

Leith Academy Community Nursery Day Care of Children

Leith Academy
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Edinburgh
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Telephone: 01315 540 606

Type of inspection:
Unannounced

Completed on:
14 May 2024

Service provided by:
City of Edinburgh Council

Service provider number:
SP2003002576

Service no:
CS2004078080

About the service

Leith Academy Community Nursery is registered to provide a day care of children service to a maximum of 20 children aged between 6 weeks and those not yet attending primary school. At any one time, of those 20 children, no more than 12 are to be aged under 2 years.

The service is provided from two rooms in Leith Academy with toilets, changing facilities and a food preparation area. They have direct access to an enclosed outdoor space. The children also have access to a nature garden in the school grounds. The service benefits from good transport links, nearby parks and local amenities.

The service operates during the school term only between the hours of 08:30 and 15:00 Monday to Thursday and 08:30 and 12:30 on Fridays.

The manager is also the manager of Stanwell Nursery School.

About the inspection

This was an unannounced inspection which took place on Monday 29 April 2024 until Wednesday 1 May 2024. Provisional feedback was given on Friday 3 May 2024 to the Manager and a representative from the Local Authority. Further information around safer recruitment was submitted to us by the service before feedback was concluded on 14 May 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 ten people using the service and received feedback from three of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents

Key messages

- Children were relaxed and comfortable with the staff team who supported them to access a variety of experiences, helping them to learn new skills.
- Staff communicated well with one another to ensure that children's wellbeing needs were met effectively.
- The staff team felt well supported by their leadership team helping them to provide good quality experiences for the children.
- Some aspects of the environment needed action to make these effective in preventing the spread of infection.

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?	3 - Adequate
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 felt safe as the staff team were responding well to their requests and non-verbal cues for support. Staff validated children's emotions and showed genuine affection for them helping them to develop trust in the adults who were caring for them. We saw that staff knew children well and celebrated their uniqueness. Children's wishes were respected by staff for example when they needed personal care. This helped children feel respected. Children were being supported to develop friendships in the service. Staff could continue to develop how they support children's empowerment in dealing with conflict.

Staff chatted with children throughout the session supporting children's language development. We saw some staff used hand signs or words from children's home languages helping children to feel safe. This could be further developed to provide consistent support to children throughout their day to promote effective communication in the nursery.

Children enjoyed choosing songs to sing, playing musical instruments together and playing group games supported by staff who were having fun supporting these activities whenever children requested them. This helped children to feel listened to.

We saw that families were given lots of information about their children's day when they were collected. Families told us that they are happy with the daily feedback and one commented "staff regularly update me about what my (child) likes to do and I can see they provide more resources related to (their) interests. (They are) given a lot of opportunities". Consideration could be given to how staff ensure that the information shared at handovers is accurate, for example the amount of food eaten at snack or mealtimes to support children's wellbeing.

Children's experiences at mealtimes varied during the inspection however these were mostly sociable experiences where staff sat with children and supported them to try healthy foods. Children were encouraged to serve themselves during some meals helping them to learn new skills. Some of the meal choices were not eaten by many children. The service should continue to review the menu to ensure that choices are in line with age appropriate healthy eating guidance. They should also continue to reflect on how meals are provided to ensure that these are positive experiences for all children. Staff told us they planned to introduce toothbrushing to support children to develop their dental health.

Children's medications and permission to administer medication's were stored securely in the service helping to keep children safe. The service had audits in place for medication which were not yet being used effectively in ensuring that all the details were included to keep children safe. For example these did not ensure that it was clear when emergency medication should be given and what steps to take if it was not effective. **See area for improvement one.**

Personal plans were in place for all children and were being reviewed with families regularly: however, it was not clear what was discussed or what parents' views are about how their child was developing. Where children had identified additional needs it was clear what strategies were being used to support them, this

was not clear for all children. Consideration could be given to sharing children's views in their personal plans.

Staff were clear in their roles in protecting children. For example they kept chronologies to support them to monitor concerns and provide consistent care and support. The service should ensure that actions are clear for staff when children fail to attend when they are expected to keep children safe.

Some children were sleeping in buggies during the inspection visits. The service should review their sleep practice to ensure that this is in line with current sleep guidance to keep children safe. **See area for improvement two.**

Quality indicator 1.3: Play and learning

Children were able to choose where to play and what to play during their time at nursery. Children were able to free flow to the outdoors for most of the day. This helped children feel empowered. Children were having fun and were allowed to play uninterrupted for extended periods. Further information around times when children's play was restricted has been outlined under the quality indicator 4.3: 'staff deployment'.

Children also had access to a nature garden local woods and parks, this was helping them to learn about their local community and nature. There was a variety of opportunities for them to choose from and children were confident making choices.

Staff supported children to have fun and engage in a range of play types during our visit. For example, during a rainy play in the garden staff added bubbles to a large tray and children enjoyed creating giant bubbles and popping them. Staff also supported children to play group games they requested like 'sleeping bunnies' which was a particular favourite. There was lots of singing during the day supporting children to develop their literacy. There were periods of the day where staff missed opportunities to extend children's learning, this has been outlined further under the quality indicator 4.3: 'staff deployment'.

Some areas of the nursery were inviting and encouraged creativity. We saw that staff adapted resources in areas which were underused to encourage children to try new things. Some areas could be further developed to allow children to be more creative, for example the craft area.

Staff responded to children's interests throughout the day adding to children's learning. It wasn't clear for all children where activities were supporting individual development. Staff could develop how they record and share where activities are planned to support individual children's progress. There were observations and next steps for development for all children, these could be further developed to ensure that they are significant for all children and will support them to progress.

Children were respected in the space by staff who saw them as individuals and promoted their right to play and be heard. Staff took time to listen to children and were supporting them to build life skills, like setting clear boundaries with peers when they were not enjoying their behaviours.

Areas for improvement

1. To support children's medical needs and overall health and wellbeing, the provider should review the recording systems in place for the management of medication. Systems including quality assurance processes must be consistent and effective to ensure children's safety.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. To support children's safety and wellbeing, the provider should review the practice and arrangements for children's sleeping to ensure that this is provided in line with current best practice guidance.

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

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's information was securely stored and well managed, staff were aware of where things should be and how to store them to keep relevant information available. Staff knew that many of the documents would need to be kept after children left in line with the information commissioners office guidance.

Staff worked well together to identify and reduce risks to children in the play spaces. Families collected children through the nursery garden gate. We saw that staff were vigilant about children's movements and followed procedures to reduce risks during collection times well, helping to keep children safe.

Staff followed infection control procedures in the preparation and serving of foods. Children were encouraged to wash their hands before meals, however, after lunch hand washing was not yet established in their daily routines. This should be reviewed to support the service to prevent the spread of infection.

Staff tried to provide children with comfortable and homely spaces. They had dens in the garden and some cosy rugs and pillows in the room. However, some of the resources were old and needed replaced for example the rug in the sensory space. Staff used the resources available to them to make the spaces developmentally appropriate for the children. The opportunities in the garden were limited due to solid play surface, we saw that staff made use of community resources to make up for the lack of natural resources and improve experiences.

The setting was looking tired and in need of maintenance to help children feel valued. For example there was chipped and peeling paint, damaged surfaces and spaces which were no longer in line with current best practice guidance for infection control. We saw from records that maintenance had been requested by the service and repairs had not yet been carried out. To support the wellbeing of children and staff this should be actioned as soon as possible. The nappy changing area, was no longer easy to keep clean, did not have adequate space to support children with potty training and did not allow staff to follow appropriate handwashing routines to prevent the spread of infection. **See requirement one.**

Requirements

1. By 20 August 2024 The provider must submit a plan demonstrating how they will improve the nappy changing and toilet area to ensure that staff can keep children safe and prevent the spread of infection.

To do this, the plan, at a minimum, must outline how provider will ensure:

- a) that staff have an adult height handwashing sink available in the nappy changing area.
- b) that there is enough space for children to be supported with potty and toilet training by staff.
- c) that all equipment and surfaces are in good order and can be cleaned effectively.

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 states that:

'If I require personal care, there is a suitable area for this, including a sink if needed (HSCS 5.4).' and 'I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11).

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

There was a shared vision for what the staff and management team wanted to provide for children and their families in the service. Leaders ensured that high quality play was central to their improvement planning.

Self-evaluation had been used to identify appropriate areas to develop in the service and implementing these would support positive outcomes for the children. This should now be developed to include assessments in line with best practice guidance, for example practice around safe sleeping, infection prevention and control and mealtimes. Consideration should also be given to auditing events like accidents to see when and where they happen and to whom, to support them to identify patterns and continue to reduce risk of harm in the service.

The management team routinely involved the staff in influencing change in the setting, staff felt respected by the management team. There were regular opportunities for practice discussions through daily catch-ups and team meetings, helping to ensure consistency of care for children. Staff told us they got feedback on their performance from managers, helping them to develop as practitioners. This was less clear from service records and could be further developed to show what had been identified and how improvements in practice had been monitored to ensure continued practice improvement. This would support children to have positive experiences which supported their individual development.

Children were encouraged to share their views throughout the day by staff. The consultation with children to influence change in the service was at the early stage and could be further developed to help children feel listened to and empowered. The staff and management team had identified this as an area they planned to work on in their improvement plans.

All parents who gave us feedback felt welcome in the service. Many spoke positively about their relationships with staff. Some parents told us they felt included in the service and some did not feel, however, that they have been involved in changing and developing the service. This was something which staff felt was important. They were at the early stages of developing how they could involve families more

meaningfully in the evaluation and improvement of the service. This had also been identified as a development area in the services improvement planning. Consideration should be given to how to reduce barriers for families to be involved in a meaningful way in the service to help them feel valued and respected.

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

The staff team were relatively new and were working well as a team to meet the needs of the children in their care. Staff told us that their inductions into the service had equipped them for their roles and that they felt supported well. Staff spoke positively about the leadership team and their support while moving into the new team. Leaders also felt supported in their roles, however, there was scope to improve induction or mentoring around the use of online systems and introductions to regulatory responsibilities for new leaders. This would support leaders to feel confident running the service in line with legislative requirements.

Staff told us they had regular opportunities to continue their practice development through regular learning opportunities inhouse, through in-service days and team meetings and externally where they identified courses which would support them. This helped them to feel respected and to provide positive outcomes for children.

The staff team were flexible and supported each other well throughout our observations. The staff told us that the management team supported them well, visiting regularly building positive working relationships. This helped staff to feel valued.

The staff communicated effectively with each other throughout the day highlighting any tasks which were taking them away from regular responsibilities to allow others to keep a closer eye on the children if needed. This helped to keep children safe.

During the afternoons we saw that the staffing levels were lower which meant that there were more missed opportunities to extend learning, due to staff supporting other children's needs. At times children's play had to be disrupted to allow for their needs to be met. For example during children's personal care, other children often had to be brought in from the garden. This meant that children's experiences were not as positive in the afternoons as they had been during the morning. **See area for improvement one.**

Areas for improvement

1. To support children to have consistently high quality experiences across the day the provider should review the staff levels and deployment to ensure that it meets children's needs effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people (HSCS 3.15) and 'People have time to support and care for me and to speak with me (HSCS 3.16).

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?	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?	4 - Good
4.3 Staff deployment	4 - Good

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