

Broomhill School Nursery Day Care of Children

Broomhill Primary School
Gray Street
Aberdeen
AB10 6JF

Telephone: 01224 315 487

Type of inspection:
Announced

Completed on:
31 January 2024

Service provided by:
Aberdeen City Council

Service provider number:
SP2003000349

Service no:
CS2003014413

About the service

Broomhill School Nursery is situated in a residential area of Aberdeen, close to local amenities and transport links. The service is provided by Aberdeen City Council. It is registered to provide care for up to 56 children at any one time between the ages of three and those not yet attending primary school.

The service is provided from a modular building within the school grounds. Children are mainly cared for in a large playroom with direct access to two separate outdoor areas. A family room is also used for small group work and family meetings.

About the inspection

This was an announced inspection which took place between 13:30 on 29 January and 14:30 on 31 January 2024 with the Care Inspectorate and Education Scotland. 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 the manager and staff
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children were relaxed and confident in the service. They were comfortable in approaching staff for support.
- Staff should continue to develop their skills in supporting spontaneous play for children.
- Children benefitted from strong connections to the school and the local community.
- Children enjoyed an environment that was spacious, with lots of natural light and had direct access to the outdoor areas.
- The vision values and aims are set throughout the whole school supporting the nursery to be a part of the school community.
- Children benefitted from a staff team which was consistent, supporting attachments and a consistency of care.

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?	4 - Good
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 were happy and settled within the service. They confidently interacted with staff and each other. Staff approached children in a kind and gentle manner, helping them to feel safe and secure. Interactions between staff and children were warm and caring, with children seeking and receiving reassurance and affection throughout the day.

Experienced staff showed a confidence in recognising when children needed further support, such as when they were upset or not engaging in activities. Less experienced staff showed a lack of confidence in this area. For example, in how to redirect a child's attention from an inappropriate activity or how to use visual aids to encourage a child's participation in snack. Staff should share knowledge and understanding to support a consistent level of confidence in identifying when children may need extra support and how to provide this.

Children's health was supported by nutritionally appropriate snacks and meals. Changes to the lunchtime routine had made this a more relaxing and sociable time for children to enjoy. There were opportunities for children to develop their independence through serving their food and pouring their drinks. Staff sat with the children while they were eating, focusing on the children, which promoted their safety from incidents such as choking.

Where children needed support in personal care, such as nappy changing, this was given in ways that promoted the child's comfort and confidence. This included pleasant interactions and further opportunities to develop independence skills, such as using stairs up to the changing mat.

Personal plans were in place for children, these recorded information to keep children safe such as medical needs or recognised support needs. Not all plans contained further information to support children's continuity of care, such as strategies of support. Staff were in the process of updating the format of plans to support consistent recording and ease of access to information. This work should continue so that plans can effectively be used to support positive outcomes for children.

Children's wellbeing was protected by good hygiene practices, such as washing hands at appropriate times.

Medication was stored, recorded and administered correctly, helping to ensure children's health and safety.

Quality Indicator 1.3: Play and learning

Children were having fun while participating in the activities planned for them. During our visit this included outdoor play, construction, role play, sensory play, mark making and storytelling amongst other things. Activities were planned around current events such as seasons as well as children's observed interests. While there was some spontaneous play taking place most activities had been planned. Staff should continue to develop their skills in supporting spontaneous play opportunities which reflect children's

immediate interests. We advised that staff should consider what children actually do rather than what they could do within their planning.

Children were relaxed and confident and able to choose where to play most of the time. This included moving freely between indoors and outdoors for most of the day. The access to outdoors supported children's health and physical activity.

Towards the end of the day some of the newer, less settled children appeared less engaged. At times staff took a few minutes to support these children to find an activity which promoted their engagement. When staff did provide this support, it was meaningful to the children.

The planning for children's learning through observations and identification of next steps was in the early stages and being developed. Staff were identifying some of the children's interests and learning within their observations. The system for tracking children's progress was not effectively established and there was not yet a clear overview of children's learning and development. This area is part of the settings improvement plan and is being further developed to support positive outcomes for children.

There were opportunities for development of children's numeracy and literacy skills. For example, a staff member encouraging children to count the number of blocks used in a tower and work out how many more were needed. However, this was not consistent across all children's experiences.

The nursery was included as part of the school community. Areas within the local community were used to extend children's experiences. This included bird watching and visits to Duthie park. This inclusion supported children to feel confident and accepted in their community.

How good is our setting?

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 2.2: Children experience high quality facilities

The service was delivered from a purpose-built nursery building within the school grounds. Children's health was supported as they enjoyed a large open plan playroom which was bright and well ventilated. The room was furnished to a good standard with appropriately sized chairs and tables for children's activities. Resources were accessible to children supporting their choice and independence.

Children also had access to the family room for quieter individual or group activities and the school gym hall for more energetic indoor play. This extended the range of experiences available for children.

The story corner had been developed to provide a more comfortable and relaxing space for children. This included an ability to reduce the lighting in this area and soft furnishings. While this was an improvement, we suggested that the addition of more relaxed, homely spaces and possible enclosed areas would support children who were over tired or overwhelmed by minimising disruptions.

Children's health was supported by direct access to the outdoor areas from the playroom. These areas could be used for physical play as well as providing opportunities for loose part play and role play.

Children's safety was promoted by the secure access to the building and then to the playroom. Risk

assessments had been completed to identify any hazards and the mitigating actions taken to reduce the risk of harm. As part of the school there was janitorial support to ensure the building was well maintained. Staff supported children's safety as they were proactive in identifying risks such as spills of water or sand and clearing these away.

Infection prevention and control measures were in place such as regular handwashing at appropriate times for children and staff. At times children were very quick to wash their hands and may benefit from some supervision or revisiting of effective handwashing practices.

Children and their family's privacy was protected by the safe storage of their information.

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 nursery was included in the whole school vision, values and aims statement, supporting children, families and staff to feel part of the school community. Parents had the opportunity to be involved in the development of the service. This involved questionnaires to gather their feedback, suggestion boxes and individual questions about their experiences.

A quality assurance calendar had been established to support regular audits and checks. This included reviews of children's records and observations of staff practice and children's experiences. These checks were identifying areas for improvement which were then planned for. At times the monitoring of this could be better to ensure that agreed actions are followed up on and there is a strong focus on the impact of changes for children.

The self-evaluation process was using guidance documents, such as 'Realising the Ambition: Being Me' to support reflection and evaluate practice. This had identified gaps in the provision such as involving children in changes within the playroom and a better awareness of the diversity of cultures. At times the next steps identified were too wide to fully support staff in what they should be doing, moving forward.

Quality assurance and self-evaluation processes had informed the improvement plan for the service. Floorbooks had been created to record the changes and support ongoing evaluations. Staff, at times, need to continue to develop their knowledge and understanding of how to provide more challenge and involve the breadth of the curriculum in children's experiences.

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

Children's safety and wellbeing was supported by there being enough staff to meet their needs during our visits. Most of the staff team had now been with the service long term with only one staff change since the

last inspection. This supported children's attachments and had a positive impact on the ability to implement changes and reflect on their impact.

Staff we spoke to were confident in discussing individual children, their needs and strategies of support being used to promote their development and learning. We observed examples of where this was working well. However, there were some areas where this could be better such as the consistent use of visual aids and prompts for children being supported in communication and language.

Transition times for children such as home time or the beginning of the session were much calmer and more relaxed. This supported children's confidence and feelings of security. Staff took time to speak to parents. However, there were missed opportunities for sharing of quality information and building of relationships at these times. For example, sharing detail on the experiences children had enjoyed or in assisting parents to find children's belongings.

There were other opportunities to support information sharing such as one to one meetings with key staff, a Facebook page and the See saw app. Some parents indicated that they would like more information and regular feedback about how their child was learning and developing. Once embedded in practice the See saw app should help in this area, but staff should ensure that this information is accessible to all parents.

Staff were proactive and communicated well with each other when tasks took them away from the children. For example, a discussion between staff before one left for lunch supported a consistency of approach for the children and minimised any disruption.

Staff spoke positively about the support they received from the room leads and management team. They told us that they could approach any colleague for support and felt they worked well as a team. Some mentoring processes were in place, however, these could be further developed to ensure that staff are supported to develop consistent skills in supporting children.

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

In order to ensure children receive the right support to meet their care and learning needs and support them to reach their potential the head teacher and staff should ensure that quality assurance systems are robust enough to secure progress in all areas in a timely manner.

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 process' (HSCS 4.19).

This area for improvement was made on 20 March 2023.

Action taken since then

A quality assurance calendar was used to support audits and checks to promote good practice and provide an overview of staff practice and children's experiences. This included a review of a variety of records and observations of staff practice and children's experiences.

This information informed the improvement plan which was in place. This had clear action plans and was a working document for staff. Floorbooks were used to record improvements and support ongoing evaluation of changes.

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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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