

Findochty Primary School Nursery Day Care of Children

Burnside Street
Findochty
Buckie
AB56 4QW

Telephone: 01542 832 287

Type of inspection:
Unannounced

Completed on:
7 March 2024

Service provided by:
The Moray Council

Service provider number:
SP2003001892

Service no:
CS2003016016

About the service

Findochty Primary School Nursery is registered to provide a care service to a maximum of 20 children, aged 3 years those not yet attending primary school at any one time.

The service operates from a playroom that has it's own kitchen and toilet facilities located within the primary school, it has it's own entrance and reception area. There is a secure outdoor play area, situated within the grounds of the school located a short distance from the nursery.

About the inspection

This was an unannounced inspection which took place on 6 March 2024 between 08:30 and 16:15 and 7 March 2024 between 9:00 and 12.45. 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, 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
- Contacted nine parents/carers
- Spoke with staff and management
- Observed practice and daily experiences
- Reviewed documents.

Key messages

Children experienced a warm and respectful atmosphere, staff interactions were caring and kind that was conducive to their wellbeing, confidence and self-esteem.

Staff knew the needs of the children well. They worked proactively with children, families and other professionals, to help build resilience of all the children.

Children were having fun, they moved around independently and were able to make choices about their play.

Leaders ensure that children are meaningfully and actively involved in leading their play experiences that help to identify next steps of learning.

Children enjoyed playing outside and being out in the fresh air where they participated in active and creative play,

Leaders should establish sound methods of self-evaluation and quality assurance to ensure continuous and sustained improvements.

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?	4 - Good
How good is our leadership?	3 - Adequate
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?

3 - Adequate

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

1.1 Nurturing care and support

Children experienced caring and nurturing approaches that helped them to support their wellbeing. When upset, children were assured by staff's understanding and comforting cuddles. Personal care routines promoted children's independence, privacy and dignity. A story area enabled children to have some quiet time away from the hub of activities. We suggested that adding drapes, soft lighting and furnishings would help it to feel more cosy and inviting and support children's overall wellbeing through rest/recuperation.

Families had been involved in the creation of the child's personal plan, such as health, interests and likes/dislikes, to help identify individual needs and to support overall wellbeing. The wellbeing indicators SHANARRI (represents a basic requirement of what children need to grow and develop - Getting It Right For Every Child) had also been taken into account. Families had also been asked to update the personal plan annually and there was a process for staff to review the information. To further promote consistency and continuity of care for children, personal plans should be reviewed at least every 6 months, and to involve parents in follow-up conversations. Chronologies were also used to record child and family circumstances that also helped to identify needs and direct actions to support children well. Most parents 'agreed' and a few 'strongly agreed' that they were fully involved in their child's care, including developing and reviewing their personal plan.

Children clearly enjoyed being involved in the preparation of the snack, a child helped to wipe tables, cut up the fruit and put out the cups and plates. Children collected their own food at the servery at lunch time and they poured their own drinks, staff cleaned tables and put out the cutlery. We considered this could be further developed with children being more widely involved in the planning and preparation of snacks and meals. Children sat in small groups and enjoyed eating together, it was a positive social experience. There was a relaxed atmosphere, although it was unhurried, children were waiting for sometime during courses and became somewhat frustrated with noise levels rising. Enabling children to determine when they had finished and being able to choose when to collect their courses rather than wait to be called, would increase their independence and also enable staff to be more focused on the children. Ref: Practice note Keeping children safe: supporting positive mealtime experiences in early learning and childcare (ELC) - [hub.careinspectorate.com](https://www.hub.careinspectorate.com).

A set rolling menu provided healthy food options and complied with children's dietary needs and/or food preferences. Ensuring that fresh water was readily available to the children throughout the day, so that children were encouraged to remain hydrated, was discussed with the manager and staff.

Staff knew the needs of the children well. They worked proactively with children, families and other professionals, to plan for any additional needs, and to help build resilience of all the children. Parents agreed and strongly agreed that staff knew their child well, including what they liked and what was important for their care.

There was some inconsistency in the management of medication related to the supply, review and informing parents when medication had been administered. We discussed this with the manager. Ref: Management of medication in daycare of children and childminding services (see area for improvement 1).

1.3 Play and learning

Children were having fun, they moved around independently and were able to make choices about their play. Children enjoyed creating masks, making playdough and taking it in turns to be the shop keeper and customers at the pretend shop. A child told us how they had spent lots of pennies and had bought lots of things, a cuddly toy, skittles, toy lorry and a puppet. Children painted for a while and mixed colours, a child was enjoying the feel and sensation of mixing paint on their hands. Various items, spoon and diggers in the sand tray enable children to experiment. A couple of children enjoyed sitting with a staff member and having a conversation whilst looking at a story book together.

Whilst staff were responsive to children's interests such as, their request to have a shop, at times children were less able to meaningfully involved in their play. Children flitted between areas and were easily distracted. They would have benefited from a wider choice of play activities that further engaged their imagination, provided challenge and enriched their learning. Incorporating open ended (no fixed purpose), natural and real materials that promoted literacy and numeracy across the spread of play experiences, would lead children to seeing how things worked and to explore their emerging interests. We also suggested that the manager and staff considered the routine's of the day and children's opportunities for play. Children tended to spend periods of time, waiting, listening and following instruction. Children were much less engaged at these times and for a few children it impacted on their behaviour and ability to play. (see area for improvement 2)

Staff supported the emotional resilience of the children through holistic and nurturing approaches. They used their knowledge and skills and conversation to support children's play and learning.

Children were offered the opportunity to play outside and the majority chose to do so throughout the day. They were encouraged to change into outdoor clothing that supported them to problem solve and develop fine and gross motor skills (muscle movement). They were able to benefit from being out in the fresh air and to participate in active and creative play, with large loose parts (no fixed purpose) materials that helped to engage their imagination. Such as cars and horses with crates, pizza at the mud kitchen and built obstacles courses with crates, tyres and small tree trunks.

Children had positive connections with the school through a buddy system and shared learning events. Plans for children to have wider connections to their own wider community would also enhance opportunities for play and learning. We also discussed the benefits of Intergenerational practice with the manager and staff. Ref: bringing generations-together - hub.careinspectorate.com

Staff were working well together as a team to establish a meaningful method of observation and assessment of children's learning. However, next steps in learning were not always clear or consistent. To enable children's interests to be built into this, the service should work towards a balance of responsive and planned high quality experiences. Next steps can then be planned for in an appropriate way and help to ensure that children develop a broad range of lifelong learning skills.

Areas for improvement

1. To support the safety and wellbeing of children requiring medication, the manager should ensure that management of medication follows good practice.

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

'My care and support meets my needs and is right for me' (HSCS 1.19) and

'I experience high quality care and support because people have the necessary information and resources'. (HSCS 4.27)

2.

To further support children to be meaningfully and actively involved in leading their play, that helps to identify next steps of learning. The manager and staff should establish a balance of spontaneous and planned high quality experiences that promote choice, engage children's imagination and enrich their play and learning.

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 is to ensure children's play and learning is consistent with the Care Inspectorate documents:

- A quality framework for daycare of children, childminding and school-aged childcare
- Space to Grow
- Our Creative Journey

and the Scottish Government document: Realising the ambition: being me
hub.careinspectorate.com

How good is our setting?

4 - Good

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

Children benefited from being cared for in a comfortable setting that was furnished to a high standard. Neutral décor and large windows provided plenty of natural light and ventilation that helped to promote children's psychological wellbeing. It helped to give the message to children that they mattered. Parents agreed and strongly agreed that the setting was well furnished, comfortable and homely.

The setting was clean and well maintained. Staff were clear about the procedures for cleaning within the service, to ensure a quality and safe environment for themselves and children in their care. Infection and prevention control supported the safety of the children control through practices such as good hand hygiene. Staff and children washed their hands well at key points throughout the day, staff provided prompts and supervision, when needed. Where children needed personal care, disposable gloves and aprons were readily available in a suitable nappy changing facility. Staff had completed food hygiene training to support safe practice.

Overall, staff worked well together to remove risks both indoors and outdoors at the setting and ensure that children were accounted for.

We advised the manager that it would be beneficial to review and update risk assessments and involve staff, so that there was clear understanding of what was expected when mitigating risk. Whilst arrangements for security within the setting had been well considered, we discussed the matter of the external door to the nursery and school building being open during periods of outdoor play. The manager took action with a view to addressing the matter. We also reiterated the benefits of the Care Inspectorate practice notes to support staff to keep children safe (SIMOA) - hub.careinspectorate.com

Children had sufficient space for their needs and overall play areas, indoor and outdoor had been sensitively arranged to take account of their stage of development. A refurbishment of the kitchen and the addition of a servery for the meal provision had resulted in changes to the play room in relation to furnishings and storage units. During our discussion with the manager and staff, we asked them to explore the potential to have a designated role play area such as home corner/space to support children's learning. It was appreciated that tables were needed for the meal time provision although, we suggested that further consideration of their use outwith such times, may result in more effective use of space for children.

How good is our leadership?

3 - Adequate

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

The vision, values and aims of the setting had not been refreshed for sometime, we discussed this with the manager of the setting. Promoting a sustained and shared vision that reflected the aspirations of children, families, staff and the wider community would help all to know what was important to the setting.

There were some opportunities for parents to be involved through attending events and a weekly invite into the service to view their child's learning folder with them. Parents told us that there were able to have daily conversations with staff and that they were welcoming and helpful. The manager advised that a survey was being issued to families, to seek their views about communication. Whilst there was some indication that children's views had been sought, children would benefit from regular engagement in evaluating their indoor and outdoor experiences. Most parents 'agreed' a small number disagreed, that they were involved in a meaningful way to help develop this setting and that their ideas and suggestions were used to influence change.

Staff had a clear understanding of their daily roles to help ensure smooth delivery of the service. Staff meetings considered practical day to day issues but provided limited opportunity for learning and reflection. The manager acknowledged that incorporating practice/peer group sessions, to talk about and share good practice guidance at staff meetings would provide protected time for staff to reflect together. It would help staff to be involved in a meaningful way and help to foster a culture of ownership and value, where reflections were used to bring about positive change for children and families.

The service improvement plan (SIP) was not used consistently to inform improvement in the quality of the service to children and families. Staff had started to use a format to monitor improvement through self-evaluation although it appeared to lack clarity of purpose and direction. Whilst there was some indication that the views of children and families had been sought as part of the process, it was not clear what changes had been made and how it had made a difference to children. Early indications were that the format would be beneficial in emphasising that self-evaluation was the responsibility of all those involved in the setting. However, leaders needed to respond promptly to ideas/suggestions as part of the process so that positive change for improvement was not too slow.

Methods of quality assurance were not clearly structured and there was no established programme of observation and examination that helped to identify inconsistencies and aspects of practice that could be improved. (see area for improvement 1)

Areas for improvement

1. To support continuous and sustained improvements, that enhances the delivery of high-quality practice and improved outcomes for all, leaders should establish sound methods of self-evaluation and quality assurance.

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8) and

'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?

4 - Good

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

Leaders had ensured that the service was appropriately staffed during the day to support the wellbeing of children. Staff had different roles associated with their levels of experience, skills and knowledge. Daily responsibilities were shared between the staff to support children's experiences across the day. Staff breaks were planned to minimise the impact on the children whilst enabling staff to refresh.

We were advised that there had been a period where temporary/relief staff had to be employed due to staff sickness. It had not always been possible to prepare children and parents for the change. Leaders acknowledged it had impacted on children and families, reflection and learning was taking place with a view to better information where possible.

Staff worked well together and overall, they communicated with each other when a task took them away from their responsibilities. Arrangements were place to promote continuity of care across the day and ensure positive transitions and communication with families such as drop off and pick up times.

We discussed the benefits of ensuring that there was an established programme of support and supervision for staff with the manager. It was acknowledge that it was an opportunity to support staff's health and wellbeing and assurance that staff were appropriately deployed in relation to their skills and knowledge.

Children experienced a warm and respectful atmosphere, staff interactions were caring and kind that was conducive to their wellbeing, confidence and self-esteem. This contributed to good outcomes for children.

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

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