

Nether Currie Primary Early Learning and Childcare Day Care of Children

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Type of inspection:
Unannounced

Completed on:
8 March 2024

Service provided by:
City of Edinburgh Council

Service provider number:
SP2003002576

Service no:
CS2022000252

About the service

Nether Currie Primary Early Learning and Childcare is registered with the Care Inspectorate to provide a service to 55 children aged between 2 years and entry into primary school, of those a maximum of 15 may be aged between 2 and 3 years.

The setting is part of Nether Currie Primary School and is situated in a separate building within the school grounds. The building provides large open plan play spaces, staff/meeting facilities, children's toilets, cloakroom and direct access to a large outdoor play space.

About the inspection

This was an unannounced inspection which took place on 04 March 2024 between 9:30 and 16:00. 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 several children using the service and received comments from 22 of their family members
- spoke with several staff and the management team
- observed staff practice and daily experiences for children
- reviewed documents.

Key messages

- Children were cared for by staff who cared about them.
- The approach to personal planning needed to be strengthened and assessments and plans made for children needed to be evidence based.
- Children had opportunities to play indoors or outdoors. There were some opportunities for children to lead their own learning through their ideas and interests.
- The indoor environment provided children with a warm, welcoming, well maintained space suitable for their care.
- Safety concerns in the outdoor area must be addressed by the provider.
- The management team had established some systems for quality assurance and self-evaluation, which would be developed to include staff, parents and children more meaningfully.

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?	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?

3 - Adequate

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

Quality Indicator 1.1 - Care and support.

Children were comfortable and relaxed within the setting. They approached staff confidently for help and staff responses were kind and caring. Staff could talk to us about individual children and their preferences. Parents made positive comments about the relationships that staff had with children. Comments included 'The staff made strides to develop a trusting relationship with my child and always welcomed them.' 'My child speaks about staff at home, this makes me feel confident they have a good relationship.' Overall, interactions with children were positive but to fully engage with children these needed to be consistent across the staff team.

There were documents, which when taken together, made up a child's personal plan. Senior staff were aware that these needed to be audited more closely to ensure that information was complete and up to date. This would enable staff to provide care and support to meet children's current needs. We acknowledged that some changes to staffing and management practices had impacted on the completion of recordings in pastoral notes, chronologies and personal plans. Expectations of recording needed to be re-visited with staff. This would help to ensure that assessments and decision-making processes were firmly evidence based (see area for improvement 1).

Individual support plans were in place for some children. There was evidence of staff working with external agencies, key professionals and families to gather information to inform the development of personal plans. In some cases, the information had not been used to develop individual strategies that staff could follow to support children. This resulted in some staff being unaware of what individual children needed as part of their care and support. Improvement was needed to ensure that measurable plans were developed for all children who needed them. This would enable staff to record progress and assess if there were improved outcomes for children (see area for improvement 2).

Lunch time provided children with opportunities for choice of when to come for lunch and choice of what to eat. There were opportunities to develop self-help skills, chat with friends and have an unhurried meal. This needed further involvement from all staff to ensure that those responsible for supporting children at the lunch tables could do so consistently. This would ensure that all children were encouraged to go for their meal, that they had enough to eat and drink, and were supported at mealtime by staff who could sit with them.

Children's health and wellbeing was well supported. There were significant opportunities for outdoor play and children were provided with well-balanced snacks and meals. There were effective systems to record administration of medication, and record children's allergies or food preferences. Opportunities for rest and sleep needed some further organisation but where a child wanted a quiet time or a nap this was accommodated by staff.

Quality Indicator 1.3 - Play and learning.

Children were engaged in their play and learning, as they extended and followed their own ideas and interests, especially outdoors. These ideas and interests were not always supported by staff. Staff

frequently missed opportunities to further support children's learning through skilled interactions or the provision of additional resources to develop children's thinking and problem-solving skills. As a result, we observed some children who wandered with very little or no meaningful interactions from staff to support their play, learning and provide challenge (see area for improvement 3).

There were a variety of resources both indoors and outdoors but some of these needed further development. This would ensure that there were increased play opportunities for numeracy and literacy outdoors and supporting resources for areas such as music and drama.

The planning play cycle had recently been revisited and re-developed. Staff had good opportunities to discuss what they had observed children do and this helped to develop the play experiences. The senior team were monitoring the effectiveness of the planning play cycle to ensure it provided children with a broad range of fun learning experiences.

There were systems in place to enable staff to monitor and assess children's learning. Staff used the local authority development trackers and shared information with parents through the online journals. Senior staff were aware that work was needed in this area to ensure that documents were completed and that they had an evidenced understanding of children's progress. This would enable them to share information with parents and identify gaps and skills in children's learning (see area for improvement 4).

Areas for improvement

1.

To ensure that children get the right support at the right time. Staff should ensure that recordings of observations and information are made and used to assist to develop personal planning and make evidence based assessments.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11).

2. To ensure that children receive individualised care and support throughout the setting, information that has been gathered about children and their needs, should be used to develop appropriate strategies to meet children's needs and support developmental progress. These strategies should be shared with all staff to ensure a consist approach to care and support.

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.)

3.

To support children's play and learning, managers and staff should create more challenging opportunities to discover, explore, experiment and problem solve. This play environment should be supported by staff interactions that develop learning.

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

4.

To ensure that children's individual learning and development is tracked and assessments are shared with parents. Managers and staff should develop their systems for recording children's progress and ensure that these are completed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'I am supported to achieve my potential in education and employment if this is right for me.' (HSCS 1.27).

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

Children experienced a warm, welcoming environment. Natural light, neutral back drop colours and good quality wooden furnishings supported the calm, relaxed atmosphere. The hallway was spacious and well organised to enable parents to be welcomed into the setting with their children. The main playroom provided space for children to play individually, in small or larger groups. The indoor environment gave children and parents the message that they mattered.

Children had access to the outdoor area for most of the session. The area was large with additional all-weather surface and overhead shelter. A risk assessment had been carried out regarding a sloping area, where a sandpit, boulders set in concrete and large fence had been placed. This risk assessment highlighted the high risk of injury and had been shared by the setting with the local authority. Our observation of the area and discussion with staff supported the assessment that, the resources at the bottom of the slope posed a significant risk of injury to children. Staff had attempted to mitigate the risk through trying to discourage children from using the slope, but this was not a sustainable solution as it resulted in a member of staff policing the top of the slope and another at the bottom. This detracted from the capacity for staff to engage in play and monitor the whole outdoor space (see requirement 1).

Children could exercise choice and move freely between the indoor and outdoor environments. They could access resources themselves and transport these to where they wanted to play. The toilet areas promoted children's independence and children could access their coats and belongings safely in the hallway. Entry and exit from the building was secure and well monitored by staff to promote children's safety.

Overall, procedures for infection, prevention and control were in place as the premises was clean and well maintained. Handwashing was carried out effectively by staff but handwashing by children could be further supported to ensure it was consistent and effective.

Requirements

1. By 30 May 2024, the provider must ensure that the safety and wellbeing of children is promoted across the service.

To achieve this the provider must, at a minimum:

a) submit a plan detailing how the risks to children's safety posed in the outdoor play area and described in the service's risk assessment will be addressed

- b) the plan must include appropriate timescales for completion of work to be carried out which reflect the significant risk to children's safety
- c) ensure that an effective interim risk assessment is developed, in collaboration with health and safety professionals. While a permanent solution is implemented.

This is to comply with Regulation 4 (1)(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 environment is secure and safe.' (HSCS 5.19).

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 auditing are led well

The setting was a relatively new service. There had been a period of change but the senior team was now established and the head teacher, who was the overall manager, was developing the leadership roles and responsibilities. This would enable the senior team based in the setting to carry out some devolved leadership tasks with the support of the head teacher.

To support self-evaluation and quality assurance the senior team were developing systems to include staff in the assessment of quality in the setting. This would enable a more setting specific improvement plan to be developed. However, through the inspection process we found that the senior team had identified areas where improvement could be made in the setting and had in many instances begun the process of taking action to make these improvements.

As part of assessing quality, we have suggested to the senior team that they ensure staff understand and are fully involved in the quality assurance and self-evaluation processes. This would help their engagement and ownership of the process.

To monitor some of the processes, which need to be carried out in the setting, a quality assurance calendar had been developed. We reminded the senior team to ensure that it was meaningfully used and not just a tick box approach. This would help the setting establish robust systems and processes.

Parents who responded to our questionnaire were positive about the service and confirmed they had some opportunities to provide feedback and comments. Parents had been welcomed into the building at the start and end of the sessions and stay and play sessions and a lending library had been established. Staff were looking at other events to enable them to engage with parents as partners in their child's education and care.

Gaining the meaningful views of children was at an early stage. Some work had been carried out to gauge children's engagement with activities. We have commented previously on the need for staff to be better attuned in their engagement with children and this will help to gain their views and suggestions in the future.

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

The staff team was in the process of developing their relationships as a team after some changes. They were committed to providing good quality care for children, they confirmed that they enjoyed their role and were looking at ways to develop professionally. Parents spoke warmly of staff indicating that they were approachable, kind and helpful.

Staff provided good role models to children through their interactions with each other. Although there were some gaps in team work, for example around lunch time, on the whole we observed a team which was beginning to work well together to promote positive outcomes for children.

An appraisal process was in place which was used to consult with staff and develop an overview of skills, experience and interests. We suggested that to compliment the appraisal process and to assist with the team building work, regular support and supervision for staff could be further developed. This would enable senior staff to develop their work to provide for staff welfare and wellbeing.

Staff training had predominantly focussed on core training. We have commented earlier in this report that there needed to be some improvement in the interactions with children in both nurturing approaches and in the support for learning (see area for improvement 1).

There were opportunities to build relationships, share information and approaches with other settings through the cluster meetings. There was time set aside for staff to develop planning for play and carry out reflective practice discussions. There were plans for the use of this time to ensure it was well used as a staff development time.

Areas for improvement

1. To support children's health, wellbeing and learning. The manager should develop a targeted training programme to address any gaps in staff practice. This should take into consideration the findings from this inspection, leadership observations and assessments, along with staff's individual reflections and requests. Developing these skills will lead to positive outcomes and learning for the children and further develop and strengthen the skills, knowledge and experience of the staff team.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

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?	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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