

Craigbank Nursery School Day Care of Children

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Unannounced

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Service provided by:

Glasgow City Council

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About the service

Craigbank Nursery School is a daycare for children service situated within the southside area of Glasgow. The provider is Glasgow City Council. The service provides daycare to a maximum of 84 children, of whom 20 children are aged from two up to three years, and 64 are children aged from three years to not yet attending primary school. The service is located within an annex of the custom built Gowanbank campus. Children were cared for across two main playrooms, and a social zone within the centre of the annex where they could enjoy quieter experiences away from the busy playrooms. Children also benefited from direct access off of each playroom to outdoor areas, where they can enjoy fresh air and outdoor experiences daily. The service is located close to local shops, amenities, and transport links.

About the inspection

This was an unannounced inspection which took place on 20 and 21 January 2024. 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 children using the service
- spoke with family members of children using the service
- spoke with staff and management
- · reviewed feedback from 10 families, and 16 staff
- · observed practice and daily life
- · reviewed documents.

Key messages

- Children were happy and having fun.
- Staff knew children very well and responded to their needs sensitively in line with information recorded in their personal plans.
- The management and staff had implemented a new robust personal planning process for all children.
- Children were confidently leading their own play and learning both inside and outdoors.
- Improvements had been made to the environment to support robust infection, prevention and control practices.
- Staff were skilled in using evidence-based approaches to inform their practice.
- Robust quality assurance systems were being used, and lead to improved outcomes for children and families.
- Distributive leadership was celebrated and used to self-evaluate the service and plan improvements.
- Sufficient staff were in place and deployed across the service to meet all children's needs very well.
- The management team should continue with plans to invite families back into the playrooms at drop of and pick up times.

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?	5 - Very Good
How good is our setting?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good

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

How good is our care, play and learning?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator 1.1: Nurturing care and support.

Children experienced warm, caring interactions and support from staff. Staff cared for children in line with their personal preferences recorded within children's personal plans. Staff responded to children's requests sensitively while supporting their rights and their independence. We received positive feedback from parents about their children's care. Comments we received included:

"I like that service provides a large range of experience for my child to enjoy, he particularly enjoys outdoors and that is where he is most happy".

"My son receives a very high standard of care and has developed a very good bond with his key worker and all the other members of staff, even the office staff are brilliant, he is learning to play, share and get involved and I have seen a massive difference since his first day".

Children enjoyed a social snack and mealtime with their peers and staff. Children were fully involved in the preparation of lunch time, where they set the tables attractively with crockery, table covers and flowers. They were offered opportunities to develop their independence and social skills. We observed a relaxing and calm experience for all, where staff ate with children in an unhurried manner. Meals were nutritious, and dietary and allergy requirements were catered for carefully, respectfully, and safely. We concluded staff had developed and facilitated mealtimes that were nurturing for children and supported their overall wellbeing and development.

The management and team had implemented a new robust personal planning approach that supported children to reach their full potential. We sampled personal plans and found they reflected the holistic needs of each child. Children's care and learning routines were recorded, and staff cared for children with kindness and compassion. All children received a personal plan drawn together using wellbeing Indicators; Safe, Healthy, Achieving, Nurtured Active, Respected, Responsible and Included (SHANARRI). Plans were created in partnership with parents, and reviewed and updated in line with guidance. We noted the auditing of personal plans was supporting a consistent approach for all children. This meant staff could respond quickly and sensitively to changes in children's lives.

Overall, medication was stored and administered safely. The management team were auditing this with staff and parents monthly to ensure medication was reviewed and children's plans updated to reflect their medication needs. Children's emergency medication was being stored in the office. We spoke to management about this, and they moved the medication to a safe secure place within playrooms on the second day of inspection. This meant staff could access emergency medication quickly when needed.

Staff and management worked very well with other professionals to create strategies to support children with additional support needs. This meant that children were receiving care which met their individual needs.

We found staff were confident in reporting child protection concerns. Child protection lead officers had been appointed. All staff had taken part in child protection training. We were satisfied that staff were aware and confident in their role and responsibility of keeping children safe and protected.

Quality indicator 1.3: Play and learning.

Children were actively involved in leading their play and learning through a balance of spontaneous and planned high quality experiences. Experiences promoted independence, choice, and creativity. Children had the opportunity to develop their language, literacy and numeracy skills throughout their play, staff encouraged this naturally in their interactions. We concluded children were having fun as they experienced high quality learning and development opportunities.

Planning approaches were child-centred and responsive to children's interests and stages of development. Staff observed children to gather children's interests, and this, along with staff knowledge of children, fed into the learning plan. The learning plan linked to national curriculums, for example: older children staff used Education Scotland's national guidance document curriculum for excellence experiences and outcomes. This supported and guided staff to gather children's achievements and show their progress. We acknowledged the planning approach for younger children was newly implemented. To support with planning staff had a supportive buddy system where they worked in pairs to share their skills and plan children's play and learning. We concluded staff were committed to embedding the child-centred planning approaches, and children were having fun through high quality play, learning and development opportunities.

Staff used an online app to record children's individual observations and share them with parents. Most parents who provided feedback agreed or strongly agreed 'I am fully involved and informed about my child's learning and development'. In contrast some parents told us communication about children's learning could be improved. We observed children being collected at the nursery playroom doors, and this meant that not all parents received appropriate feedback about their child's day. We asked the management to review this and work towards inviting parents into the playroom. This will further strengthen relationships and offer more natural communication opportunities between staff, children, and their families.

We found staff had a very good understanding of child development. They supported children's right to play and skilfully offered support and challenge when needed. Children were empowered to be fully involved in their play and learning through the skilled interactions of staff. Staff were observed using effective questioning to extend children's learning and thinking. This meant children benefited from a staff team who were skilled in observing and extending their learning.

Staff were successfully using evidence-based approaches to support children's play and learning. For example, the Leuven wellbeing and involvement scales were being used effectively to observe children at play and support interactions and experiences. The Leuven scale is a five-point scale that supports early learning and childcare practitioners to measure a child's emotional well-being and involvement. This approach was embedded in staff practice and supported children to reach their full potential.

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

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Quality indicator 2.2: Children experience high quality facilities.

The setting was comfortable, furnished to a high standard, homely, welcoming, and benefited from natural light and ventilation through open windows. Children had ample space for their needs. Children benefited from a wide range of existing and newly purchased resources to support their play and learning. Soft areas had been created throughout the play spaces and sensory resources had been purchased to support children to rest and relax throughout the day. This supported children's wellbeing and sent a strong message to children that they matter.

The indoor and outdoor environments were well structured and developmentally appropriate for children. Spaces were well resourced and set out attractively. They reflected children's interests and invited them to explore, be curious. Children now benefited from free flow access to the garden area. Staff took the temperature of rooms regularly and when the room temperature allowed the door was safely held open with a catch. It was particularly cold on the first day of our inspection and staff had taken the decision to close the door. We observed children asking to go outside and staff responding, and staff inviting children outdoors. Children appeared to free flow to outdoors with support from staff well. We asked the management to continually review this and ensure free flow access with the door open, where possible. This supported children's choice within their play and learning and promoted their right to play.

Arrangements were in place for monitoring, maintenance, and repair for the new building. Staff completed daily risk assessments. They highlighted a range of potential risks, and detailed clear mitigations and measures that were in place to support the environment to be safe. This meant children benefitted from being in a safe, secure, and well-maintained environment.

The team had established systems to ensure children were always accounted for. We observed staff undertaking head counts and checking registers were correct throughout the day. Almost all parents who provided feedback strongly agreed, "My child is safe whilst in this setting". This meant staff kept children safe and they were always accounted for.

Robust Infection, Prevention, and Control (IPC) policies and procedures were in place. For example: we observed staff and children practice effective hand washing, the building was visibly clean, and staff had taken part in IPC training. This was protecting children and staff from the spread of infection.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

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

Leaders had created a shared vision that was highly informed by current best practice guidance, theory and evidence-based practice. Distributive leadership across the whole team meant a comprehensive approach was in place for self-evaluating and improving practice. This meant leaders created a culture of improvement, and everyone was working towards the same vision to provide high quality early learning and childcare.

We found leaders had a very good understanding of the importance of using the views of children and families to inform the planning and development of the service. The management and staff used regular questionnaires and evaluations to measure success and inform improvements. Feedback about people's views were shared. This meant children and families were meaningfully involved and influenced change within the service.

The management team valued the importance of self-evaluation and improvement planning for the service. Staff had taken part in various self-evaluation activity to gather their views and inform the current improvement plan. The manager had skilfully used the previous inspection action plan as a starting point for improvement. The action plan along with staff feedback from self-evaluation activity, helped create a meaningful improvement plan that was well understood by all. This meant management were supporting reflective quality practice that enabled children and families to reach their full potential.

Floor books for improvement were in place. These captured the service strengths, and the progress of improvements. They were shared with parents to show how improvements were being made and the impact they were having. We reviewed these floor books and found staff were becoming highly skilled at looking inwards, outwards, and forwards within their practice. They regularly used best practice guidance to inform their improvement planning. This meant improvements were having a positive impact on everyone and creating high quality care, play and learning for children.

Highly robust quality assurance practices were in place across the service. This included audits, staff professional reviews, team meetings, playroom practice monitoring, and the monitoring of improved practices and processes. These were carried out by management and a core group of staff. The self-evaluation and quality assurance tasks that took place linked to the improvement plan, and helped measure the impact of the changes taking place. Staff told us they welcomed the new shared approach to quality assuring practice, as it helped them embed high quality practice confidently. As a result, the service had met all areas for improvement as identified within their last inspection, demonstrating the new approach to quality assuring practice was highly robust and had a positive impact on children, staff, and families.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator 4.3: staff deployment.

The management team recognised and valued the importance of ensuring that the service was appropriately staffed throughout the full day. Staff breaks were planned in a way that minimised the impact on children, while allowing staff to rest and be refreshed. Highly effective staff deployment meant staff were supporting nurturing experiences and were able to meet all children's individual needs well.

Staff communicated and worked well together to ensure children were safe and engaged in quality experiences throughout the nursery session. They were proactive when anticipating where and when support might be needed. Staff feedback suggested the team worked very well together. This created a respectful atmosphere which ensured children's experiences were high quality, positive, and appropriately supported throughout the day.

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Staff knew children very well and secure relationships between them had been established. We witnessed children being supported by staff in ways which were appropriate to meet their needs. This meant that children felt safe, secure, and happy in a service where a caring staff team nurtured and supported them. Parents commented positively about the staff team and their skills. Comments we received included:

"Every single one of the staff are amazing!"

"The staff team are fantastic. I loved how every member of the team knew about my child and his likes / dislikes although he has his own keyworker I am confident if they are not around he can go to another staff member for help".

Staff caring for children were registered with the Scottish Social Services Council. They are the regulatory body responsible for registering the social services workforce. They provide public protection by promoting high standards of conduct and practice and support the professional development of those registered with them.

The highly skilled staff team were a key strength of the service. Staff told us they felt supported by the management team. Management valued staff wellbeing and professionalism. Shared leadership roles across the team enhanced staff confidence and empowered them to achieve high quality practice. Staff had protected time to meet with colleagues daily and discuss practice, share skills, support each other, and plan improvements. Staff appeared happy at their work and dedicated to providing high quality experiences for children and families.

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 ensure each child's care and support needs are fully met, the provider should ensure each child has a detailed personal plan in place which reflects their current needs, wishes, interests, next steps and progress. These should be reviewed and updated in line with legislation for all children. Personal plans should be stored safely and securely, but should be easily accessible to staff and families when required.

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) and 'My needs, as agreed in my personal plan are fully met and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 1 March 2023.

Action taken since then

A new robust personal planning approach had been implemented. All children had a detailed personal plan in place that reflected their current needs, wishes, interests, next steps and progress. Plans were reviewed and updated in line with legislation for all children, and were stored safely and securely. Management were intensely monitoring the new personal planning process to ensure a consistent approach. This meant children benefited from a robust planning approach that met their needs.

This area for improvement has been met.

Previous area for improvement 2

To support and enrich children's play, learning and development, the provider should ensure children have increased opportunities to participate in child-led play and learning experiences, both indoors and outdoors throughout the day.

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

'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

This area for improvement was made on 1 March 2023.

Action taken since then

During our observations staff had enriched children's play, learning and development opportunities. Children participated in child-led play and learning experiences, both indoors and outdoors throughout the day. The new planning approaches were child-centred and supportive to children's play, learning and development. Playroom practice audits and monitoring, along with opportunity for staff to discuss and reflect on practice were supporting the planning approaches to take account of best practice guidance, evidence and theory. As a result children were highly engaged in experiences that supported their development while having fun.

This area for improvement has been met.

Previous area for improvement 3

To ensure children can access the outdoor areas independently from the playrooms, the provider should explore how the doors to the outside areas can remain open safely and securely throughout the session. This would offer children more choices of where to play, what to play with and extend their overall play and learning opportunities.

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

'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

This area for improvement was made on 1 March 2023.

Action taken since then

Children were confidently accessing outdoors during our inspection. A catch had been added to the door to keep it open safely. Staff had used Education Scotland's best practice guidance 'Realising the ambition: Being Me' to support their approach to free flow access to outdoors. They monitored the temperature

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within the room to ensure children inside were comfortable when the door was open. This meant the door was closed for periods of time. When the door was closed children still flowed from inside to outdoors naturally, they confidently asked an adult for support with the door, and staff regularly invited children outside. The management are continually reviewing this to ensure the door is open on the catch safely, to support free flow access as much as possible.

This area for improvement has been met.

Previous area for improvement 4

To ensure children health, wellbeing and safety and support a safe environment, the provider should ensure the nappy changing areas and children's toilets are clean, safe and in line with current infection prevention and control guidance.

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) and 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.20).

This area for improvement was made on 1 March 2023.

Action taken since then

Improvement had been made to nappy changing areas. They were visibly clean and children could access them safely with an adult. Infection prevention and control practices were in line with best practice guidance.

This area for improvement has been met.

Previous area for improvement 5

To ensure the provision of a high quality service, leading to improved outcomes for children, families and staff, the provider should ensure quality assurance systems are reviewed, updated and evaluated. This would support a culture of continuous improvement.

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 1 March 2023.

Action taken since then

Robust self evaluation and quality assurance practices were in place. These were leading to improved outcomes for children, families and staff, and created a positive culture of improvement. Please see section 3.1 Quality assurance and improvement are led well for the full evaluation of this.

This area for improvement has been met.

Previous area for improvement 6

To support positive outcomes for children, the provider should ensure sufficient numbers of staff are in place to meet the care and support needs of children. Staff should be deployed more effectively. This included reviewing the routines and structure of the day to enable children to have increased opportunities to lead their own learning, both indoors and outdoors throughout the session.

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) and 'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 1 March 2023.

Action taken since then

During our inspection there was sufficient staff in place to meet the care and support needs of all children. Staff were deployed effectively in line with their skills and experience. As a result, practice had improved significantly. Staff had taken time to carefully review their practice and make important changes to ensure it was in line with best practice guidance.

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.com.

Detailed evaluations

How good is our care, play and learning?	5 - Very Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	5 - Very Good

How good is our setting?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very Good

How good is our leadership?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good

How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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