

Plockton Primary School Nursery - GM Day Care of Children

Plockton Primary School
Plockton
IV52 8TW

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Type of inspection:
Unannounced

Completed on:
23 April 2024

Service provided by:
Highland Council

Service provider number:
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About the service

Plockton Primary School Nursery GM is situated in the small, rural village of Plockton within the Lochalsh area of the Highlands. The nursery is located within the Plockton Primary School building. Accommodation comprises of a reception space, small playroom with kitchen facilities, a separate room for snack and lunch times, toilet provision and an enclosed outdoor area. The nursery also has access to the larger school playground and a grassy outdoor space across the road from the main school building.

The service is provided by Highland Council and managed by the deputy head teacher of the Plockton 3-18 campus. It is registered to provide a care service to a maximum of 15 children aged three years to not yet attending primary school.

About the inspection

This was an unannounced inspection which took place on 22 and 23 April 2024. 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, 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 and three of their families;
- reviewed online questionnaire feedback from five families;
- spoke with three staff and management;
- observed practice and children's experiences; and
- reviewed documents.

Key messages

- Overall, children experienced warm, caring and nurturing interactions from staff which supported them to feel valued and loved.
- A variety of open ended resources and loose parts indoors enabled children to develop their skills in understanding, thinking, investigation and problem solving.
- There were some opportunities to promote children's understanding of Gaelic language through stories and songs in interesting and engaging contexts.
- Families reported positively on their experiences within the service.
- Observation and planning processes were in the early stages and not yet consistently supporting children to reach their potential.
- There were missed opportunities to support children to extend their learning through play experiences.
- Quality assurance processes needed further development.
- Staff deployment did not always support positive 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?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	2 - Weak

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: Nurturing care and support

Overall, children experienced warm, caring and nurturing interactions from staff which supported them to feel valued and loved. Children had secure attachments with the adults supporting them. They were confident to approach adults when they needed reassurance or physical comfort and staff responses were kind and caring. One parent commented: "My child has a brilliant relationship with the staff members and talks about them all the time at home." and "Early years practitioners are great with the children. Always inviting when arriving or attending and good communication with my child."

Effective personal planning was not consistent across the service. Although most staff members knew the children well, important information and support strategies for some children were not clearly understood or documented to help them meet individual children's needs. This led to an inconsistency in staff understanding of how best to support a specific child. We spoke with the manager who agreed to address this (see area for improvement 1).

Some aspects of the lunch and mealtime experience promoted positive outcomes for children. For example, children were encouraged to be independent during snack and mealtimes. They helped to prepare snack items, poured their own drinks and served food accompaniments which supported them to be responsible. However, there were times when the deployment of staff did not provide support for children who needed it. As a result, there were missed opportunities to promote children's social skills and language and to engage with children to effectively meet their needs. The organisation of the lunchtime routine led to children waiting significant periods of time before being served their dessert and before being able to leave the lunch area. As a result, children became unsettled and restless which did not support a relaxed and nurturing environment (see area for improvement 2).

Quality indicator 1.3: Play and learning

Most children had fun and were actively involved in leading their play. They were able to move freely between play areas and benefited from experiences to support their physical and sensory development. There were some opportunities throughout the day for children to access a large outdoor play area. They had fun running, climbing and playing in the fresh air. This contributed to the development of gross motor skills.

There were some opportunities available to develop children's skills in literacy, numeracy and language. The indoor space provided a range of experiences for children to paint, write, draw, cut and stick within contexts which engaged their interests. This supported the development of early marking and fine motor skills. We identified missed opportunities for staff to support children to explore concepts such as volume, measuring and capacity whilst playing in the water and sand areas. As a result, children did not always experience appropriate challenge in their play and learning.

The staff team were cheerful and playful in their interactions with children. Staff used some good quality interactions to support children's play and learning. Children's understanding of Gaelic language was promoted through stories and songs in interesting and engaging contexts. However, staff often had to prioritise their time providing comfort for children, resolving conflicts and supporting toileting needs. This resulted in missed opportunities to support other children to extend their learning through play experiences. As well as this, some staff interactions were not always consistent in engaging or supporting children to widen their skills and consolidate their learning through play (see area for improvement 3).

Staff were beginning to implement responsive planning processes to support children's interests. However, the recording of key learning and meaningful next steps for children was not yet consistent across all planning information. Observations were recorded in children's individual online learning profiles. However, these observations were not always being completed regularly for all children. Some observations were descriptive and did not focus on children's individual skills and learning. As a result, appropriate individual progression and next steps in learning were not always evident. The manager had identified this as an area for improvement and should continue to support staff to develop their knowledge, skills and understanding in relation to effectively observing, planning and assessing children's learning and progress (see area for improvement 3).

Areas for improvement

1. The provider should develop children's personal plans and support staff to use this information effectively to support meeting children's health, welfare and safety needs. To do this, the provider should, at a minimum, ensure:

- a) personal plans set out children's current needs and how they will be met;
- b) all staff are aware of and understand the information within the personal plans, including support strategies, and use this to effectively meet each child's needs; and
- c) personal plans are regularly reviewed and updated in partnership with parents.

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) and

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

2. To support children's wellbeing, the provider, should review and improve the snack and lunch experiences. This should include, but is not limited to reviewing staff deployment to ensure there are more opportunities to promote social interactions and reduce waiting times for children.

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

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible.' (HSCS 1.35).

3. To support children's wellbeing, learning and development, the provider should ensure staff access training and development opportunities appropriate to their role, and apply this in practice. This should include, but is not limited to:

- a) training in high quality interactions; and
- b) developing staff's understanding of how to effectively observe and assess children's learning in order to plan quality learning experiences and meaningful next steps.

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).

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

The indoor playroom was comfortable and welcoming with plenty of natural light and ventilation. It was set out in a manner which enabled children to access a range of resources easily and lead their own play. Some spaces reflected children's interest and provided opportunities to promote their curiosity and imagination. For example, several children were purposefully engaged in the block area, taking time to carefully create and construct objects to support imaginative play. Other children were engaged in role play, looking after babies and baking cakes in the home corner. At times in the indoor playroom children did not have ample space for their needs. The block play and garage area were positioned next to each other which led to the area becoming cramped and children did not have enough room to lay out the resources they were using. We spoke with the staff about reviewing the layout of resources to improve experiences for children.

There were some examples of children engaging in a variety of play experiences including messy play. There were open ended resources and loose parts available indoors which enabled children to develop their skills in understanding, thinking, investigation and problem solving. Children enjoyed taking part in play involving sand, water and playdough. However, there were some children who would have benefited from more support to extend their learning using these resources. As a result, opportunities to support their creativity were missed.

Staff recognised the benefits of outdoor play and provided children with daily opportunities to access the outdoor nursery area. The outdoor environment was structured to take account of children's age and stage of development. Outdoors, children had access to some loose parts including, tyres, cable drums, plastic pipes, containers and sticks. These open-ended materials provided children with opportunities to be creative and solve problems. Due to the layout of the building, free-flow access to the outdoors was not available to children. There was no direct access to the outdoor space from the indoor playroom. To access the outdoors children had to be accompanied by staff from the school building to a secure outdoor play area. When two staff were deployed in the service, outdoor play could not always be facilitated. This had the potential to impact children's experiences and choice to play outdoors.

There were some infection prevention and control procedures which supported a safe environment for the children and staff. The environment was generally clean and staff washed their hands at appropriate times throughout the day. However, some infection control practice needed improvement. Children were not always supported to wash their hands at appropriate times, for example after going to the toilet and before and after snack. Some items to support the changing of children were not suitably stored in the toilet space. The entrance door to the toilet area was propped open to support the supervision of children, however, this also had the potential to increase the risk of cross contamination and the spread of infection (see area for improvement 1).

Areas for improvement

1. To keep children safe and healthy and to promote their wellbeing, the provider should ensure effective infection prevention and control practices are in place. This includes but is not limited to:

- a) ensuring that correct hand washing routines are established and maintained, according to infection prevention and control guidance;
- b) items, such as aprons used to support children's toileting, are stored in a suitable way which minimises potential for cross contamination; and
- c) reviewing arrangements to the toilet area entrance door to minimise the potential for cross contamination.

This is to ensure that infection prevention and control practices are consistent with the Public Health Scotland document: Health protection in children and young people settings, including education.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our leadership? 3 - Adequate

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

Quality indicator 3.1: Quality assurance and improvement are led well

The vision, values and aims of the service were shared in a joined up approach with the wider school community. They had recently been updated with the views of children, staff and families included in this process. The manager had plans in place to implement and use the new service values to support the development of the curriculum and inform practice across the nursery and wider school community.

The management arrangements for the service did not always ensure high-quality experiences for children. Due to the competing demands of their role and other priorities, there was limited capacity and time for the deputy to fulfil their management roles and responsibilities effectively. As a result, children did not always benefit from a service that was well managed (see area for improvement 1).

The views of families were actively sought to support the development of the service. Through surveys and stay and play sessions families have had the opportunity to contribute their ideas towards changes. For example, families have participated in the development of the vision, values and aims and provided feedback to refreshed transition arrangements for children starting school. They have also provided resources to support the development of provision outdoors and fundraised to facilitate the purchase of new resources. Families spoke positively about communication with the service. Parents commented: "They are very welcoming when you go the setting and they are really good at getting back in touch and answering any questions via email or phone call." and "Staff are approachable and always listen to suggestions." This promoted inclusion and allowed families regular opportunities to be involved and contribute towards change within the nursery.

Some aspects of quality assurance were in place but needed to be embedded consistently and effectively to ensure high quality outcomes for children. The service had an improvement plan in place which identified the need to develop the planning and observation process. The manager had also identified that staffing levels were not sufficient to meet children's needs and was taking proactive steps to address this. However, a lack of capacity within the management time impacted the ability to carry out other key aspects of quality assurance. As a result, processes were not yet robust enough to ensure key aspects of monitoring such as children's experiences and staff practice were leading to positive change and continuous improvement (see area for improvement 2).

Opportunities for staff to meet with management on a one to one formal basis had been carried out through annual appraisals. These provided opportunities for staff to meet with the manager to discuss their practice, strengths and areas for possible development through training. This supported staff to feel valued. However, it was still too early to assess the impact of these meetings on experiences and outcomes for children.

Areas for improvement

1. To ensure high quality experiences for children using the service, the provider should ensure the manager has sufficient time allocated to undertake their role effectively.

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

'I use a service and organisation that are well led and managed.' (HSCS 4.23).

2. To ensure children experience high quality experiences and outcomes, the provider should ensure that they have an effective improvement plan and robust quality assurance systems in place.

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?**2 - Weak**

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

Quality indicator 4.3: Staff deployment

The staff team recognised the importance of nurturing, warm, responsive attachment and interactions. However due to competing demands placed on them they could not always offer the level of support and interaction they wanted to. This did not ensure high quality outcomes and experiences for children.

We observed positive team working between staff and interactions between them were kind and respectful. This helped to create a positive atmosphere for both staff and children to feel comfortable and secure in. However, communication between the staff was not always clear, which compromised the effective supervision of children. Staff did not consistently communicate when leaving or entering a room or when children moved between the indoor and outdoor spaces. Furthermore, staff did not always suitably position themselves to be able to supervise a room effectively. As a result, there were times when the whereabouts of children were not known by all staff. This had the potential to put children's safety at risk.

Continuity of care for children was not consistent throughout the day. Although staff breaks were planned to enable them to rest and be refreshed, these took place around the busier lunchtime period where higher levels of supervision and support were required. This led to some children not being well supported or their needs effectively met.

Although the minimum adult to child ratio was met, the deployment and number of staff working in the service were insufficient. The approach to staffing in the service was not outcome focussed and did not take into account the complexity of individual children's needs and the layout of the building. As a result, the quality of children's experiences were compromised and their wishes and choices were not always respected. For example, play and learning experiences were not always being maximised to ensure children's individual development needs were supported. Supervision of children was compromised at mealtimes, and when play between indoors and outdoors was being facilitated. This did not promote children's safety and wellbeing and resulted in missed opportunities to support children to reach their potential (see requirement 1). Although the issues with staffing levels had been highlighted by the staff and manager with the provider, permanent solutions had not yet been implemented.

Requirements

1. By 19 August 2024, to ensure children's care and support needs are met and they receive high quality experiences, the provider must ensure there are effective and safe staffing arrangements in place. To do this, the provider must, at a minimum:

- a) assess and review children's care and support needs; and
- b) use the outcome of children's assessments to inform staffing numbers and arrangements.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17); and
'My needs are met by the right number of people.' (HSCS 3.15).

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

To ensure children receiving personal care are effectively supported. The provider should at a minimum ensure:

- a) personal care routines promote children's dignity; and
- b) effective infection prevention and control practices are in place.

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

'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected. (HSCS 1.4)

This area for improvement was made on 27 April 2023.

Action taken since then

The nursery manager had liaised with the provider to identify the most suitable solution to improve nappy changing facilities. Shortly after this inspection was completed, the service put in place suitable arrangements for nappy changing which ensure children are effectively supported.

This area for improvement has now 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?	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?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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