

Ratho Primary School Nursery Day Care of Children

School Wynd
Ratho
Newbridge
EH28 8TT

Telephone: 01313 331 293

Type of inspection:
Unannounced

Completed on:
1 February 2024

Service provided by:
City of Edinburgh Council

Service provider number:
SP2003002576

Service no:
CS2003017049

About the service

Ratho Primary School Nursery is registered to provide a day care of children service to a maximum of 30 children aged between three years and primary school entry. The service provider is the City of Edinburgh Council. Funded early learning and childcare is offered to eligible children. The nursery is situated in a residential area of Ratho on the outskirts of Edinburgh and is close to local amenities. The nursery is part of Ratho Primary School and is located in a purpose-built extension to the main school building. The nursery consists of a main playroom with a fully enclosed outdoor play area.

About the inspection

This was an unannounced inspection which took place on Monday 29 January 2024 between the hours of 09:00 and 16:45. We returned to complete the inspection on Tuesday 30 January 2024 between the hours of 09:15 and 16:45. 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 the last inspection report, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- received eight responses from parents to our electronic request for feedback
- received six responses from staff to our electronic request for feedback
- spoke in person with one parent during the inspection
- spoke in person with one visiting professionals during the inspection
- spoke with two external professionals via telephone call
- spoke with and interacted with children
- spoke with staff and management
- observed practice and daily life
- reviewed documents relating to children's care and learning and the management of the service.

We provided in-person feedback to the service on Thursday 1 February 2024. In attendance were the registered manager, principal teacher, early years officer and a representative from the City of Edinburgh Council.

Key messages

Children's emotional wellbeing benefitted from nurturing interactions with staff.

Children's personal plans should be developed to ensure they are meaningful working documents that help promote continuity of care and support.

Staff worked well with other agencies to help understand and meet children's needs from a holistic perspective.

Quality assurance systems were not yet fully established in order to consistently secure positive outcomes for children.

Staffing levels should reflect children's needs.

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?	3 - Adequate
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.

Quality Indicator 1.1: Nurturing care and support

Children's emotional wellbeing benefitted from nurturing interactions with staff. We observed staff offering children comfort, resulting in a sense of security. Staff praised children and highlighted where children demonstrated good values. For example, by expressing kindness in their interactions with their peers. This all positively contributed towards children's sense of worth.

Staff generally knew children's individual needs and preferences and could tell us how children had been supported to achieve. For example, we heard how the use of support strategies, such as visual aids had resulted in children's speech and language skills progressing. However, we noticed gaps within children's personal plans regarding children's health, welfare and safety needs and how they were being supported. This meant that children were not always experiencing continuity of care and support. There were missed opportunities to review the effectiveness of strategies to ensure these secured positive outcomes for children (**see requirement one**).

Children's independence skills were generally supported during mealtimes. For example, children poured their own drinks, used tongs to serve their own food and washed their dishes. However, on the first day of the inspection, following a visit to the school gym hall, children were gathered to have snack on the floor as per usual routine. Food and drink were served to children. This resulted in missed opportunities to respect children's choice as to when they wanted to eat and drink, to develop their independence skills and presented an infection, prevention and control risk. We encouraged the service to reflect on this experience and embed positive, value-based mealtimes each day.

We highlighted improvements that needed to be made in relation to the management of children's medication. For example, steps to take in the event of a child becoming unwell should be based on the child's individual needs rather than generic instructions. Some of the information did not match with what was recorded elsewhere. This had the potential to lead to inconsistencies in children's care. We will address the improvements needed within quality indicator 3.1 'Quality assurance and improvement are led well'.

Staff worked well with other agencies to help understand and meet children's needs from a holistic perspective. Staff demonstrated compassion and were flexible in their approach. For example, the service facilitated shorter sessions for children which increased over time and parents were supported to gradually separate from their child. This enabled families to build trust with the staff. One parent commented; "Lovely, friendly approachable staff who take the time to get to know my child and myself."

Quality indicator 1.3: Play and Learning

Outdoor learning opportunities in the forest offered a space for children to calmly explore and engage with nature. This in turn benefited children's health and wellbeing. The therapeutic value of being outdoors resulted in children and adults spending more quality time together. For example, children were invited to help make and taste herbal tea. Children used their senses to predict the ingredients and checked these on the packaging. We encouraged the service to expand upon the resources available to children in the forest to help add greater depth to children's play.

While the design of some areas of the environment sparked children's curiosity to play and learn, this was inconsistent across the different play spaces. For example, the construction area contained a variety of resources and had clear references to literacy and numeracy. Whereas the same attention to detail and learning value was not evident across the playroom. Moving forward, the service should ensure all areas reflect core provision and inspire children's play (**see area for improvement one**).

Child centred planning systems were not yet fully established. While there were some examples within floor books as to how staff had captured children's interests and extended these, there were missed opportunities to empower children to lead their play. For example, by consulting with children on what they know and what they would like to find out about a certain topic. Staff told us that they used to involve children in creating mind maps, but this hadn't been embedded or sustained in practice. There were missed opportunities to evaluate children's learning to see what was supporting children to progress and what needed to be done differently to achieve better outcomes for children (**see area for improvement two**).

We encouraged the service to reflect on the structure and pace of the day to ensure this reflects children's needs and wishes. For example, rather than require all children to stop playing to get ready for lunch, staff should show greater respect to children's play agenda. On the first day of inspection, all children engaged in adult directed physical play and relaxing activities within the school gym hall. While staff identified benefits to this, for example supporting the transition to primary one, we supported the service to reflect on this from a child centred perspective. This would help ensure that children's choice was respected. We encouraged the service to consider whether it would be more effective to take smaller groups of children to the gym hall to promote more quality learning opportunities and interactions.

Requirements

1. By 31 May 2024, the provider must ensure that children's personal plans are meaningful working documents that help promote continuity of care and support.

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

- ensure children's health, welfare and safety needs are detailed and reviewed in a timely manner
- quality assure children's personal plans to ensure support strategies are explicit and reviewed in a timely manner
- provide training opportunities for staff that reflect children's needs and review the impact of these on outcomes for children
- create individualised risk assessments for children where this would benefit their safety and wellbeing and review these in a timely manner
- support staff to extensively reflect on their practice by aligning this with children's personal plans and children's individualised risk assessments
- develop wellbeing initiatives for staff which in turn will benefit children.

This is to comply with Regulation 4(a) (Welfare of Users) 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 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).

Areas for improvement

1. To support children's wellbeing, learning and development, the provider should ensure that children experience a rich learning environment. This should include, but is not limited to ensuring play spaces reflect core provision along with children's needs and interests. The environment should be presented in a way that sparks children's curiosity to play and learn through effective use of provocations.

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 have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and story telling' (HSCS 1.30) and '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).

2. To support children's wellbeing, learning and development, the provider should ensure that child centred planning systems are effective. This should include, but is not limited to demonstrating how children have been empowered to lead their learning and evaluate learning opportunities.

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).

How good is our setting?

3 - Adequate

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

Quality Indicator 2.2: Children experience high quality facilities

Consideration had been given to helping children and families feel welcome and comfortable in the environment. For example, within the entrance area, opportunities were provided for parents to get involved in family learning opportunities. Children were invited to identify how they were feeling through reference to a particular book. A 'proud cloud' displayed on the wall celebrated children's achievements. These all communicated to children and families that they mattered.

The nappy changing facilities did not fully promote children's privacy and dignity. For example, there was no designated nappy changing unit or private space available. The service was committed to improving this and found a temporary solution by the end of the inspection. We recognise that the service is currently awaiting the completion of a new building.

We highlighted some infection, prevention and control risks which had the potential to compromise children's health and wellbeing. For example, some resources stored in the toilets were at risk of harbouring air borne bacteria. The service acted during the inspection to remove items that could be kept elsewhere and ensured other resources were stored in sealed containers. This contributed towards children's health.

During the outdoor learning opportunities in the forest, children were involved in assessing and managing risk. For example, crossing the road safely and using sticks to represent boundary markers. Children's safety was further increased as staff took head counts.

We encouraged the service to develop systems to audit children's accidents and incidents. This would enable the service to reflect on themes and identify how learning can be taken forward to help promote children's safety and wellbeing. This has been captured within a requirement we have made under quality indicator 3.1 'Quality assurance and improvement are led well'.

How good is our leadership?

3 - Adequate

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

Quality Indicator 3.1: Quality assurance and improvement are led well

Quality assurance systems were not yet fully established in order to consistently secure positive outcomes for children. We have highlighted within this report where quality assurance should be robust, for example, in relation to children's personal plans, the management of children's medication and the quality of the learning environment. This will help ensure that provision is benchmarked against best practice to support children to achieve their full potential (**see requirement one**).

Staff were empowered to take on leadership roles to help develop learning opportunities for children. For example, a staff member who was particularly passionate about outdoor learning had undertaken training in forest kindergarten. The staff member facilitated regular forest sessions with the children. These were contributing towards positive outcomes for children. Another staff member had taken on the role of supporting the children to grow vegetables. For example, the children had harvested apples and made apple puree. These opportunities provided staff with a sense of pride and ownership in helping to shape the service. Moving forward, we suggested that the service makes use of self-evaluation tools, such as the Plan, Do, Study, Act (PDSA) cycle to help demonstrate the actual and desired outcomes of these experiences on children's development.

The service had identified within their improvement plan that they wanted to strengthen relationships with children's families. Stay and play sessions were introduced. The service had reflected on these sessions to make them more purposeful. This resulted in parents consulting with their children on what they would like to do during the stay and play sessions to spend quality time together. Stay and play sessions enabled staff to discuss support strategies with parents that could be used jointly between nursery and home to help promote continuity. Parents' views on the service were actively sought. Moving forward, we encouraged the service to consider creative ways to gather constructive feedback from parents and to communicate with parents how they have acted on their feedback.

Requirements

1. By 28 June 2024, the provider must ensure that children receive a quality service.

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

- ensure that regular, meaningful audits are carried out on children's personal plans, the management and administration of children's medication, children's accidents and incidents and the quality of the learning environment

- make sure improvements identified within the service's improvement plan detail the desired outcomes for children along with the quality assurance measures that will be put in place to assess their effectiveness. These quality assurance measures should then be used to help demonstrate the actual outcomes achieved for children.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 2011/210)).

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).

How good is our staff team?

3 - Adequate

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

Quality Indicator 4.3: Staff deployment

Staff genuinely cared about children and wanted to get it right for them. Staff supported each other to work as part of a team; for example communicating their movements to each other and highlighting where support was needed most. Children benefited from continuity of staff. This familiarity helped enable children to develop secure attachments with staff.

Systems were in place to support staff to reflect on practice. We encouraged the service to strengthen this; for example by increasing opportunities for reflective practice and developing wellbeing initiatives. We highlighted that staff reflections would be made more meaningful by demonstrating how they align with children's personal plans and individual risk assessments. This will help ensure staff feel confident and well equipped to get it right for children. This has been captured within a requirement under quality indicator 1.1 'Nurturing care and support'.

While the service was working within the recommended staff to child ratios, staffing levels were not always effective in ensuring high quality outcomes for all children. Staffing levels should be reflected upon to ensure children's needs are consistently met. This would result in staff being more present with the children and able to effectively observe and promote quality interactions with all children (**see area for improvement one**).

Areas for improvement

1. To support children's safety, wellbeing and development, the provider should ensure that staffing levels effectively reflect children's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

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	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
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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