Sutherland Stepping Stones Childrens Centre
Day Care of Children

Education Department
Brora Youth Access
Education Buildings, Johnstone Place
Brora
KW9 6PJ

Telephone: 07791 156 725

Type of inspection:
Unannounced

Completed on:
24 July 2026

Service provided by:
CALA Integrated Services

Service provider number:
SP2010011308

Service no:
CS2010278954

About the service

Sutherland Stepping Stones Children's Centre is registered to provide a care service to a maximum of 30 children under the age of 5 years. The service is provided by CALA Integrated Services. The centre provides day care provision and is open Monday to Friday. The service operates throughout the year.

Sutherland Stepping Stones Children's Centre is located in the community centre next to Brora Primary School. The premises consist of a large playroom with kitchen area, two small quiet rooms for younger children, toilets and an office. The playroom opens directly onto the service's outdoor play area.

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

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 the inspection there were 15 children in attendance.

About the inspection

This was an unannounced inspection which took place on 22 and 23 July 2026. Feedback was given to the provider and manager on 24 July 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 three families.

Key messages

• Positive relationships supported children's wellbeing, confidence and engagement.

• Children benefitted from improved staffing arrangements and consistent care.

• Children received individualised care and support that reflected their needs, preferences and routines.

• A wide range of engaging indoor and outdoor play experiences supported children's curiosity, enjoyment and independence.

• Staff interactions did not consistently support children to extend their learning and development.

• A shared approach to self-evaluation and improvement was not yet fully embedded across the staff team.

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 play and learn	4 - Good
Children are supported to achieve	4 - Good

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

Leadership 3 - Satisfactory / Adequate

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

Quality Indicator: Leadership and management of staff and resources

The manager had identified strengths and some areas for development. Since the last inspection, action had been taken to address identified improvement priorities. This demonstrated a commitment to improving outcomes for children. However, staffing pressures had affected the pace of progress in some areas. As a result, some priorities had not advanced quickly enough to secure consistent improvements in children's experiences and outcomes. For example, staff did not always use effective questioning and interactions to build on children's interests and extend learning. As a result, opportunities to deepen children's thinking, promote curiosity and maximise progress were sometimes missed.

Older children were given opportunities to influence service developments. They were consulted on planned improvements to the outdoor environment. This supported meaningful participation and helped ensure the environment was responsive to their interests, preferences and needs.

The service remained at an early stage of developing effective self-evaluation and quality assurance arrangements. Processes were not yet sufficiently robust to consistently identify and address all areas requiring improvement. For example, we identified gaps in the safe management of medication that had not been recognised through the service's own quality assurance processes. As a result, management oversight did not always provide assurance that systems and practices consistently supported children's health, wellbeing and safety.

Self-evaluation activities were largely led by senior members of the team. Staff were not yet confident in contributing to the evaluation of practice and service improvements. As a result, a culture of shared responsibility for continuous improvement was not yet fully embedded. This limited the team's capacity to collectively identify and drive improvement. (See Area for improvement 1)

A required notification had not been submitted to the Care Inspectorate. The manager rectified this during the inspection. While the impact on children was limited, we reminded the provider about the importance of timely notifications.

Quality Indicator: Staff skills, knowledge, values and deployment

Staff consistently demonstrated caring and nurturing values, creating positive relationships with children. Recent improvements to staffing arrangements had strengthened outcomes for children. All staff adopted nurturing approaches in their practice. This helped children to feel safe and valued. As a result, children were more settled, confident and engaged in their play and learning.

There was a sufficient number of staff available to meet children's needs. Staff were responsive, providing timely support and reassurance when required. Positive teamwork and effective communication among staff supported a consistent approach to care. This meant children experienced continuity and stability throughout the day.

Children appeared comfortable and engaged within the calm and welcoming environment created by staff. However, staff had differing levels of knowledge and experience. A shared understanding of child development and how children learn was not yet fully embedded across the team. This led to variability in the quality of interactions and experiences. As a result, opportunities to extend children's learning and development were not always maximised. This was a previous area for improvement and remains unmet. (See Area for improvement 2 under 'What the service has done to meet any requirements made at or since the last inspection?')

Support and supervision arrangements were supportive but had not yet demonstrated a consistent impact on improving practice across the staff team. Staff reported feeling supported within their roles and benefitted from opportunities for reflective discussion and feedback. However, processes were not yet sufficiently formalised or focused to drive consistent improvement in practice. Arrangements for monitoring practice were not always clearly linked to professional discussions or identified areas for improvement. Development targets were not always clear or measurable in relation to improvement priorities. As a result, the impact of support and professional learning on improving practice was not yet fully embedded. (See Area for improvement 1)

Areas for improvement

1. To ensure children consistently experience high-quality care and learning, the provider should promote a shared approach to self-evaluation across the staff team.

This should include but not be limited to:

a) ensuring all staff contribute to self-evaluation and improvement activities

b) using best practice and guidance to inform service development.

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 improve outcomes for children, the provider should ensure robust and effective monitoring of staff practice and the service as a whole.

This would include but not be limited to:

a) implementing consistent approaches to monitoring and evaluating individual staff practice

b) ensuring regular, meaningful observations of practice are undertaken and used to support improvement

c) ensuring staff receive effective support and supervision that promotes reflective practice, accountability and continuous professional development.

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 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.

Quality Indicator: Playing, learning and developing

Children benefitted from a play environment that promoted choice, independence and child-led learning. They demonstrated sustained levels of engagement and concentration as they explored a wide range of experiences both indoors and outdoors. Free-flow access to the garden enabled children to choose where and how they played, supporting their autonomy and decision-making skills.

A variety of sensory, exploratory and imaginative play opportunities encouraged children to investigate, create and problem-solve. Children were highly engaged when exploring loose parts, water, sand and a well-equipped outdoor mud kitchen. These experiences supported creativity, curiosity and cooperative play. Staff encouraged children to explore their environment, take appropriate risks and develop physical skills such as, balance, coordination and movement.

Staff responded positively to children's interests and played alongside them. However, opportunities to extend learning through high-quality interactions were not yet consistently embedded across the team. At times, opportunities to deepen thinking, build on curiosity and provide greater challenge were missed. This included opportunities to further develop children's language and early numeracy skills. As a result, children did not always benefit from interactions that fully maximised their learning and development.

Planning and observation systems were being reviewed, with improvements evident in the increased focus on children's learning. However, children's progress over time was not always easy to track, and next steps were not consistently clear or specific. As a result, opportunities to build on children's existing skills, knowledge and interests were not always maximised. This limited the consistency of support for children's ongoing learning and development. This was a previous area for improvement and remains unmet. (See Area for improvement 2 under 'What the service has done to meet any requirements made at or since the last inspection?')

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.

Quality Indicator: Nurturing care and support

Children benefitted from positive, nurturing relationships from staff who responded sensitively to their needs and promoted their wellbeing. Staff were attentive to children's emotional needs, providing comfort and reassurance when required. They routinely positioned themselves at children's level and used calm, gentle interactions that helped children feel secure and supported.

The service had established positive relationships with families. Parents were welcomed into the setting and encouraged to contribute to children's learning and development, supporting continuity between home and the service. Staff worked proactively with families and external professionals to promote children's wellbeing, learning and inclusion. This collaborative approach helped ensure appropriate strategies and resources were in place to meet individual needs.

Personal planning arrangements supported positive outcomes for children. Staff had a good understanding of children's individual needs, preferences and routines. They used this knowledge to provide responsive care. Established sleep, rest and eating patterns for the youngest children were followed consistently, promoting wellbeing and continuity of care. As a result, they appeared happy and settled. Families spoke positively about this approach, with one parent highlighting the service's ability to tailor care effectively to their child's needs.

Information relating to children's individual needs was recorded in several places and was not always easily accessible for staff. While this did not impact staff knowledge of children's needs or the care provided, recording arrangements were not yet fully streamlined. The manager responded positively to this and demonstrated a commitment to simplifying recording systems.

Snack and lunchtime experiences were calm and sociable. Children engaged positively with one another and staff during these routines, supporting the development of their communication and social skills. Opportunities for self-serving encouraged children to develop their independence. While appropriate arrangements were in place to support children during mealtimes, staff awareness of current choking prevention guidance was not yet consistent across the team.

Infection prevention and control practice needed improvement in some areas. There were no child-sized sinks for handwashing within the indoor playroom. This had the potential to compromise effective infection prevention and control measures. Children washed their hands in a nearby sink in the bathroom. This reduced opportunities for independence and resulted in staff leaving the playroom frequently to support and supervise handwashing. In addition, some food preparation took place in a room where there were no handwashing facilities available. This did not support best practice in relation to infection prevention and control.

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 26 August 2025.

Action taken since then

Personal planning arrangements reflected children's current needs and provided guidance for staff. Staff were knowledgeable about the children in their care and used this information to support consistent, individualised care and wellbeing.

This area for improvement has been met.

Previous area for improvement 2

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 26 August 2025.

Action taken since then

Staff demonstrated caring values and engaged positively with children through play experiences. However, interactions did not consistently maximise opportunities to extend children's curiosity, creativity, thinking and learning. Variability in staff knowledge and understanding of child development impacted the quality and consistency of learning experiences.

Planning, observation and assessment approaches were developing but were not yet consistently used to identify and respond to children's individual next steps. As a result, children did not always experience sufficiently challenging and purposeful learning opportunities to fully support their progress and development.

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

Previous area for improvement 3

To ensure children are safe and receive high quality experiences at all times the provider and manager should as a minimum, review and make appropriate changes to staff deployment, to improve experiences for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 26 August 2025.

Action taken since then

Improvements to staffing arrangements had strengthened outcomes for children. Effective staff deployment and teamwork ensured children experienced responsive support and continuity in their care.

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.scot.

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 play and learn	4 - Good
Playing, learning and developing	4 - Good

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

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.gov.scot

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