

Keppoch Nursery School Day Care of Children

Keppoch Campus
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Unannounced

Completed on:
6 March 2024

Service provided by:
Glasgow City Council

Service provider number:
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About the service

Keppoch Nursery School is a day care of children service in a suburban area in the North West of Glasgow. The service is provided by Glasgow City Council and operates from premises within Keppoch Campus.

The service can accommodate 80 children at any one time. The age range of the children will be from three years to those not yet attending primary school. The accommodation consists of three play spaces and family room.

Children have access to an outdoor play area for physical play and outdoor learning. The Gruffalo garden is an additional outdoor play space. There is changing and toilet facilities for children, office, catering, staff facilities, and a reception area.

About the inspection

This was an unannounced inspection which took place on 5 and 6 March 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
- Reviewed feedback from three parents and carers whose children use the service
- Reviewed feedback from twelve staff members employed in the service
- Spoke with management and staff
- Observed practice and staff interactions with children
- Reviewed documents.

Key messages

- Staff used kind and nurturing approaches which made children feel welcome and contributed to positive relationships.
- Children attending had fun and were happy indoors and outdoors. Experiences were responsive to children's interests.
- The service had made improvements to their outdoor play space to provide opportunities for risky and challenging play.
- We identified improvements that would minimise infection risks for children's health and wellbeing.
- Management and staff should review and improve the mealtime experience to ensure the experience is safe and inclusive for a more positive lunchtime for all children.
- Staff were passionate about their additional responsibilities of champion roles.
- The provider should revisit the deployment of staff to ensure children's safety and wellbeing and promotes more opportunities for children's play and learning.

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?	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?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality indicator 1.1: Nurturing care and support

Children's care and learning routines were delivered with kindness and compassion from staff who were warm, nurturing and caring towards children. This helped children feel secure and contributed to the positive relationships they had with staff. The interactions between staff and children were responsive and engaging. We observed children approaching staff for cuddles and staff responded with cuddles. This helped children feel loved and secure. Respectful interactions took place from staff at the children's level. Parents who provided feedback shared with us, "They're caring, understanding, outstanding" and "Staff is very friendly and genuinely care for my child's well being."

Children had developed friendships which enhanced their wellbeing and were familiar with nursery routines. They were confident in their environment, and we observed some children approach staff for support. This showed they felt comfortable with staff who cared for them.

Children's medicine was clearly labelled, stored, and administered safely. Children's medication and health care plans were reviewed regularly. We asked for medication records to be updated to show parents had administered a first dose of medication and a section for parents to sign acknowledgement medication had been given. The manager agreed to make these changes.

Personal Plans were in place for all children. Plans were created in partnership with parents and carers and reviewed regularly. These contained information staff needed to support children and meet their needs. We discussed with management using the personal plans as working document for children and adding to these as things change in children's lives for example toilet training.

The service was supporting children and their families health and well-being with initiatives of a food pantry and clothes rail. These items were displayed in the family room of the service. All parents and carers had the freedom and choice to access these items, and these were re-stocked on a regular basis.

Fostering and maintaining relationships and partnerships with parents and carers were important to the service. A member of the management team and keyworker attended home visits to support with getting to know families and children before their first day in the service. Parents and carers were invited into the service for events throughout the year for example for 'mothers and others day', 'brew and blether' and invited to join in activities with children on for example World Book Day.

Quality indicator 1.3: Play and learning

Children were having fun and engaged in a variety of play experiences. Children were happy and confident, and some children were leading their own play and learning. Staff were responsive to children's interests to support their play and learning. We observed space was provided for children to run outdoors. A child had a recent interest in flags of countries from across the world and a book of maps was brought into the service. A parent who provided feedback shared with us, "She's learning so fast."

Play experiences indoors and outdoors provided opportunities for children to develop their skills in language, literacy, and numeracy. Children were making models with large wooden blocks and construction materials. Some children were counting the number of blocks from one to ten. Children were proud of their achievements and showing these to adults. Children enjoyed water play and were using toys to explore the concept of pouring and filling. Children had opportunities to be creative in their play when exploring playdough and mark making with paint. There were opportunities for risky and challenging play both indoors and outdoors. Children were observed using skills of climbing, jumping, and balancing.

There was a lack of sustained play and engagement between staff and children. We observed staff having to leave activities or play areas to respond to the needs of other children. Staff shared with us activities can be disrupted due to being in a room on their own.

Staff have a knowledge and understanding of child development and supported children's schematic play. A schema is a repeated pattern of action or behaviour. Staff shared examples of providing additional activities and resources for children to support with schemas. We observed children were transporting toys and materials to support their play. Children were provided with time and space to support their trajectory schema of pouring items out.

Staff knew the children well and confidently described children's individual needs and how they were supported. Staff were passionate about supporting children with additional support needs. Staff collaborated with external professionals to identify next steps and strategies for children.

Staff described the processes in place for supporting planning for children's play and learning. Planning for children took place every six weeks and was linked to Education Scotland's guidance 'Realising the ambition' and 'Curriculum for Excellence.' Staff took account of children's interests and needs when developing plans. Adaptations had been made to planning to meet the needs of children with additional support needs. Staff used trackers for learning and development and observations were shared with parents and carers using a digital platform application. We sampled children's observations and planning and saw that information within these varied across the staff team. There were differences in staff skills in recording these and there were discrepancies in how often these were posted. Meaningful individualised observations for all children with clear and specific next steps for learning has the potential to improve outcomes for children's play and learning.

How good is our setting?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality indicator 2.2: Children experience high quality facilities

Children were cared for in an environment that was clean, bright, and welcoming. The service had a welcoming, comfortable, and spacious family room for children and their families to use. Playrooms were furnished to a high standard. There was ample space for children to play independently or in groups. Most toys and resources including natural materials were accessible and organised to promote curiosity and support children's choices.

Playrooms were homely with cosy spaces for children to rest and relax, contributing to a calm environment.

Children had free-flow opportunities between three play spaces and an outdoor play area. Staff acknowledged and welcomed children as they entered play spaces, contributing to children's safety and security. The service had an additional outdoor space called the 'Gruffalo Garden.' The service had a procedure in place when for most of the day, children and their families entered the service using the middle room. The register and noticeboard were updated with numbers of children, to include names of children spending time in the 'Gruffalo Garden.'

All rooms had direct access to the outdoor play area. The service had made a recent change for children to access outdoors using the middle room only. This was a result of the temperature of the room dropping within the playrooms when doors were being left open during cold weather. Doors were left open to support children moving freely between spaces. We observed the middle room felt cold as a result of a door being left open and a wind chill. We discussed with staff closing the door over to keep the room comfortable for children playing indoors. The temperature began to rise when the door was closed over. Management and staff should continue to monitor temperatures of playrooms for children's comfort. The service had a fob system on the door, internally and externally which was not operational. We discussed with management activation of the system would support staff with enabling children to gain entry back into the playroom, as they chose.

The outdoor play space was safe and secure for children, contributing to their health and wellbeing. The service had made developments to their outdoor play area. Staff had used loose part materials to create opportunities for active, risky, and challenging play and to extend the range of experiences available to children for play and learning.

The services 'Gruffalo Garden' provided greater opportunities for children to take positive risks and to be challenged in their play outdoors. Management and staff told us of their plans to develop the garden within the coming weeks with the support of the Glasgow Community Team. This included the installation of a fence to further support children's safety and security.

The service had a clear infection prevention and control policy and procedures to reduce the spread of infection within the service. Staff and children were observed washing their hands before lunch and tables were cleaned. We observed hand washing could be improved with children being encouraged to wash their hands after wiping their noses. The toilet door opened onto the lunch area, and a general playroom mop was being stored in a toilet and used on a playroom floor causing a cross-contamination risk. We highlighted these infection prevention and control issues to management.

How good is our leadership?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality indicator 3.1: Quality assurance and improvement are led well

There had been recent changes in roles with some members of the management team. They were currently recruiting a team leader to the service. The team leader in place has the potential to support staff and the management team with continued improvement of the service. The management team were also supporting the service with clerical tasks for limited periods during the week.

There was distributed leadership in the service with staff having responsibility and champion roles in areas to include outdoors and additional support needs. Staff were confident to tell us their responsibilities and the positive impact these were having on children and families. Some staff were passionate, enthusiastic and had a drive for learning and improving the service and were undertaking further qualifications. Staff shared examples of having the freedom to take forward their ideas. In contrast other staff shared this wasn't always consistent. We discussed with management maximising distributed leadership across the service for all staff.

The service had an improvement plan. The plan highlighted priorities of the service to include natural learning environments, enhanced snack, and use of the Seesaw application. Staff shared with us, and we could see the progress being made in these areas.

A quality assurance calendar was in place, and tasks supported the service to identify strengths and areas for improvement to improve outcomes for children and their families. The quality assurance systems included audits of accident and incidents, medication, personal plans, and playroom environment monitoring. We looked at the services accident and incident records. We discussed with management improving the auditing of accidents and incidents and recording any steps taken to minimise accidents and incidents within the service.

Staff engaged in the services improvement journey through self-evaluation tasks using Care inspectorate 'A quality framework for daycare of children, childminding and school-aged childcare' and Education Scotland's 'How good is our early learning and childcare?' This had led to strengths and areas for improvement being identified to improve outcomes for children and families. We discussed with management how these could be improved further by capturing the next steps and the outcomes for children of improvements made for all areas.

The management team were continuing to develop parental engagement. They shared they did not always receive a high response from parents and carers. They were aware of the importance of children and families informing planning and the development of the service and would continue with their efforts.

Staff shared full staff meetings used to take place in the service and most communication now took place through the information communication technology and telecommunications 'Glow.' Staff shared they felt that team meetings would be beneficial for open discussions and time together to collaborate and share their ideas, suggestions, and challenges. This has the potential to improve outcomes for children and their families.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While some strengths had a positive impact, key areas needed to improve.

Quality Indicator 4.3: Staff Deployment

The staff team had undergone changes which had resulted in a number of new staff to the service. The staff team provided a wide range of skills, knowledge, and experience to the service within and across play spaces. Staff were deployed indoors and outdoors and supervising children in their play. Staff used registers and updated numbers of children on a noticeboard throughout the day, contributing to the safety of children. We observed examples of communication and team working taking place. The staff team communicated when leaving a room or attending to a child's needs.

We observed playrooms were operating with two staff members meaning that when for example tasks of personal care were taking place, staff were in playrooms on their own. We observed this impacted on children's play which was interrupted to meet the needs of other children. Staff shared with us they had enough staff to meet the numbers of staff for children in the building, though not when free flowing between rooms and considering the needs of the children. When asked the question what would make the service better a parent shared with us, "More teachers . Permanent teacher should be engaged" (see area for improvement 1). We discussed with the manager implementing communication systems across the service to enable staff to communicate with management for support when needed.

We discussed with the manager monitoring and reviewing the room routines at lunchtime across the service to meet the children's needs. We observed some children with additional support needs had lunch together in one room. The manager should review the experience to ensure this is inclusive for all children. Some areas within the service had staff deployed ensuring children were well supervised and a sociable experience. Other areas did not have enough staff to meet children's individual needs. Staff were not always sitting with children when having their lunch. We observed instances when children were left unsupervised for short periods of time when eating. This has the potential of children choking on food. Children did not experience as rich an experience as they could have. Meals were plated up and served to children. We discussed mealtimes could be improved for children by being encouraged and supported to self serve. This has the potential to enable greater independence, responsibility, and higher levels of engagement for all children (see area for improvement 2).

The manager shared with us the ongoing challenges they had faced in recruiting staff. They had recently successfully recruited one staff member who was currently undergoing safe recruitment checks prior to joining the staff team. The service was continuing to recruit a team leader. Having the additional staff in place has the potential to enable a more positive experience for all children.

Areas for improvement

1. To support children's care, play and learning and ensure their safety and wellbeing consideration should be given by the provider, but not limited to the following areas:

- the skills, knowledge and experience of staff members and their deployment to meet children's individual needs.
- communication systems across the service to enable staff to communicate with management for support.

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

2. To better support all children to have a positive mealtime experience improvements should be made to ensure mealtimes are inclusive, safe and reflect best practice guidance. Consideration should be given, but not limited to, the following guidance:

- Prevention Management of Choking Episodes in Babies and Children <https://hub.careinspectorate.com/media/3913/good-practice-guidance-prevention-and-management-ofchoking-episodes-in-babies-andchildren.pdf>
- Practice note Keeping children safe: supporting positive mealtime experiences in early learning and childcare <https://hub.careinspectorate.com/media/5018/elc-practice-note-4-mealtimes.pdf>
- Setting the Table <https://hub.careinspectorate.com/media/1615/setting-the-table-nutritional-guidanceand-standards-forchildcare.pdf>
- Food Matters <https://hub.careinspectorate.com/how-we-support-improvement/care-inspectorateprogrammes-andpublications/food-matters/>

This is to ensure care and support is consistent with Health and Social Care Standards, which state: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34); and 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

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

The provider should ensure that the information that is shared between partner agencies is responded to quickly and in line with National Guidance for Child Protection in Scotland 2014. National Care Standards Early Education and Childcare up to the age of 16. Standard 3 Health and Wellbeing.

This area for improvement was made on 28 September 2017.

Action taken since then

The service was making contact with partner professionals and sharing information. They were working together in partnership and the service was taking forward agreed actions.

The area for improvement had 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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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