Junior World
Day Care of Children

Millbank Annexe
Millbank Crescent
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Telephone: 01667 455 696

Type of inspection:
Unannounced

Completed on:
3 June 2026

Service provided by:
CALA Integrated Services

Service provider number:
SP2010011308

Service no:
CS2010279717

About the service

Junior World is a day care of children service situated in its own grounds adjacent to Milbank Primary School in the town of Nairn.

The service is registered to provide a care service for a maximum of 80 children aged 2 years to 16 years.

The service is situated in a residential area close to the town centre, near shops, parks, a beach and other amenities. The children are cared for in three main playrooms plus a dining room and have access to enclosed outdoor areas.

About the inspection

This was an unannounced inspection which took place on Monday 1 June, between 09:30 and 17:40, and 2 June 2026, between 07:55 and 14:00. This inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- spoke/spent time with children using the service and two of their friends and family
- received 23 completed questionnaires which included 17 received from families/carers of children, and 6 received from staff.
- spoke with staff and the management team
- assessed core assurances, including the physical environment
- observed practice and daily life
- 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's care, support and wellbeing was underpinned by service vision and values, which promoted positive, regular engagement their families.
- Children experienced nurturing and responsive care, with warm relationships evident; however, inconsistencies in practice meant opportunities to extend learning and support wellbeing were sometimes missed.
- Staff felt supported by the leadership team and demonstrated a positive ethos, with a willingness to reflect on practice and contribute to improvement.
- Some quality assurance processes were not yet fully embedded or consistently applied, the manager demonstrated clear understanding of priorities and commitment to continuous improvement.
- Children were increasingly recognised as active participants in the service, with opportunities to influence their play and learning supporting engagement and confidence
- Personal planning arrangements were in place but not yet sufficiently robust or consistently used in practice to fully support children's health, wellbeing, and developmental progress.
- The approach to improving play and learning areas in the three to fives indoor and outdoor spaces should be used provide consistent experiences across the ELC setting.

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

Leadership and management of staff and resources

The setting had revisited its values, helping to establish a shared direction for practice. With the active involvement of key stakeholders in this process, the result was a shared vision of positive outcomes for children and families. Early work was underway to ensure service values were translated into daily practice. This included a focus on communication to promote positive engagement with families, including events such as "Wonderful Wednesdays," which supported partnership working. Some parents told us via our online questionnaire, " (we) have recently been invited to better understand the learning process, " and "(the service) proactively involve children and parents with decision making." They also felt that communication was good, friendly, supportive with staff making time to "give a debrief at the end of the day."

Children's views were increasingly being recognised as important in shaping the service. For example, children attending out of school care (OOSC) were encouraged to contribute to floorbooks, helping ensure their views were clearly represented.

The manager demonstrated a good understanding of priorities and a commitment to continuous improvement. Since the last inspection, some progress had been made to improve outcomes from children. This was supported by an action plan to guide improvement which had led to some positive changes. For example, improvements to the three to five year olds' outdoor area had enhanced opportunities for exploration, curiosity and creativity. The service should apply similar improvement approaches to ensure consistently high-quality experiences for all children.

While key systems for improvement were in place, they were at an early stage and not yet consistently applied or fully embedded across the service. Some aspects of the action plan had not yet been effectively extended to influence individual practice and pace of progress. This limited impact of improvement work resulting in inconsistences in children's experiences. Consequently, children did not consistently experience high-quality experiences and consistent staff practice across the setting

(See section, What the service has done to meet any areas for improvement we made at or since the last inspection, Area for improvement 1).

Staff reported feeling supported by the leadership team and most demonstrated a clear commitment to improving their practice. There was a positive ethos across the service, with staff showing a willingness to reflect, share ideas, and identify areas for development. Staff had taken on leadership roles which had begun to support improvements and some early changes such as, enhancements to the learning environment were evident.

The service may wish to consider how to strengthen leadership at all levels and improve the consistency of practice across rooms to support further progress. A new area for improvement was made to support focused, ongoing improvement work

(See area for improvement 1).

This recognises the work done to improve aspects of the service under two previous areas for improvement.

(See section, What the service has done to meet any areas for improvement we made at or since the last inspection).

Areas for improvement

1.

To improve outcomes for children, the provider should further develop and implement effective quality assurance systems to monitor and improve practice. At a minimum, the provider should:

a) carry out effective monitoring of the service, including personal planning and the quality of children's experiences;
b) ensure robust systems are in place to identify, monitor and review the impact of improvements.

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.

Playing, learning and developing

Generally children were motivated to lead their own play by making choices about what they played with and how they wanted to play. They benefitted from an environment where their choices were respected and where they were encouraged to follow their interests. Staff supported this well by making sure resources were available when children requested them. For example, in the OOSC provision, children showed an interest in making slime, and staff responded by providing the materials. This resulted in children being highly engaged and demonstrated that their ideas and voices were valued. This enhanced their confidence and enjoyment.

Most children were supported by some staff who were able to interact effectively to enhance and extend learning through play experiences. Across the setting, there was some inconsistency in how confidently staff used questions and conversations to deepen children's thinking and engagement. Some staff working with the youngest children would benefit from continued support to strengthen confidence and interactions. Continued improvement focusing on developing effective interactions to support children's learning is key to strengthening consistency in staff practice.

Children attending the three to five year olds early learning and childcare (ELC) playroom, benefitted from loose parts and open-ended resources that encouraged creativity and problem-solving. The two year old's outdoor space was less engaging. As a result, children's interest was not consistently sustained, leading to some missed opportunities for learning and to develop curiosity. Enhancing this environment with more stimulating experiences would support better outcomes.

Within the ELC provision, children were developing early literacy skills, particularly through mark-making. Children aged three to five accessed a wide range of materials, such as paint, pens and chalk, supporting creativity and early writing skills. Two yea olds enjoyed stories and singing, which supported communication and language development. However, these experiences were not consistent across both ELC rooms, and there was scope to extend them to ensure all children benefit equally.

Children did not consistently benefit from opportunities to develop numeracy language and concepts. While some experiences supported counting and comparison, opportunities to build progressive numeracy skills were not embedded across all areas of play. The service had identified this as a priority, with a focus on more intentional planning for literacy and numeracy.

Planning for children's progress in learning and development was at an early stage. There were some emerging strengths in supporting continuous improvement in children's learning. particularly in the three to fives room, where staff were beginning to link observations, planning and invitations to play, and consider individual targets to support progression. Observations captured some learning but were inconsistent, leading to gaps in effective support and challenge. A senior practitioner demonstrated a clear understanding of next steps to strengthen this process. For example, staff had begun identifying meaningful next steps for children's additional needs. They aimed to extend this approach to all children to support effective progress tracking. In OOSC, a floorbook approach effectively captured children's interests in planning, promoting ownership and engagement.

Younger children enjoyed local outings, such as visits to the park and beach. More focused planning could enhance the learning potential and value of these experiences.

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.

Nurturing care and support

Children experienced nurturing, responsive and caring interactions. Cuddles and reassurance were given when needed or requested by children. Staff demonstrated genuine warmth in their relationships with children. There was some variation in the quality of interactions across the two ELC playrooms. Within one room, stronger practice was evident in recognising when to step in to support and engage children. However, inconsistent practice meant some opportunities for meaningful interactions to extend play, learning and development were missed.

Across the service, children enjoyed good quality meal time experiences. These were pleasant calm, times where children were supported by staff who enabled pleasant social interactions and supported children

well. Children had opportunities to be involved in snack preparation and serving themselves. This supported the development of independence skills. The use of crockery cups and plates, child-sized jugs, and other homely touches helped create a warm, family-style mealtime atmosphere. Staff were generally attentive and supportive, helping ensure that children ate safely. We suggested that the effective use of new walkie talkies could also help support staff deployment at busy times of the day, such as snack time.

Some transitions across the day supported children's engagement. For three to five year olds, a short group time at the beginning of the day supported them to know what activities were available. Where children had the choice to join in a group time, this promoted better levels of engagement.

Children's privacy and dignity was respected when receiving personal care. Staff supported younger children sensitively, preparing them for nappy changes through verbal cues and maintaining positive interactions through singing and conversation. This approach helped children feel secure and supported their developing relationships with staff.

Handwashing routines were well-established and effective for most children attending early learning and childcare. Handwashing routines for children attending breakfast club were inconsistent and could be strengthened to support children's wellbeing. This could further reduce risks associated with poor hygiene on arrival or after outdoor play. Children used utensils to serve themselves food items at snack and meal times. This helped to reduce risk of cross infection.

Overall, most personal plans contained sufficient information to support children's needs. These had been reviewed and updated with parents within timescales. Some strategies that had been identified to support children's needs were clearly detailed. While staff were able to tell us about the strategies in place for individuals, these were not consistently observed in practice. For example, agreed speech and language strategies were not always used during staff interactions with identified children, reducing their impact on progress. For children attending OOSC, some recorded personal planning information did not always accurately correspond. This increased risk that important health and wellbeing information could be overlooked, with potential impact on children's care.

(See section, What the service has done to meet any areas for improvement we made at or since the last inspection, Area for improvement 2)

As a result, we made a new area for improvement with a focus on supporting the effective use of personal planning to meet children's health, and welfare needs effectively. This includes monitoring of staff practice in relation to consistent and effective use of strategies to support progress.

(See area for improvement 1).

To support children's care, health and wellbeing, we suggested the service consider how clearly and accessibly children's information is organised, particularly for less experienced staff. The provider told us that they had identified a more streamlined format for personal planning as an improvement priority. This was at initial stages of development and had not been implemented at the time of inspection.

The management of medicines was inconsistent. When we highlighted a gap in arrangements for a child's medication, the manager took immediate action to resolve this issue. There were some missed opportunities to work more effectively with external professionals to ensure strategies for individual's were as clear and impactful as possible.

Children's wellbeing was enhanced through the work of the service to build and sustain connections with

families. Strong engagement supported staff to know children and their families well, enabling responsive care. For example, parents were supported to remain with children who found separation difficult. Parents valued opportunities to be involved in nursery life, such as such as "Wonderful Wednesdays." This helped build trust and confidence in approaching staff or management with questions or concerns.

Areas for improvement

1.

The provider should further develop children's personal plans and support staff to use this information effectively to meet children's health and welfare needs. To do this, the provider should, at a minimum, ensure:

a) personal plans clearly set out children's current needs and how these will be met, including specific actions and appropriate support strategies;
b) all staff are knowledgeable about, understand, and consistently use the information within personal plans to meet each child's needs.

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 improve outcomes for children, the provider should further develop and implement an effective system of quality assurance to monitor and improve practice. At a minimum, the provider should:

b) ensure effective systems are in place to identify, monitor and review the impact of improvements;
a) carry out effective monitoring of the service including personal planning and quality of children's experiences; and
c) ensure staff have the right knowledge and skills to meet the safety needs of children at all times.

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)

This area for improvement was made on 12 September 2024.

Action taken since then

Children's outcomes were not always benefitting from quality assurance systems to monitor improvements and staff practice effectively. The manager had good general oversight of the service and had implemented some quality assurance systems. This meant that they were aware where further improvements within the service were needed to impact children's experiences and outcomes. For example, where we highlighted inconsistencies in staff practice between the two ELC playrooms, these had been identified by the service, but had not yet been addressed through effective quality assurance processes.

Regular manager visits to both the ELC playrooms enabled the manager to share verbal feedback and key next steps with staff. The manager acknowledged that these did not always impact on children's experiences. Staff support and supervision meetings took place but it was not yet evident that inconsistencies identified in staff practice were being fully addressed. Some strong staff practice was recognised during inspection. The staff and manager now need to identify and implement improvements that will help ensure consistent staff practice and quality interactions which are responsive to all children's needs. We suggested that there should be clear processes for staff enabling accountability for responsibility within their roles.

We found staff attentive and responsive to children with specific needs in relation to eating safely. Staff demonstrated that they had the right knowledge and understanding of children's needs in relation to keeping children safe.

To support the pace of change and strengthen a culture of continuous improvement, we made a new Area for Improvement under the 'Leadership' section. This will focus on maintaining and reviewing quality assurance systems to support sustainable improvements and positive outcomes for children, including improving consistency in staff practice.

This area for improvement has been met.

Previous area for improvement 2

The provider should develop children's personal plans and support staff to use this information effectively to meet children's health, welfare and safety needs. To do this, the provider should, at a minimum, ensure:

a) personal plans set out children's current needs and how they will be met;
b) personal plans contain appropriate strategies for support, including clear actions and timescales for review; and
c) personal plans are regularly reviewed and updated in partnership with parents.

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 19 May 2023.

Action taken since then

Most personal plans contained sufficient information to support children's needs and had been reviewed and updated with parents within timescales. Across the service inconsistencies in the recording of children's information were identified. For children attending OOSC, some recorded personal planning information did not always accurately correspond. This meant there was the potential for important information relevant to managing children's health and wellbeing to be missed.

Strategies to support children's needs did not always contain specific details to enable staff to provide effective support. While staff were knowledgeable about strategies that were in place to support individual needs, these were not consistently observed in practice.

(See also section, Children are supported to achieve).

To support the service to further develop and embed effective systems for personal planning, we will make a new area for improvement. This will focus on supporting staff to use personal planning information to meet children's health and welfare needs effectively, including monitoring of staff practice.

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

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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