer recruitment practice, with appropriate checks completed before staff started work. New staff benefited from structured induction and mentoring arrangements which supported them to understand their roles and responsibilities. Induction and mentoring processes could be strengthened further through more formal arrangements to assess and record staff knowledge, skills and understanding, alongside protected time for mentors to support new staff effectively.

Children thrive and develop in quality spaces 4 - Good

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 benefited from a welcoming, comfortable and well-maintained environment that supported their wellbeing, independence and development. Indoor spaces were furnished with good-quality, age-appropriate furniture which supported children's safety, independence and development. For example, babies were seated at tables and chairs suited to their size, enabling them to participate safely in mealtimes while staff sat alongside them to provide support and encouragement. This helped promote independence and the development of self-help skills.

Playrooms were bright, calm and inviting. Neutral décor, combined with good levels of natural light, created pleasant spaces for children to play and learn. Sleeping areas in the baby rooms were furnished appropriately to support children's comfort and wellbeing. We observed that temperature in one of the sleep rooms was higher than recommended in service procedures. We discussed this with staff to ensure environmental conditions are monitored and managed effectively.

Staff demonstrated awareness of children's safety throughout the day. In the pre-school room, children moved confidently between indoor and outdoor areas while staff maintained effective oversight through regular headcounts and accurate recording of children's whereabouts. This helped ensure children could enjoy increased freedom and choice while remaining safe and accounted for.

Appropriate measures to minimise the potential for spread of infection were in place. Toilets and nappy changing areas were clean and well maintained, which supported children's wellbeing.

Risk assessments showed that potential hazards had been identified and measures were in place to minimise risks to children. These arrangements supported children's safety while enabling them to take part in a wide range of play and learning experiences.

Children attending the school age childcare provision (SACC) benefited from access to a variety of spaces that supported different types of play and relaxation. Opportunities for outdoor play, physical activity and quieter experiences enabled children to choose environments that met their needs and preferences. The availability of both larger active areas and smaller, calmer spaces supported children's wellbeing and self-regulation skills.

Children's personal information was managed appropriately to support privacy and confidentiality. Personal planning information was readily accessible to staff when required and stored securely. We discussed arrangements for the management and processing of data relating to the use of CCTV within the premises. The management team responded positively to this discussion and made the decision to pause use of the system while arrangements were reviewed further, including seeking the views of parents. This demonstrated a responsible approach to safeguarding children's rights and ensuring information was managed appropriately.

The leadership team's willingness to review and strengthen aspects of the play environment and information management demonstrated a proactive approach to maintaining positive outcomes for children.

Children play and learn 3 - Satisfactory / Adequate

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

Children experienced a welcoming environment where they felt safe, secure and able to lead their own play and learning. Across the early learning and childcare provision, children were engaged in play that reflected their interests and preferences, supporting confidence, independence and positive relationships.

In the babies' rooms, children benefited from a range of sensory experiences, including playdough, sand, water and sensory bottles, which promoted exploration and curiosity. Resources were accessible, enabling children to make choices and develop confidence in their play. Staff had warm relationships with children, knew them well and responded sensitively to their individual needs. Positive interactions supported wellbeing, attachment and early social development. Staff did not consistently use high-quality, child-led interactions to build on babies' interests, support exploration and strengthen early communication and language development. As a result, opportunities to enhance babies' learning, curiosity and developmental progress were sometimes missed.

Children in the 2-3 rooms benefited from long periods of uninterrupted play and independent access to a variety of resources, including construction materials, books, sand and water. Staff responded well to children's interests and cues, supporting engagement and developing independence. Staff were enthusiastic about a new planning system which linked personal planning, developmental overviews and individual learning plans to support more personalised learning. The approach was at an early stage and was not yet sufficiently embedded to consistently support children's progress across the service.

In the pre-school rooms, children accessed a broad range of experiences that promoted curiosity, creativity and early learning. Open-ended resources, including sand, water, paint and natural materials, supported learning across literacy and numeracy. The quality of interactions and learning experiences was not consistent. While staff often responded positively to children's interests, they did not consistently use skilled interactions, including a balance of comments and developmentally appropriate questions, to extend learning, deepen thinking and promote problem solving. Opportunities to build on children's knowledge, understanding and skills were therefore sometimes missed. Children would also benefit from more frequent opportunities for songs, rhymes and musical experiences throughout the day to strengthen language, listening and communication skills, particularly for children learning English as an additional language.

Children had daily opportunities for outdoor play, although the quality of experiences varied across the service. In the babies' rooms, children enjoyed walks within the local community and access to a secure outdoor area. These experiences did not always enrich children's play and learning or reflect their individual interests and developmental needs. For example, children sometimes remained in buggies throughout outings, limiting opportunities for physical play, exploration and choice. In addition, the outdoor area for babies was not sufficiently well resourced, and some toys and books were in poor condition.

In the pre-school room, outdoor learning was not planned for as effectively as indoor experiences. As a result, children did not consistently experience the same quality and depth of learning outdoors. Leaders had recognised the need to further develop outdoor spaces and resources. A more responsive and intentional approach to outdoor learning would provide greater continuity in children's play and learning

and support improved outcomes. An area for improvement has been made to support this development (see area for improvement 1).

Children attending the school age childcare provision benefited from a range of creative, physical, imaginative and social play opportunities. They confidently made choices about how to spend their time and contributed to aspects of the programme. Floor books were used effectively to gather children's views and experiences. Planning systems did not consistently reflect children's wider interests, achievements and developing skills. Some younger children new to the provision required greater support to build relationships and engage confidently in activities, resulting in variable experiences for some children.

Staff had undertaken training in quality observations and reflected on best-practice guidance, demonstrating a commitment to improving outcomes for children. While some staff applied this learning effectively, practice was not yet consistent across the service. Observations were not always used effectively to inform responsive planning or identify meaningful next steps in learning. As a result, opportunities to build on children's interests, extend thinking and support progress were sometimes missed. The service had already identified this as an area for development, and the area for improvement first made in August 2024 was re-stated.

The service had also begun to develop approaches to help children recognise and celebrate their achievements. For example, WoW walls enabled children and families to share achievements from home. This supported children to reflect on their successes, promoting confidence and a sense of pride in their learning and development.

Areas for improvement

1. To ensure children have consistent access to a safe, stimulating and well-maintained outdoors environment that promotes high-quality play, learning, and development, the provider should further develop outdoor play and learning environments.

This includes but is not limited to:
improving the quality, condition and range of outdoor resources across all areas of the service;
ensuring outdoor learning is planned and evaluated as effectively as indoor learning; and
regularly reviewing outdoor spaces and experiences to ensure they meet the needs, interests, and abilities of all children and support positive outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: '1.30 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)

Children are supported to achieve 4 - Good

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 experienced warm, nurturing care from staff who knew them well and worked positively with families to support wellbeing and development. Recent improvements to personal planning and family engagement were having a positive impact on outcomes for children.

Children were supported by caring staff who communicated effectively with them and with each other to support continuity of care. For example, staff shared information when colleagues took breaks to help ensure children's experiences and needs were understood. Across all rooms, children were warmly welcomed and offered comfort and reassurance when upset. At times staff were engaged in routine tasks, such as washing dishes after snack time, which reduced their ability to respond promptly to children's emotional and individual support needs.

Staff worked hard to build positive and trusting relationships with children. They provided reassurance and gentle guidance to those who were new to the room, helping them feel secure and settled. Transitions between rooms were carefully planned and children were supported to become familiar with new environments, routines and experiences over time. For babies, this included opportunities for parents to spend time in rooms and flexible settling-in arrangements. Staff shared key information and used personal planning information to understand children's individual needs and preferences, supporting continuity of care.

Children benefited from staff who knew them well and understood their routines, preferences and support needs. Their privacy and dignity were respected during personal care. Personal planning information helped staff tailor care to individual children. For example, younger children's sleep routines were carefully considered, while older children who required rest could access quiet, comfortable spaces. Medication was managed in line with current best practice guidance. Records were accurate, medicines were stored safely and clearly labelled, and procedures helped ensure children received the correct care consistently.

Mealtime arrangements across the setting had been reviewed and promoted children's wellbeing and independence. Healthy and nutritious choices reflected children's needs and preferences. In the nursery rooms staff had introduced more flexible mealtimes, enabling children to choose when to come to the table for snacks and lunch. Children in the 2-3 and pre-school rooms were encouraged to serve themselves food and pour their own drinks, developing independence and confidence. These arrangements also supported longer periods of uninterrupted play. Most children experienced relaxed and sociable mealtimes, with staff using these opportunities to build relationships and encourage conversation. On occasion staff left pre-school lunch tables to support colleagues or other children, resulting in children not being supervised effectively during meals and increasing the potential risk of choking. We asked the service to review and monitor staffing levels to ensure sufficient cover to meet the needs of all children whilst maintaining leadership capacity to sustain and evaluate improvements (see area for improvement 1). School age children were able to select from a range of snack options and independently serve themselves. Across the service, children could access water indoors and outdoors, helping them remain hydrated throughout the day.

Children's wellbeing was supported by detailed personal plans developed in partnership with families. These reflected children's needs and preferences and were linked to wellbeing indicators. Parents valued opportunities to discuss their child's care with the manager and felt their views were listened to and respected. One parent told us, "I feel that I have a say in my child's care plan and my views are respected." Staff had contributed to the development of the new personal plans and in some rooms they had also begun implementing individualised planning approaches. The plans contained relevant information which staff were increasingly using to support children's development and respond to changing needs. Staff communicated effectively when updates were required and described receiving training and ongoing support from the leadership team. One member of the team told us, "The recent introduction of personal plans has been great, more info and a clearer, well set out form." We found that these developments strengthened how children's needs were identified and supported. Plans were in place to extend the individualised planning approach across the nursery, and we asked the service to consider adopting a similar model within the school age childcare provision.

Children benefited from strong relationships between staff and families. Staff recognised the importance of partnership working in supporting continuity of care between home and the setting. One member of staff told us, "I make sure I greet families warmly each day and take the time to speak with them about their child's day, sharing things they have enjoyed, achieved or found challenging." The leadership team had reintroduced opportunities for families to spend time within the service, further strengthening relationships. Parents could enter rooms at drop-off, supporting children's transitions and enabling information to be shared more effectively. One staff member said, "I feel families are confident to share information, they regularly seek advice regarding potty training/ eating habits/ developmental milestones etc which shows they have confidence in my knowledge/ experience. I feel I can work well with families when discussing concerns/ overcoming any issues." Families also identified communication as a strength of the service. One parent told us, "Very friendly staff and nice atmosphere. Good communication from manager and all staff."

Areas for improvement

1. To enable children's care and support needs to be consistently met and to enable high quality experiences, the provider should ensure there are effective staffing arrangements in place.

This includes but is not limited to, assessing and reviewing children's care and support needs, taking into account the layout of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17); and 'My needs are met by the right number of people.' (HSCS 3.15)

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 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).

This area for improvement was made on 23 July 2025.

Action taken since then

Personal plans had been reviewed and contained detailed information gathered from and with families. They were linked to the wellbeing indicators and reflected children's current needs and preferences. In the 2-3 rooms plans were being used to inform detailed and individualised plans for children, and staff were using these to support children. In the pre-school room we saw support plans for children with additional support needs, and strategies within these were being used by staff. Staff were communicating with each other when changes to the plans needed to be made.

This area for improvement has been met.

Previous area for improvement 2

To ensure children's safety and wellbeing, the provider should review nappy changing procedures and equipment.

This should include but is not limited to, ensuring nappy changing mats are placed on stable, appropriate surfaces with protective barriers that prevents the risk of falls.

This is to ensure care and support are 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 23 July 2025.

Action taken since then

The nappy changing area for 2-3s had been renovated and in one room, all 3 nappy changing surfaces were on stable surfaces with protective barrier. In the other room, a mat had been laid on a surface without a barrier. We raised this on the first day of the inspection and a barrier was installed straight away. The changing mat was removed from this area so it was effectively taken out of use. All other nappy changing areas and toilets were found to be appropriately constructed, clean and tidy. We advised the service to continue to refer to best practice guidance such as Space to Grow and Thrive, and Care Inspectorate guidance on nappy changing, for all future changes to toilet and nappy changing areas.

This area for improvement has been met.

Previous area for improvement 3

To effectively deliver high quality play and learning experiences, the manager should support staff to access training appropriate to their role and apply the training to their practice.

This should include but is not limited to:
a) how to complete meaningful high quality observations
b) reporting and recording children's progress and identifying meaningful next steps
c) using best practice guidance to support high quality interactions and play experiences.

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 27 August 2024.

Action taken since then

Staff had been supported to undertake training on aspects of playing and learning such as quality interactions and observations. They had opportunities to review best practice guidance and discuss this with leadership support in their room teams. Some staff were confident in applying this training to their practice. Some staff were not yet confident in writing quality observations and developing next steps. The service has identified this and demonstrated commitment to supporting staff to develop their practice further.

We agree that this area for improvement remains unmet and will be re-stated. This area for improvement has not been met.

Previous area for improvement 4

To support children's health and wellbeing, the provider and manager should ensure that effective infection prevention and control practices are in place for children.

This should include but is not limited to ensuring:
a) toilet facilities and equipment are clean, hygienic and well maintained
b) nappy changing facilities are clean and decontaminated as required.

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 27 August 2024.

Action taken since then

Infection prevention and control measures were in place to support clean, hygienic, well maintained toilet and nappy changing facilities. Toilets were clean and tidy. Nappy changing facilities were very clean with any items , such as personal protective equipment, stored appropriately to reduce risk of cross infection.

Children were not consistently supported to develop good hand hygiene routines across the service. Supervision of handwashing for pre-school and school aged children at key times was ineffective, particularly after toileting and, before eating and after outdoor play. Effective handwashing routines at key times were more consistent for 2-3s and babies. Consistency of monitoring of staff practice across the service, including establishing and sustaining consistent and effective handwashing, will be addressed through an area for improvement under the heading, Leadership.

This area for improvement has been met.

Previous area for improvement 5

To improve outcomes for children and families, the management team should ensure that a strong ethos of continuous improvement is embedded across all parts of the setting including school age childcare.

This should include but is not limited to:
a) maintaining robust quality assurance systems
b) implementing effective audits
c) continuing to develop monitoring processes to support a cycle of improvement.

This is in order 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).

This area for improvement was made on 27 August 2024.

Action taken since then

Quality assurance systems had been further reviewed and developed since last inspection. There was evidence of focus on important aspects of care such as personal planning, and linking this to planning, however these were at the early stages of adoption. Indications were that these systems have the potential to be effective in improving outcomes for children and some monitoring is in place. Informal monitoring processes, for example around handwashing and mealtimes, could be made more formal in order to effectively evidence progress and identify where further changes need to be made. Forthcoming changes to the leadership team had the potential to impact the pace at which quality assurance processes could become embedded and the service has identified this as an ongoing area for development.

To support this the area for improvement has been re-worded and remains in place. This area for improvement has not been met.

Complaints

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

Detailed evaluations

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good

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	4 - Good
Nurturing care and support	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.scot

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.gov.scot

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.