

Castleview Primary School Nursery Day Care of Children

Castleview Primary School
2d Greendykes Road
Edinburgh
EH16 4DP

Telephone: 01316 616 429

Type of inspection:
Unannounced

Completed on:
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Service provided by:
City of Edinburgh Council

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Service no:
CS2003041956

About the service

Castleview Primary School Nursery is registered to provide a daycare of children's service to a maximum of 64 children aged between 3 years and primary school entry at any one time.

The nursery is located within Castleview Primary School in the Craigmillar area of Edinburgh. The accommodation consists of two playrooms with kitchen areas and toilet facilities within each room and a foyer with direct access to a fully enclosed outdoor area. Children also have access to a separate room adjacent to the playrooms where they have lunch.

About the inspection

This was an unannounced inspection which took place on Tuesday 21 May 2024 between the hours of 9:35 and 16:30. We returned on Wednesday 22 May 2024 between the hours of 8.15 and 17:00 to continue with the inspection. 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 to and interacted with children using the service
- spoke with staff and the the head teacher
- observed practice, daily routines and children's experiences
- reviewed documents relating to children's care and the management of the service
- took into account feedback from 11 families via an online survey we issued.

We provided feedback to the head teacher, senior early years officer and the quality improvement education officer from the local authority on Friday 24 May 2024.

Key messages

- Staff demonstrated a professional, caring and supportive approach during their engagement with children.
- Children's wellbeing was supported as staff knew children in their care well. To further support this, some improvements were needed to ensure children's personal plan information and medication documentation were reviewed with families in line with best practice.
- Daily access to fresh air and outdoor experiences supported children's health and wellbeing.
- Quality assurance processes supported a continuous culture of improvement and helped promote positive outcomes for children. To further support self evaluation and enhance children's experiences, regular audits of information held, observations of the routines of the day and the environment were to continue.
- The deployment of staff ensured children's care and support needs were consistently and effectively supported throughout the day. To ensure the ongoing effectiveness of staff deployment, this was to continue to be monitored by the leadership team.

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?	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 experienced warm, caring and nurturing approaches from staff which resulted in positive relationships being established. Staff knew the children in their care well which meant that when they needed additional help, staff sensitively supported them. For example, providing help with clothing and activities as well as giving reassurance and cuddles when needed. Staff were respectful in their approach and took into account children's individual needs and preferences. For example, some children benefitted from individual or small group activities with staff which included art activities, block play, story telling and games.

Feedback we received from families about what they liked about the service included, "The staff are always there to greet you with a smile and a friendly ear if needed, staff are over all amazing with the children" and "The staff, the environment, how happy my child is to attend, the resources".

Mealtime routines had been developed to enhance children's experiences and help support a calm and relaxed approach away from the playroom. This meant that there were several sittings for lunch with children eating in groups with their keyworker. This helped provide a consistent approach and routine for children to encourage confidence, independence and opportunities to learn new skills. For example, children were able to self serve from the table and pour their own drinks. Staff engagement with children at mealtimes also supported social interactions, role modelling and assistance when needed. Staff were knowledgeable of how to keep children safe and this included minimising the potential of choking and also ensuring any dietary needs were met. We discussed the lunchtime routine and agreed that the leadership team would continue to monitor children's experiences. This would help ensure that the routine and timings were responsive to children's needs and supported an unhurried experience. For example, at times children and staff moved into the snack area of the playroom to have their pudding to make way for the next sitting.

Children's overall wellbeing was supported through the use of their personal plan information. For example, this included information about children's individual care and support needs, any strategies of support, dietary needs and any medical information. This information was reviewed with families which helped ensure this was kept up to date and to share information. Enhanced transitions sessions, home visits and links with other professionals also enabled staff to get to know families and respond sensitively to any care and support needs. New personal plan documentation was in the process of being implemented to further support the recording of information. Further progress was needed to ensure personal plan information reviews were carried out with families a minimum of once every 6 months in line with legislation and to also clearly document any changes made as a result. This would help ensure staff access up to date information quickly to support children to reach their full potential.

Where children had medication to support their needs, this was stored appropriately and systems supported the gathering of parental permission including details about dosage, signs and symptoms and the action to be taken by staff. Further progress was needed to ensure that all medication and associated information was reviewed with families at least every 3 months in line with best practice. This would help ensure that

accurate information was held and to ensure any medication would be replaced by families prior to any expiry dates (see area for improvement 1).

Quality indicator 1.3: Play and learning

Children benefited from a variety of play and learning opportunities both indoors and outdoors. For example, construction, loose parts play, water play, story telling, play dough and other sensory experiences. This meant that they could lead their own play and make choices from a range of experiences. Effective use of questions and discussions by staff helped extend children's learning experiences and their engagement. For example, arts and crafts experiments with paint mixing, planting seeds, block play constructions and outdoor play experiences.

Feedback we received from families about what their children liked included, "He has had the chance to plant, messy play which he doesn't like doing at home and using his fine motor skills a lot more. The staff are always trying to get him to try new things" and "Messy play, arts and crafts, learning about emotions and feelings, stories and songs, outdoor learning". Feedback about how the service could be better included "More trips in local community".

Children's skills in literacy and numeracy were supported and developed through a variety of opportunities and skilled interactions by staff. For example, discussions with children about emotions, story telling, matching games, play boxes and technology experiences. Support was also in place for families to extend opportunities at home including the use of bedtime books. Staff skills and the planning approaches meant that children's play and learning experiences were responsive to their interests and life experiences. This included taking into account children's ideas, comments and learning during their experiences. This was recorded through the use of photographs and information on displays, floor books and responsive planning tools. As a result, children were engaged and focused during their play.

Children's experiences and progress were assessed and evaluated on an ongoing basis by staff. This information was shared with families including observations of children's learning experiences and photographs to celebrate child's achievements and any next steps for learning planned for. For example, through the learning journal folders, consultation meetings and information shared online with families including newsletters. This helped ensure families were included and kept up to date with information about their child's play, learning and development and their experiences in the setting. Feedback we received from families included, "The staff send out observations and make time to catch up and let us know how our child is getting on, we are always welcome to look through their personal learning folders and they are always open to discussions on how to support our child" and "Nothing has been missed, every step has been talked through and we feel like we are in the know".

Areas for improvement

1. To ensure children's health and wellbeing, information about their medical or medication needs should be reviewed with families in line with best practice. Information should also be clearly documented to outline the expiry date of any medication, the signs and symptoms and the action to be taken to support their individual needs.

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?

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 2.2: Children experience high quality facilities

Children benefitted from a welcoming environment which was warm, well furnished and comfortable. There was also plenty of natural light and ventilation to support children's wellbeing. Children's safety was maintained by a secure entry system to the building and the garden was fully enclosed. Some garden fences adjacent to the gates were lower and this meant that there was the potential for children to be able to climb over. However, staff were vigilant and monitored these areas during children's play to ensure their safety.

The indoor and outdoors environments were continually assessed by staff to reflect children's interests and to identify any improvements needed to the layout and resources provided. This meant children had access to well presented spaces to support their stage of development, current interests and learning. A variety of soft furnishings and seating had also been used to support quieter, cosy areas within the playroom.

Children had the opportunity to play outside and be active throughout the day. Feedback from families outlined some of the outdoor experiences available for their child including "Sliding, swinging, running, cycling and much more" and "My child always has the option to play outside, she plays with water and sand, she climbs, jumps, runs, plays on swings and bikes and has the opportunity to plant flowers and learn about the natural elements."

Staff supported children to learn about risk and keep themselves safe in nursery. For example, they were reminded about the boundaries during their play such as wearing helmets before riding the bikes and also to learn how to use the climbing frame safely. We discussed that by involving children to risk assess the outdoor environment with staff each day, this could further help children to learn about keeping themselves safe.

Systems were in place to report any issues with the environment which meant that action could be taken to assess and address these. However, some aspects of the environment could be improved to further enhance and support children's experiences. For example, the provision of children's steps to access the nappy changing unit. This would help minimise the need for staff to lift children. The doors leading between the playrooms, foyer and outdoor space had high handles which children could not reach. Whilst staff had developed interim systems to help facilitate children to independently move across the environment, further progress was needed to ensure the suitability of the doors to support children's free flow experiences. Risk assessment information should be updated to outline any action taken or changes made to the environment.

Infection prevention and control practices such as regular handwashing helped support children's health and wellbeing. Although staff reminded children to do this throughout the day, staff should continue to monitor handwashing routines to ensure this was consistently and effectively being carried out. For example, after children go to the toilet as well as before and after eating. Further action was also to be progressed to help ensure the monitoring of the cleaning of soft furnishings and some equipment. For example, children's step stools and rugs.

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, values and aims for the service and these had recently been reviewed in consultation with families. This information had helped to inform staff practice and reflected the importance of ongoing engagement with families. Children's views and opinions about their care, play and learning were valued by staff and as a result, children were respected and included. Feedback from families about their involvement in the nursery included, "We have the chance to write down any ideas we may have in the floorbook", "Lots of parent involvement, play days and extra activities in holidays etc." and "Sharing different cultures and getting parents involved".

Families also had the opportunity to be involved in the service through stay and play sessions, family sessions, cooking, reading stories and consultation meetings. An improvement plan identified the priorities for the ongoing development of the service and this information along with newsletter updates and online communications were also shared with families. This helped ensure that families were kept up to date and had the opportunity to influence change within the setting. Feedback we received from families included, "More time at nursery with my child, more stay and play days", "More advance update system, i.e. an app where photos are uploaded with commentary on how their day has been" and "I've always said I'd like to see more up to date stuff posted on their twitter page. Just to show what they get up to a little more". The service reflected on this feedback and we discussed ways to support further information about children's experiences each day.

Quality assurance processes supported the leadership team and staff to assess and reflect on what worked well in the service and identify areas for development. For example, sharing of best practice and discussion through team meetings and daily debriefs as well as auditing children's personal plans and implementing peer and video assessments of staff practice. As a result, continuous improvements and the sharing of best practice information was supported. Regular individual meetings with staff also helped identify any areas of success or challenge and training that might support them in their role. Continuing with their self evaluation processes including regular audits of the environment, key routines of the day, medication and accident records, could further assist the leadership team and staff to support ongoing positive outcomes for children.

To ensure children's safety, recruitment processes were completed for new staff prior to them starting in the service. Staff inductions and training also helped ensure staff knowledge and awareness of their role and responsibilities including the safeguarding of children in their care. This meant that new staff knew who to contact in the event of any concerns. We discussed that developing the induction documentation would support a consistent approach and outline the timeline for the completion of different aspects of learning. For example, about what would be covered on the first day.

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 leadership team recognised the importance of ensuring the service was appropriately staffed to support

children's experiences throughout the day. There were procedures in place to support any absences via the school when supply staff were not available. At this time, staff worked together as a team to maintain quality experiences for children and support children's individual care and support needs. To further ensure the effectiveness of staff deployment throughout the day, this was to continue to be monitored and reflected upon by the leadership team. For example, during staff absences and lunchtime routines including staff lunch breaks. This could help identify any potential gaps and further ensure the continuity of children's indoor and outdoor experiences taking into account any individual strategies of support.

Staff names and photographs were displayed in the foyer to assist families to get to know who was caring for their child. Feedback we received from families included, "There always seems to be staff present in the rooms and outdoors engaging with the children", and "Lots of staff on hand and my child feels connections with them". However, some feedback also included, "There are a few staff members that we are closer to but at times we feel their is a lack of teacher/parent interaction" and "There have been times during my child's stay at the nursery that there wasn't enough staff to cater all the children". We discussed that where there are changes to staff including any supply staff or staff from the school, it would be beneficial for this information to be shared with families. This would ensure that they knew who to go to for support or information sharing in the event of other staff not being available.

There was a clear approach to identifying staff roles and responsibilities. For example, staff had responsibility for setting up and working within specific areas of the nursery each week. As a result, this helped support consistent practice and identify what was working well or any areas for improvement. When staff had to move to different designated areas of the nursery to support children, they communicated this effectively with their colleagues. This demonstrated staff understood the importance of their role and were flexible in their approach to team working to support positive outcomes for children. Some staff had the opportunity to be responsible for or develop their skills for key roles in the setting. For example, forest kindergarten experiences and dancing. However, due to staffing availability, regular opportunities for children to experience and not been possible and plans were in place for these to be progressed.

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?	4 - Good
4.3 Staff deployment	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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