

Carnwath Primary School Nursery Class Day Care of Children

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Type of inspection:
Unannounced

Completed on:
23 November 2022

Service provided by:
South Lanarkshire Council

Service provider number:
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Service no:
CS2003015280

About the service

Carnwath Primary School Nursery Class is a daycare of children service located in a rural area in Lanark. The service is registered to provide care for a maximum of 56 children aged three years to those not yet attending primary school.

The service is close to local shops, parks and travel links. The children are cared for in a dedicated playroom. Children also have access to an enclosed garden, as well as spaces in the school grounds.

About the inspection

This was an unannounced inspection which took place on 21 November 2022 between 09:15 and 16:30. We provided feedback to the service on 23 November 2022. The 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 information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with seven people using the service and six of their family members
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were good at developing meaningful relationships with children and families.
- Children's individual needs were recognised and supported.
- Toys and materials needed to be improved to support children's play and learning.
- Quality assurance systems should be reviewed to help ensure improvements are identified and strategies have an impact on the outcomes for children.
- Daily routines needed to be reviewed to ensure these meet children's needs and interests.

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

How good is our care, play and learning?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

How good is our care, play and learning?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

1.1 Nurturing care and support

Children were happy, settled and content within the service. Staff were responsive to children's requests and individual needs, helping to ensure children felt valued and loved. Recent training had been undertaken to develop kind, warm and nurturing interactions between adults and children. This had started to make a positive impact and we encouraged the service to continue developing these.

Staff knew children well, and each child had a personal plan which contained information to help staff meet children's individual needs. These were reviewed and shared with parents regularly, helping parents to feel included in their child's care and learning. Close working with external agencies were included in these and helped support children to receive the care that was right for them. For example speech and language therapists and health visitors.

Online learning journals had recently been introduced and this was in the early stages of being embedded within the service. The service should continue to involve children in the online journals, helping to ensure they have ownership over their work.

To contribute to positive relationships, families had been welcomed back into the setting following the Covid-19 pandemic. One parent told us 'it has been good to get back into the nursery to speak to staff and aware of how your child's getting on day to day'. Stay and play sessions had also been carried out to further involve families in their children's setting. Parents commented positively about these and these included, 'been to the stay and play and love getting in the playroom again to pick them up now. We can see what they are doing more easily'.

Mealtimes were an unhurried and sociable experience for children. Snack times provided opportunities for children to self-select their own food and drinks, promoting their independence skills. Lunchtime took place in the school dining hall and children enjoyed sitting alongside their peers chatting and laughing. Further opportunities to develop children's independence skills at lunchtimes would benefit children's development. The service were reviewing this to maximise good outcomes for children.

1.3 play and learning

Children were engaged and having fun during their play with toys and materials that were available. For example, one child was making 'soup' outdoors and another child was building towers in the block area. However, we found limited resources throughout the nursery to support children's natural curiosity and to extend their learning. Improvements were needed to help ensure there were a variety of toys and materials available for children to freely choose from to support their play and learning (see area for improvement 1).

Staff were at the early stages of adjusting to new ways of working following recent changes within the setting. We suggested the staff team revisit best practice documents to support their practice to build their confidence when supporting children through their play and learning. The staff team agreed this would be beneficial.

Next steps for children's learning were identified and shared with parents. Some examples of these included transitions from home to nursery and developing positive relationships. However, we found that others were not a reflection of children's individual age and stage of development. We discussed with the service reviewing the relevance of next steps to help ensure these supported children to achieve.

Floor books were used as a planning tool to record experiences children had been involved in, and these linked to best practice documents. These were available throughout the nursery to allow children opportunities to reflect on their own learning. We suggested the staff team ensure children's thoughts, ideas and reflections are recorded in the floor books to support children's rights and help identify any possible next steps.

Children had access to outdoor spaces for short periods of time. Whilst outside, children were involved in different experiences. For example, discussions took place around ice as well as children 'building' with pipes, soil and natural materials. However, daily routines meant that children's outdoor play was interrupted, and opportunities for free flowing access was limited. Management should consider the use of flexible routines to ensure children's play and learning is not unnecessarily interrupted (see area for improvement under staff deployment).

Areas for improvement

1. To support children's wellbeing, learning and development, the manager should ensure there are opportunities available to children to support their play and learning. This should include, but is not limited to, provide toys and materials for children to choose from and develop curious spaces for children to access.

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

How good is our setting?

4 - Good

We have evaluated this key questions as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

2.2 Children experience high quality facilities

There had been recent refurbishments which included an extension being built and new furnishings. For example, new flooring. This had been positively received by children, parents and staff. Parents told us they 'feel more space' within the environment.

The environment was clean, bright and welcoming for children to access, helping children to feel safe and secure. There was enough space available for children to move around freely to support their interests and meet their needs.

Measures were in place to minimise risks to children and ensure a safe environment for children. For example, risk assessments, secure entry and the service were aware of the Care Inspectorate's Look, Think, Act campaign, which promotes good practice in keeping children safe. One parent told us 'I have no worries whatsoever about the safety of my child or any other child'.

Quiet spaces were available for children to access if they wished. This meant there were opportunities for children to relax and recharge, supporting emotional development. We discussed with the service how these could be further developed to maximise cosy spaces for children and create a cosier feel. The service agreed to review this.

We were satisfied appropriate infection prevention and control measures were in place to help reduce the potential spread of infection. For example, regular hand washing, appropriate storage of personal protective equipment and nappies were in line with best practice guidance.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate where strengths only just outweighed weaknesses.

3.1 Quality assurance and improvement are well led

Management engaged well throughout the inspection and agreed with improvements needed. They showed a commitment to making these improvements in the service to support good outcomes for children. We encouraged the manager to become familiar with best practice documents to support them in this.

Vision, values and aims had recently been redeveloped in consultation with all staff, parents and children. These included values of friendship, happy and safe. This meant that all families and children felt included within the setting.

A recent audit of the environment was carried out to help identify areas for improvement within the setting. We discussed with management the effectiveness of this and to review quality assurance systems to help ensure these were relevant and meaningful. Through discussions, management agreed these needed to be reviewed.

An improvement plan was in place to identify and address priorities needed within the service. For example, reviewing children's next steps, reconnecting with parents and the development of technology. Management told us these were still in the introductory stage and new for staff. We encouraged management to continue supporting staff to build their confidence in their practice. The service should record the progress made and evaluate the effectiveness of these on outcomes for children.

Whilst systems were in place to support a safe environment for children, we discussed with the service on developing an audit system for reviewing accidents and incidents, and management of medication to help identify any improvements needed. This will help support any measures needed to promote good outcomes for children (see area for improvement 1).

Parents were welcomed back into the service to drop off and collect their child each day from the setting. This promoted a sense of belonging for both children and families and contributed to positive relationships with parents. Stay and play sessions took place as well as parents' meetings to discuss children's progress.

Communication with families took place through daily discussions at drop off and collection times. Parents told us they felt the communication was good and one parent said they 'were asked their views through general discussions'. Other methods of communication included newsletters, weekly tweets and learning journals.

Areas for improvement

1. To promote good outcomes for children, management should ensure robust quality assurance systems that lead to improvement are in place. This should include but not limited to, audits of accidents, incidents and long term medications, staff monitoring of practice and environment observations.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

4.3 Staff deployment

There were enough staff present to help meet the needs of children. Staff were positioned in various areas of the play space to support supervision and respond to children's requests. There had been some recent changes to the staff team and staff were developing new ways of working. Parents were made aware of these changes and parents told us 'Staff have changed slightly since my last child, but we are kept up to date with everything in newsletters on the app'.

Children were familiar with the daily routines that were in place. However, we discussed with management and staff reviewing these to help ensure routines are flexible to meet the needs and interests of children. This included ensuring that spaces indoors and outdoors were planned for and adaptable to follow children's interests and support their development. For example, gym time interrupting children's play outdoors, tidy up time (see area for improvement 1).

Staff breaks were organised to help ensure minimal impact to children, whilst still allowing staff the opportunity to rest and recharge. However, at busier times of the day, staff were particularly task focused which meant there were missed opportunities for high quality interactions with children.

Areas for improvement

1. To support children's wellbeing and learning, management should review the pace of the day to help ensure these are supportive of children's needs and interests. This includes but not limited to, reviewing best practice documents to inform practice and reviewing daily routines.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

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

The manager should review and update the storage of children's medication to ensure it is stored in line with current good practice guidance 'Management of medication in daycare of children and childminding services.'

Administration of medication forms should have a column added for a parental signature. This is for parents to confirm that their child has received their medication, when required. This would contribute to children's health, safety and wellbeing and improve record keeping within the service.

This is in order to ensure care and support is consistent with the Health and Social Care Standards 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 27 November 2019.

Action taken since then

Storage of medication was in a locked cupboard and a column had been added to medication forms to include parents' signature when medication is administered.

Previous area for improvement 2

The manager should risk assess the main door to the children's toilets to ensure this door can be opened and closed safely by children throughout the session. This door should be closed over at all times the service is in operation. This would improve the infection prevention and control practices within the service and contribute towards children's health and safety.

Further information can be found within documents:

'Space to Grow' and 'Infection prevention and control in childcare settings (day care and childminding settings).'

This is to ensure care and support is consistent with the Health and Social Care Standards which state, I can independently access the parts of the premises I use and the environment has been designed to promote this (HSCS 5.11) and 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 November 2019.

Action taken since then

Toilet doors were closed at all times supporting infection prevention and control measures in the setting.

Complaints

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

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	3 - Adequate
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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