

# Bruntsfield Community Nursery Day Care of Children

Bruntsfield Primary School  
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Edinburgh  
EH10 4NA

Telephone: 01312 281 526

**Type of inspection:**  
Unannounced

**Completed on:**  
19 January 2024

**Service provided by:**  
The Committee of Bruntsfield  
Community Nursery

**Service provider number:**  
SP2003002879

**Service no:**  
CS2003011952

## About the service

Bruntsfield Community Nursery is a day care of children service registered to care for up to 22 children aged 3 to not yet attending primary school. The service is provided by a voluntary committee of parents with a manager providing the day to day management of the service. The service is in partnership with City of Edinburgh Council and provides funded hours to eligible children.

The service is located in the grounds of Bruntsfield primary school, in the south side of Edinburgh. The accommodation consists of one playroom, which has a kitchen area and separate toilet facilities. There is a designated secure outdoor area, with additional access to the school playground out with school break times. The local after school club has use of the accommodation every afternoon.

## About the inspection

This was an unannounced inspection which took place on Monday 15 January 2024 from 9:30am to 1:30pm and Tuesday 16 January 2024 from 9am to 1pm. 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 and four of their parents
- reviewed feedback from parents
- spoke with staff and management and reviewed staff feedback
- observed practice
- reviewed documents.

## Key messages

- Children experienced nurturing, warm and kind interactions from staff.
- Staff were committed to their role, ensuring children reached their full potential.
- Children experienced play opportunities that were reflective of their interests and fun.
- To ensure children's health and wellbeing current guidance for the storage of medication requires be implemented.
- Children's experience of a high quality environment was compromised as a result of ongoing maintenance and property issues.

## 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?	4 - Good
How good is our setting?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

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

## How good is our care, play and learning?

4 - Good

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

### Quality indicator 1.1: Nurturing care and support

Children experienced warm, nurturing and respectful interactions. Staff expressed genuine care and asked children how they were feeling and provided cuddles when sought. Staff asked permission before carrying out care routines and children's preferences were respected making children feel valued, safe and respected.

Mealtimes were safe and unhurried, staff were present to support and supervise as required. Children had opportunities to develop independence through self service and had the choice to help prepare snack. Children had healthy food options provided by the service and were encouraged to make suggestions for future snacks. This enabled children to influence the food that was available to them. Packed lunches were provided from home and children were eager to talk to each other about the content of their lunches. This provided the children with the opportunity to have sociable conversations during mealtimes.

Children's wellbeing was supported by staff who knew them well. Personal plans were in place and in the process of being reviewed and developed further to ensure effective recording of information. Strategies to support children were recorded in chronologies that were stored digitally and separately from the personal plans. For children to be supported consistently, strategies should be documented and easily accessible to the staff caring for them. This would enable staff to plan, implement and review strategies to meet children's needs. The service was signposted to Care Inspectorate personal plan guidance and to consult with the local authority as part of their review of personal plans.

The service's nurturing ethos meant that children and families were supported by staff who genuinely cared about them. Staff were aware of risks that could negatively impact upon children and worked alongside specialist agencies to increase children and families' safety and wellbeing. A parent commented that they found the advice provided by their child's keyworker helpful in supporting their child.

Staff understood child protection and safeguarding procedures. The manager spoke through partnership working with other professionals to support children and families. Strengthening quality assurance systems will ensure consistent and effective record keeping. The use of relevant paperwork including 'Getting it Right for Every Child' would formalise approaches and keep children's wellbeing at the centre of plans and decision making. Additional training in this area will provide the team with current guidance, and will increase their confidence in implementing this approach.

Staff were aware of some of the children's health and medication needs, although were unaware of what medication was held in the service. Medication forms were completed and reviewed in line with current guidance. However quality assurance monitoring did not identify that a medication did not have prescription details. Medication was stored in an emergency evacuation bag and medication care plans were stored separately. We advised on the safe storage and recording of medication and the risks to children. The service should review their systems for medication in line with advice from current guidance documents.

### Quality indicator 1.3: Play and learning

Children benefitted from play experiences that reflected their interests and needs, along with the core provision of resources and experiences. Overall children were engaged in sustained play throughout the session, they were confident to ask for additional resources and were responded to positively by staff. A group of children were interested in caring for the dolls and styling each others hair. There were hair accessories available in response to their interests, and their play was allowed to expand across the playroom with resources being transported. As a result children were able to explore their interests and have fun together. Play experiences could be enhanced further through the use of open ended materials and loose parts being readily accessible. This would enable children to explore their play in more depth and develop creativity and curiosity.

Children's literacy was well considered through daily opportunities to explore books and stories. The story area had a selection of different types of books that were of interest to children including fiction, non fiction and all about me photo books. An established lending library was well used by children and parents, and staff used children's book reviews to inform the choices of books available in the lending library. This meant that children could make informed choices about the books they chose to borrow, share and enjoy with their family.

Children had the choice to be part of group story time, with a second smaller group created in response to children's individual needs. The story time book was selected based on the unexpected cold weather on the day of inspection, and staff were skilled at story telling, introducing new words and using carefully selected questions to support children to think more widely about the story and other possibilities. As a result children experienced learning opportunities that were reflective of their everyday experiences. Skillful questions supported children to review books, including characters, storyline and illustrations. The book reviews were displayed with the books for future readers. This allowed children to feel valued and that their opinions mattered.

Learning journals were accessible to children, parents spoke about them and were aware of their content. This demonstrated that learning journals were live and active with parents and children engaging with them. Recordings and assessments in the learning journals were reflective of children's interests and developments. As a result were informing and extending future learning and play opportunities for children.

Planning approaches were in place with intentional plans based on themes and seasons. Frequency of plans were on a two weekly to a monthly basis. Responsive plans captured children's interests and immediate extensions to play. Floor books and displays were used to capture children's voices. The format and recording of plans varied with some that were detailed to children's learning and others that were general overviews. Further development of quality assurance around planning would highlight any gaps and duplication of information. The desired outcome is planning that reflects individual needs and supports children to develop at a pace that is right for them.

Children benefitted from daily opportunities to be outdoors and experience books, sand, small world and blocks in the fresh air. The outdoor area is concrete and would benefit from elements of nature being introduced, particularly in the winter months. This would enable children to care for the environment in all seasons. Children appeared to enjoy the weekly gym sessions provided by an external service and had fun with lots of happy faces observed.

## Areas for improvement

1. To protect children's health and wellbeing staff should be supported to understand and implement effectively current best practice guidance on safe storage and administration of medication.

**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)**

## How good is our setting?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact on outcomes for children, key areas needed to improve.

**Quality indicator 2.2: Children experience high quality facilities**

The layout of the playroom had recently been changed to better meet the needs of children's play, as a result some areas were being developed and not yet fully resourced. Children were observed being consulted with regarding purchasing new soft furnishings and resources for the story area. Staff responded to children's play and were creative with the resources available. The manager said that the spaces and experience's document was being used to evaluate areas. This ensured that resources were available to maximise children experiences and identified gaps in resources.

Some displays at children's level were torn, although staff did say that this was going to be replaced and changed as part of moving the playroom around. The building is shared with another service, this meant that the service must tidy away the resources and equipment daily and set up the following day. Staff reported that this can at times impact on the care of the environment. Time between the end of the service and the other starting is limited, we suggested that the service explores how to address this.

The service had two toilet facilities, one being used for children the other for staff. This was sufficient for the children in attendance during the inspection, however this would need to be adjusted if the service was at full capacity. During the inspection the service made immediate adjustments to the use of toilet facilities to reflect current guidance, including staff using the facilities within the school. We suggested that the adjustments are reflected in risk assessments and considered when enrolling children.

Children had access to the school playground out with school break times, this provided a smooth surface for bikes and scooters and a large area for physical activity. The outdoor area was secure with a small fence and defined play areas, including, to kitchen, story area, sand, small world and blocks. The area was sheltered enabling children to access outdoors in all weathers. Due to the location of the outdoor area within the school playground it gathers any fallen leaves. As a result the area would benefit from daily sweeping and clearing away of leaves to create a fuller space for children to play in.

There were areas of the building that significantly reduced children experiencing an environment that respected their right to a well maintained environment. There were areas of woodwork that were exposed due to flaking and peeling paint. Some of the lower walls were discoloured and appeared to have visible dampness. These areas were mostly covered by furniture during the inspection, as a result limiting physical contact for children. There were windows that had external foliage growing through the windows and walls. As a result impacting on the health and safety needs of children and staff. An effective plan around managing maintenance issues and quality assurance are required moving forward (**see requirement 1**).

## Requirements

1. By 22 April 2024 the provider must ensure children are cared for in a safe and well maintained environment that promotes their comfort and wellbeing.

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

- a) a maintenance record is in place to report repairs, timescales and followed up to ensure work is completed.
- b) quality assurance processes are further developed to effectively manage, action and review the quality of the environment.
- c) an action plan is submitted to the Care Inspectorate and are kept up to date on the progress of the maintenance work.

**This is to comply with Regulation 10(1)(a)(d) (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).**

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.22).**



**How good is our leadership?****4 - Good**

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

**Quality indicator 3.1: Quality assurance and improvement are led well**

The team were invested and had a shared ownership for improvements across the service. A quality improvement plan was in place, and shared at team meetings. Self evaluation toolkits were beginning to be used to inform improvements and staff were responsible for tasks in the improvement plan. A quality assurance calendar provided the manager with an overview for leading and developing the service. Quality assurance tasks were well thought out to inform service development, for example reviews of learning journals and personal plans took place prior to transitions, ensuring that children were supported through relevant information. To strengthen improvement further the use of national and local frameworks and guidance will add depth to self evaluation. The views and opinions of parents, children and staff were gathered to inform improvements through questionnaires, discussions and a question of the month. The manager was beginning to explore how to share this information. We discussed creating a 'what you told us what we did display'. This would enable staff, parents and children to see how their views contribute to the life of the service.

The manager supported staff through annual appraisals and informal supervision sessions, the manager placed value on staff having time to discuss practice and learning. Staff reported that they felt supported by management and could make suggestions. During the inspection staff reflected in the moment about experiences to best support children, including asking each other about how the children responded to the change in seating positions during story times. This enabled children to have a consistent approach during times of change such as playroom areas being moved.

Parent partnership working was established with parents volunteering to help during sessions. Parents spoke positively about this and felt it enabled them to form relationships with staff and get to know the children and parents. The parents committee have regularly held fundraising events including bake sales to raise funds for the service. Parents are invested and committed to the service and value the staff, as a result strengthening partnership working. Feedback from parents was positive overall with comments including wanting the service to offer more hours, and that the manager was always available and approachable.

## How good is our staff team?

4 - Good

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

### Quality indicator 4.3: Staff deployment

The deployment of staff within the service was effective and well managed to support children's needs. Staff provided one to one support to a child who was settling, as a result the child was given the responsive care and reassurance required to help them to build relationships and feel safe. The manager and staff were aware of each other skills, experiences and interests, and valued each others contribution to the team. Children benefitted from the breath of staff strengths in their play.

Staff were enthusiastic about the service and their roles, they were respectful to each other through their interactions. This created a positive environment that allowed the children to feel safe and secure, with adults who cared for them.

Mandatory training was up to date and professional development and learning was valued. Some staff had completed signing training and were planning on introducing this to their daily practice with children. This would provide an inclusive approach to supporting children's communication.

The manager had worked hard to create opportunities for staff to have time to develop and work on learning journals and planning. We suggested the team continue to have these opportunities as the service develops their learning journals and planning as detailed in key question 1.

Well balanced inductions for new staff were in place that enabled staff to become familiar with policies and procedures. Time for transition was provided to build relationships with the team, children and parents. Staff reported the induction process to be supportive and positive. Children participated in the recruitment process, they were consulted with and created interview questions. As a result children were able to influence the service and have their voices heard about the people who look after them.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

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

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