

# Ellon Primary School Nursery Day Care of Children

Ellon Primary School Nursery  
Modley Place  
Ellon  
AB41 9BB

Telephone: 01358 281 090

**Type of inspection:**  
Unannounced

**Completed on:**  
20 February 2024

**Service provided by:**  
Aberdeenshire Council

**Service provider number:**  
SP2003000029

**Service no:**  
CS2003015451

## About the service

Ellon Primary School Nursery is registered with the Care Inspectorate to provide a care service to a maximum of 40 children, aged from three years to not yet of an age to attend primary school.

The nursery is accommodated within Ellon Primary School in the town of Ellon, Aberdeenshire. Children are cared for in one open plan playroom with access to a sensory room and separate dining area. The children have direct access from the playroom to an outdoor play area. The service is close to local shops, parks and other amenities.

## About the inspection

This was an unannounced inspection which took place on 19 February 2024 between 09:45 and 17:15 and 20 February 2024 between the times of 08:30 and 12:30. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations we:

- Spent time with children using the service and spoke to eight of their parents/carers
- Received twelve responses to our request for feedback from parents via MS Forms
- Spoke with staff and management
- Observed practice and children's experiences
- Reviewed documents.

## Key messages

- Children were cared for by kind and caring staff.
- Improvements were needed to ensure medication and child protection processes and procedures were in line with best practice guidance.
- Parents told us they would like more information about their child's day.
- The learning environment was being developed to improve children's experiences.
- Quality assurance process and self-evaluation were not yet effective in promoting continuous improvement and good outcomes for children.
- Staff were not always effectively deployed to meet the changing play and personal needs of children throughout the day.
- The staff team were enthusiastic about improving outcomes for children.

## 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?	2 - Weak
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?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Children were cared for by kind and caring staff. Parents described them as 'friendly', 'caring' and 'understanding' and most parents told us their children had a good relationship with staff. Whilst children were cared for with kindness, they experienced inconsistent interactions throughout the day. Staff did not always pick up on children's cues for help and support or respond appropriately to their care needs. This meant children did not always receive the right support at the right time. This was often attributed to staff deployment. We refer to this further under quality indicator 4.3 where we made an area for improvement.

Children's overall wellbeing was not fully supported through the effective use of personal planning. Information was in place for children with specific support needs, which identified key strategies to be used in practice. However, some plans had not been updated and did not contain relevant information to support children's current needs. Most parents disagreed they were fully involved in developing and reviewing their child's personal plan. To ensure that staff have the information needed to respond to children's individual needs, they should develop a better understanding of the 'Guide for Providers on Personal Planning' on the Care Inspectorate Hub. This would ensure children receive consistent care that is right for them (**see area for improvement 1**).

Children were provided with appetising and nutritious meals and snacks, this contributed to their good health. Opportunities for independence were encouraged as children poured their own drinks, spread crackers and served side dishes. This helped them develop skills for life. Children with dietary requirements were catered for and children who required additional support were well supported. At times staff were task focused which resulted in some children being left unattended whilst eating. Staff should ensure children are fully supervised during mealtimes to minimise the potential risk of choking. We refer to this further under quality indicator 4.3 where we made an area for improvement.

Children's health and safety was compromised by insufficient staff knowledge of children's medical conditions. Health care plans were in place for children with medical needs and medication was stored appropriately. However, plans required additional information such as signs and symptoms and what to do if medication was not effective. This meant staff did not have sufficient information to meet children's medical needs and presented a risk to children. Forms had not been recently reviewed to ensure the information remained current and up-to-date. The manager agreed to audit and improve medication procedures to ensure the health and safety of children at all times. We refer to this further under key question 3.1 where we have made an area for improvement.

Children were not kept safe and protected by staff as they did not have a clear understanding of their role and responsibilities in relation to safeguarding children. There were ineffective systems and communication in place to record and action child protection and wellbeing concerns. On one occasion staff did not take appropriate action to raise concerns with the relevant agencies. On a few occasions the service did not notify the Care Inspectorate as required. As a result children's safety and wellbeing was not promoted. We discussed our concerns with management who took immediate action (**see requirement 1**).

Parents we heard from and spoke with gave varying accounts of how well they found information sharing and relationships with the nursery. Some examples include, 'Staff are caring and let you know of any

concerns' and 'They let me stay for a while when my child is not settling.' While other parents told us, 'Communication could be much better' and 'We have only recently been allowed inside the setting and not yet into the playroom.' Another commented, 'There is almost no consistent or clear information passed on when children are dropped off or picked up.' Most parents disagreed they were given good quality information about their child's day. We discussed this with management who agreed to take action to improve communication with parents.

### 1.3 Play and learning

Most children were engaged and seen to be busy at play. Indoors children enjoyed imaginative role play in the home corner, jigsaw puzzles, playdough and drawing. Children enjoyed running around and washing play cars outdoors. Play experiences promoted opportunities for children to play together, investigate and develop communication skills.

Children benefitted from some opportunities to develop and extend their language, literacy and numeracy skills. For example, mark making, books, singing, Makaton sign of the week and story time. One child told us they enjoyed making 'playdough cakes and playing music.' One parent told us, 'I like the weekly story and the activities focused around that story.'

Although children had fun during play, there were some missed opportunities for staff to stimulate children's interest and enhance their learning. At times, staff had limited interactions with children and did not use questioning to extend children's ideas. This meant that at times, children's learning was not progressed. Staff would benefit from additional training to develop their understanding of their role within play. This would support children to develop their play and reach their full potential.

Children were not consistently supported by good quality observations and effective assessments. Staff used online learning journals to record observations of children's progress and share these with parents. Learning journal entries were limited and did not consistently hold enough information to identify interests and learning needs. As a result, individual progression and next steps were not always in place to support children's learning. Parents told us they would like more observations and feedback on their child's progress. One parent commented, 'Without the feedback it's not entirely clear what they do sometimes.' Another parent said, 'My child is delighted to come to nursery but it would be nice to hear how they are doing.' We discussed this with the manager and were satisfied that a plan was in place to address this.

### Requirements

1.  
By 03 June 2024, the provider must ensure children are appropriately safeguarded and protected from harm. To do this the provider must at a minimum:
  - a) Ensure the manager and staff have the appropriate knowledge, skills and experience necessary to protect children from harm, including the implementation of national, local and the service's own child protection procedures.
  - b) Ensure the manager and staff are competent in completing chronologies and use these to ensure appropriate action is taken to support children and their families.

This is to comply with Regulation 4(1)(a) (Welfare of users), Regulation 7(2)(c) (Fitness of managers), and Regulation 9(2)(b) (Fitness of employees) 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:

'I am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

## Areas for improvement

1.  
To support children's health and wellbeing, the provider should ensure children's personal plans contain relevant and up-to-date information and that staff are aware of and use this to meet children's needs, wishes and choices.

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).

## How good is our setting?

### 3 - Adequate

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

Children were cared for in premises that were well maintained. A secure entry system and daily registers helped keep children safe at drop off and pick up times. Risk assessments were in place to identify possible hazards and help prevent accidents.

Children's experiences varied across the different areas of the nursery. Staff had been working to improve the learning environment and this was further developed in some play areas than in others. Work had been done to develop a sensory area which children could explore or rest. A variety of good quality blocks and construction materials were on offer and children enjoyed being creative with the use of playdough. However, there were not enough real-life resources, role play or arts and crafts materials. Play resources and learning areas should continue to be developed to fully support children's creativity, imagination and problem solving skills (**see area for improvement 1**).

There were cosy spaces to support children during times of rest and relaxation. One child told us, 'I can have a sleep, there's a cushion and a blanket.' Staff told us about plans to add resources such as soft lighting. The service should develop spaces further to include homely touches and to promote comfort and relaxation.

Some areas of the nursery were in need of care and attention to ensure that they provided children with well-maintained environments for their play. Some furniture had been drawn on and poor storage of some resources resulted in parts of the environment appearing uncared for. Staff should consider how resources were organised and presented to promote children's curiosity, engagement and the quality of the learning environment.

Children benefitted from free-flow indoor-outdoor play opportunities. This enabled children to run around and explore outside whilst providing others with opportunities for quieter play indoors. The service had

identified the outdoor space as an area for development. Staff told us about training attended and a water pump and sand area which had recently been added. Outdoor experiences should continue to be developed to fully support children in their learning and potential.

Overall effective infection prevention and control measures were in place. Children's handwashing was supported at appropriate times, such as before mealtimes and after toileting. This meant they were protected from the potential spread of infection.

Children and their family's privacy was protected by the safe storage of personal information including paper and electronic files.

### Areas for improvement

1.  
To support children's play and learning the manager and staff should ensure the environment is well resourced and inviting for children.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.23).

### How good is our leadership?

### 3 - Adequate

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

The service had vision, values and aims which supported staff and families to understand what to expect from the service. The manager and staff should ensure they reflect the needs and views of current children, families and staff. This would support all stakeholders to feel valued and included.

An improvement plan was in place, which identified key areas of practice that would be the focus of development work. This was in the early stages and demonstrated that the management team and staff were keen to improve children's experiences.

Parental engagement was an improvement priority and the staff team were in the early stages of addressing this. Some parents told us about responding to surveys and sharing their views. However, other parents told us they did not feel they were involved in developing the setting and did not feel well informed. We asked the manager to further develop ways to gain constructive feedback for use in the evaluation of the service.

Quality assurance systems were not fully embedded in practice to promote high quality outcomes for children and families. A quality assurance calendar was in place, however there were significant gaps to ensure children's safety, health and wellbeing. Regular and effective audits of personal plans, children's chronologies and medication records were not carried out to ensure children were kept safe and well. The management team acknowledged this was an area of development and agreed to take action (**see area for improvement 1**).

Overall quality assurance and self-reflection was not yet leading to high quality continuous improvement. Staff were in the early stages of reflecting on practice and room layout to bring positive changes to meet

the needs of the children. Opportunities for staff to reflect and evaluate to support continuous improvement should be developed. We signposted the manager to the Care Inspectorate bitesize video on quality improvement to support this.

## Areas for improvement

1. To keep children safe and promote their wellbeing, the provider and manager should ensure effective quality assurance processes are in place, including robust audits and monitoring of staff practice.

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.

Children were supported by caring staff who were committed to make the necessary improvements. Due to recent staff vacancies and absences, the staff team had undergone significant changes and challenges. Recruitment, including a new manager, meant that a more consistent staff team was now in place. The induction process for new staff was not as effective as it could be, to help newly recruited staff feel more confident in their role. We discussed using the national induction resource to give staff more opportunities to reflect on gaps in skills and knowledge. This would support staff to be more reflective, skilled and knowledgeable practitioners.

There were sufficient staff on duty to meet the required staff to child ratio. However, staff deployment at times was ineffective to meet children's needs. There were limited opportunities for staff to be fully engaged in supporting children's learning and play as their attention was often needed elsewhere. As a result, learning opportunities were missed and some children lacked the support they needed (**see area for improvement 1**).

Staff told us they felt supported by colleagues and the leadership team. They felt comfortable to raise concerns or ask for support if required. A communication diary and team meetings were beginning to improve staff communication. Individual staff meetings with management had started. These helped provide direction, support and training opportunities to develop their skills and knowledge. Staff spoke to us positively about training attended on children's communication methods, and how these had been put into practice.

## Areas for improvement

1. To meet the care and learning needs of all children, leaders and staff should work together to ensure effective supervision and quality engagement with children across the day. This should include but is not limited to, ensuring staff are deployed effectively to promote a safe and positive mealtime experience.

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

'People have time to support and care for me and to speak with me' (HSCS 3.16).



## 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?	2 - Weak
1.1 Nurturing care and support	2 - Weak
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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