

# Kirkhill School Nursery Day Care of Children

Cairngorm Gardens  
Kincorth  
Aberdeen  
AB12 5BS

Telephone: 01224 874 439

**Type of inspection:**  
Unannounced

**Completed on:**  
17 May 2024

**Service provided by:**  
Aberdeen City Council

**Service provider number:**  
SP2003000349

**Service no:**  
CS2003014439

## About the service

Kirkhill School Nursery is registered to provide a day care of children service to a maximum of 64 children, aged from three years to those not yet attending primary school.

The service is provided from a building within the grounds of Kirkhill Primary School in the residential area of Kincorth, Aberdeen. Children have access to two bright playrooms with integral kitchens and toilets. There is direct access from the playrooms to a large outdoor play area.

## About the inspection

This was an unannounced inspection which took place on 14 May 2024 between 09:15 and 17:45, on 15 May 2024 between 08:30 and 13:00 and on 17 May between 11:00 and 13:15. 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:

- spent time with children using the service and spoke with 11 of their parents/carers
- received five responses to our request for feedback from parents via MS Forms
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

**Key messages**

- Children experienced kind and caring interactions from staff.
- A serious concern letter was issued during the inspection as there were significant concerns around children's mealtime experience that required urgent action.
- Children enjoyed a variety of play and learning experiences.
- Improvements had been made to the learning environment to improve children's experiences.
- Children had regular access to outdoor play experiences which supported them to be active and healthy.
- Quality assurance processes should be further developed to support the improvement of the service.
- Staff were not always effectively deployed to meet the changing play and personal needs of the children throughout the day.

**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?	4 - Good
How good is our leadership?	3 - Adequate
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.

### 1.1 Nurturing care and support

Staff were kind and caring towards the children, which supported them to feel safe and secure. Positive attachments had been formed between staff and children, who had fun together. Children were comfortable with staff and were happy to approach them for help or cuddles throughout the day.

Children's overall wellbeing was supported through the effective use of personal planning. Plans included individualised information on children's needs and how these would be met. Families were included in developing and reviewing plans to ensure information was current and relevant. One parent commented, 'Staff are always happy to talk to us and note any change in circumstances.'

An area for improvement had been made at the last inspection in relation to medication. Medication was stored safely and securely and was easily accessible in case of an emergency. However, forms had not always been signed by parents when medication had been administered. A few children's medication forms had been filed incorrectly. This had the potential to compromise children's safety. We discussed this with management and immediate action was taken.

Children did not experience a sociable, relaxed and safe lunch time experience. Although staff sat with children, they were focused on tasks which meant some children were not effectively supported or supervised. Some children had too much food in their mouths and a few children swung on their chair, stood up or walked whilst eating. This increased children's risk of choking. As a result of our concerns we issued a serious concern letter to the provider on 15 May 2024. When we returned to the setting on 17 May 2024, we were satisfied that action had been taken to improve children's safety during mealtimes.

Children's safety and wellbeing was supported by staff's understanding of their role in identifying, recording and reporting any safeguarding concerns. Staff and management had undertaken relevant child protection training and a policy linking to current guidance was in place. Chronologies were used effectively to record significant events in a child's life that may impact on their health and wellbeing. Staff worked with other agencies such as the health visitor and speech and language therapy, to promote a continuity of care and access further support if necessary.

### 1.3 Play and learning

Most children had fun and were actively involved in leading their play and learning. Indoors children enjoyed making shape puzzles, playdough and drawing. Children benefitted from free flow access to the large outdoor area and explored the obstacle course, mud kitchen and hunted for insects. Play experiences promoted opportunities for children to play together, investigate and develop communication skills.

Opportunities for children to develop their skills in literacy and numeracy were available within some of the play experiences on offer. For example, some children enjoyed using the writing table to explore mark making and joined in with number songs. Books were available indoors and outdoors, with children taking time away to enjoy quieter story times or having stories read by staff. We discussed how the setting could develop resources further to promote literacy and numeracy throughout play experiences.

Although children had fun during play, there were some missed opportunities for staff to stimulate children's interest and enhance their learning. At times, staff had limited interactions with children and did not develop and sustain children's interests. This meant that at times, children's learning was not progressed. Staff would benefit from additional training to develop their understanding of their role within play. This would support children to develop their play and reach their full potential.

A new planning process had been implemented and was in the early stages of development. The manager was supporting staff with observation techniques to plan experiences that followed children's interests to enhance and extend learning. Staff were developing their confidence and understanding of the planning process to ensure a balance of responsive and intentional learning. Online journals shared with parents/carers informed them about their children's learning experiences and development journey. Some children had limited entries and next steps were not consistently logged to progress children's learning. Parents told us they would like more observations and feedback on their child's progress. One parent commented, 'I'd like feedback specific to my child.' Another parent said, 'I don't have access to my child's ILD.' We discussed this with the manager and were satisfied that a plan was in place to address this.

Children's health and wellbeing was supported by opportunities for fresh air and exercise. Children benefitted from walks within the school grounds, recent experiences included nature walks and litter picking. These experiences promoted children's sense of responsibility and connection with the local community. Management recognised the benefits of fostering community links and we discussed exploring ways of developing this further.

## 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.

Children were cared for in an environment which was clean, bright and welcoming. Attractive displays around the environment showcased children's work and creations. Children were involved and supported to display their art work. This promoted children's self-esteem and sense of belonging.

The indoor toys and materials were easily accessible to children. They were stored in clearly labelled baskets and low level shelving in playrooms. This meant that children knew what was available to them, supporting them to make choices about their play.

Staff had been working together to improve the learning environment to ensure children could explore and learn comfortably. Good quality blocks, books, clipboards and boxes were available in the construction area. Children had fun playing in the home corner. The addition of real life resources such as pots, pans, magazines and cookbooks helped extend their ideas and sustain interest. Some natural, open ended resources supported children's curiosity and creativity. These included cable drums, tyres and pipes. Children enjoyed the role play shop outdoors however resources in this area were minimal. This meant the space was not used to its full potential. The manager advised this was an ongoing area of development.

Cosy spaces were available which supported children's wellbeing. Comfortable adult and child sized couches, beanbags, rugs and cushions, created homely areas. A quiet sensory area had been created to provide an additional space where children could play or rest during a busy nursery day.

Children's safety was supported by the risk assessments which were in place.

These covered the indoor and outdoor environment as well as individual children's needs. The nursery was safe and secure with controlled entry and an enclosed outdoor area. Staff involved the children in daily checks by encouraging them to identify risk and consider how to manage it.

Overall, effective infection prevention and control measures were in place. Staff understood the importance of keeping the setting clean and supported children to wash their hands at appropriate times, such as before mealtimes or after toileting. This meant that children were protected from the potential spread of infection.

Children's personal information was stored securely in a lockable filing cabinet and any digital information was password sensitive. This ensured families privacy and confidentiality.

## How good is our leadership?

**3 - Adequate**

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

The service had a clear vision, values and aims which supported staff and families to understand what to expect from the service. The manager and staff should continue to make these visible and become embedded in practice.

There had been some changes to management and staffing since the last inspection. The current improvement plan was based on an action plan of key priorities identified at the previous inspection. This was in the early stages and demonstrated that the management team and staff were keen to improve children's experiences.

Most parents told us they felt welcomed and supported by staff. Parent and carer views had been sought on collection procedures, and they were welcomed into the service at drop off and collection times. Coffee mornings supported families wellbeing and activities such as Stay and Play sessions gave further opportunities for families to participate. Staff told us this was an ongoing area for development to further support partnership working.

Management aimed to formalise self-evaluation to help staff reflect on their practice to identify where changes could positively impact on children and families. We suggested using the Care Inspectorate: 'Quality framework for daycare of children, childminding and school-aged children' to help assess existing practice and identify areas for improvement. Supporting information can be found in the Care Inspectorate's 'Self-evaluation for improvement - your guide' document.

An area for improvement was made at the last inspection in relation to quality assurance. Systems were not fully embedded in practice to promote high quality outcomes for children and families. A quality assurance calendar was used and some processes had begun to impact positively on outcomes for children. For example, audits of safeguarding procedures and the environment. However, audits such as medication and mealtime experiences had not always identified the areas for improvement required to keep children safe and well.

## How good is our staff team?

**3 - Adequate**

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

The service had a new manager who was enthusiastic and committed to the continued improvement of the service. Staff told us they felt 'well supported' by management and more confident in their role and responsibilities. One staff member commented, 'The manager has spent considerable time and energy in nursery. I feel confident in approaching them for support and they check in on my wellbeing regularly.' This promoted a positive staff ethos within the service.

Children were supported by kind staff who cared about the needs of children and families, and were willing to develop their practice. Parents we spoke to told us staff were friendly and supportive. One parent commented, 'Staff are helpful and on hand if you need to chat.' This promoted positive relationships and communication with children and their families.

Children experienced care from a staff team that were familiar to them. Staff rotas, work patterns and regular supply staff supported consistent care for children. The staff team had a mix of skills and experience. At times some staff would have benefitted from more direct guidance and supervision. We discussed monitoring of staff practice with management who agreed to ensure all staff were competent and followed relevant guidance and procedures.

There were sufficient staff to meet the required staff to child ratio. However, staff deployment at times was ineffective to meet children's needs. There were limited opportunities for staff to be fully engaged in supporting children's learning and play as their attention was often needed elsewhere. As a result, learning opportunities were missed and some children lacked the support they needed. The lunchtime experience became task orientated rather than an opportunity for high quality engagement, learning and interaction. More efficient deployment of staff could further support staff wellbeing and improve outcomes for children. During our inspection process the provider and manager advised an additional staff member would be provided to support lunchtimes (**see area for improvement 1**).

Individual staff meetings with management had started. These helped provide direction, support and training opportunities to develop their skills and knowledge. Staff spoke to us positively about training attended on planning and observation methods, and how these had been put into practice.

## Areas for improvement

1. To meet the care and learning needs of all children, leaders and staff should work together to ensure effective supervision and quality engagement with children across the day. This should include but is not limited to, ensuring staff are deployed effectively to promote a safe and positive mealtime experience.

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

'People have time to support and care for me and to speak with me' (HSCS 3.16).

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 16 May 2024, the provider must ensure children are kept safe and healthy at mealtimes. To do this the provider must, at a minimum:

- a) Ensure children are effectively supervised and supported by staff during meal and snack times.
- b) Ensure staff have the knowledge and understanding of safe mealtime experiences and implement this in practice.

This is to comply with Regulation 4(1)(a) (Welfare of users). 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: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 15 May 2024.**

#### Action taken on previous requirement

Staff had been made aware of their responsibilities and understood the need to keep children safe and effectively supported during mealtimes. The mealtime experience was more positive. The number of children at each table had been reduced and tables had been rearranged so that staff could effectively supervise children.

Staff sat with children and gave appropriate levels of support when needed. Staff deployment had been considered to ensure consistent practice at mealtimes. The lunchtime procedure had been updated and shared with all staff.

**Met - within timescales**

#### Requirement 2

By 04 September 2023, the provider and manager must ensure robust safeguarding procedures are in place to protect children from harm.

To achieve this, the provider must ensure:

- a) The manager and staff are competent in and knowledgeable about national, local, and the service's own child protection procedures and 'Getting it Right for Every Child' (GIRFEC).
- b) Staff follow the service's own procedures when reporting to ensure appropriate action is taken. This includes the reporting of accidents and incidents.



This is to comply with Regulation 4(1)(a) (Welfare of users); Regulation 7(2)(c) (Fitness of managers); and Regulation 9(2)(b) (Fitness of employees) 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: 'I am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

**This requirement was made on 11 July 2023.**

#### Action taken on previous requirement

Staff attended regular child protection training and were aware of their responsibilities and the correct actions that they should take to safeguard children. The Child Protection policy reflected the National Guidance for Child Protection in Scotland (Scottish Government 2021). The manager had effectively completed quality assurance to support practice.

#### Met - within timescales

### Requirement 3

By 14 August 2023, the provider must ensure children are kept safe.

To do this, the provider must at a minimum ensure:

- a) The manager and staff are aware of the factors which raise the potential risk of children leaving the environment unsupervised and of unfamiliar adults entering the building and take action to prevent any occurrences. Effective risk assessments are carried out by competent staff.
- b) The playroom is furnished to support children's independence and choice. This includes areas where children's belongings are stored.
- c) Furnishings and fittings are safe and not broken.

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).

Supporting guidance includes: 'Keeping Children Safe - Look, Think, Act Campaign' (SIMOA). This can be found at: <https://hub.careinspectorate.com/>

**This requirement was made on 11 July 2023.**

#### Action taken on previous requirement

Staff were aware of factors which raise the potential risk of children leaving the environment. The Care Inspectorate SIMOA campaign had been used to support practice. A staff rota and identified person on door/

gate duty helped ensure unsupervised or unfamiliar adults could not enter the setting. Children's safety was supported by the risk assessments which were in place.

Playroom spaces were clean, well-furnished and supported children's independence. This included the storage of children's belongings which were stored neatly. Outdoors, the fence had been extended to close gaps and ensure an enclosed area.

**Met - within timescales**

## 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 support children's play and learning the manager and staff should ensure the environment is well resourced and inviting for children.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.23).

**This area for improvement was made on 11 July 2023.**

#### Action taken since then

A range of good quality resources were available for children to play with. These included some real life and open ended natural materials to support children's curiosity and creativity. Play spaces were well thought out and looked clean and inviting. The manager advised this was an ongoing area of development.

**This area for improvement has been met**

#### Previous area for improvement 2

To support children's learning and development, the manager and staff should ensure children experience high quality play and learning relevant to their age and stage of development.

This should include, but is not limited to:

- a) Ensuring staff are knowledgeable in supporting children's learning.
- b) Pick up and drop off times are not disruptive of children's play.
- c) Meaningful play experiences are planned to meet the needs of the children.

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

'As a child, I have fun as I develop my skills in understanding, thinking and investigation, and problem solving, including through imaginative play and storytelling' (HSCS 1.30).

**This area for improvement was made on 29 March 2023.**

#### Action taken since then

A new planning process had been implemented and was in the early stages of development. This included responsive and intentional learning experiences. The manager was supporting staff with observation techniques to plan experiences that followed children's interests to enhance and extend learning.

Pick up and drop off times were not disruptive of children's play. An identified member of staff supported children's drop off and collection.

A floor book recorded children's voice and evidenced recent planned experiences such as making bird feeders and planting seeds. Support strategies had been added for children requiring additional support in partnership with parents. These were evidenced and demonstrated in practice through the interactions between staff and children.

**This area for improvement has been met**

#### Previous area for improvement 3

To keep children safe, the provider should ensure the safe administration of medication. This should include, but is not limited to:

- a) Undertaking a full review of all medication to ensure details and records are up-to-date.
- b) Carrying out a review of long-term medication every three months along with parents.
- c) Ensuring staff are knowledgeable and competent in the safe storage, recording, and administration of medication.

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).

**This area for improvement was made on 29 March 2023.**

#### Action taken since then

Medication was stored safely and clear records were in place for administration of medication. This included detailed health plans where required. Plans had been signed and regularly reviewed along with parents. However, a few forms had not been signed by parents when medication had been administered. A few children's medication forms had been filed incorrectly. This had the potential to compromise children's health and wellbeing.

**This area for improvement has not been met and remains in place.**

#### Previous area for improvement 4

To keep children safe and promote their wellbeing, the provider and manager should ensure effective quality assurance processes are in place, including robust audits and monitoring of staff practice.

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).

**This area for improvement was made on 29 March 2023.**

### Action taken since then

A quality assurance calendar was used to support audits and checks to promote good practice. Some processes had begun to impact positively on outcomes for children. For example, audits of safeguarding procedures and the environment. However, audits such as medication and mealtime experiences had not always identified the areas for improvement required to keep children safe and well.

**This area for improvement has not been met and remains in place.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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