

Heathryburn Nursery School Day Care of Children

Heathryburn School
Howes Road
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Aberdeen
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Type of inspection:
Announced

Completed on:
1 May 2024

Service provided by:
Aberdeen City Council

Service provider number:
SP2003000349

Service no:
CS2003014442

About the service

Heathryburn Nursery School is situated within an annexe of Heathryburn Primary School in Aberdeen.

The service is registered to provide a care service to a maximum of 40 children aged between three years and primary school entry at any one time.

Children have access to a large playroom with easy access to an outdoor area, toilets and a multi-purpose atrium. The service is on a bus route and is near to local shops and facilities.

About the inspection

This was an announced inspection which took place between 13:00 on 29 April 2024 and 11:00 on 1 May 2024 with the Care Inspectorate and Education Scotland. The inspection was carried out with 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 to four of their parents/carers
- received 18 responses to our request for feedback from parents
- spoke with staff and management
- received seven responses to our request for feedback from staff
- observed practice and children's experiences
- reviewed documents.

Key messages

- Staff were friendly and caring and fostered positive relationships with families.
- Staff generally knew children well, and care and support had improved. This was, however, inconsistent and opportunities for supporting children were missed.
- Improvements to planning for learning had improved children's experiences. Staff should now continue to develop their skills in offering consistently meaningful learning opportunities.
- Improvements to the environment provided children with welcoming play spaces.
- Quality assurance practices were effectively improving children's outcomes and experiences.
- Staff missed opportunities to work together to fully meet children's needs.

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?	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. Whilst we identified some strengths, these only just outweighed weaknesses

1.1: Nurturing care and support

Most children benefitted from positive interactions with staff. Staff strived to support children with their feelings and when they noticed children were upset they cuddled and comforted them. There were however missed opportunities where children's cues went unnoticed by staff. This included some children seeking adult support, and one child who needed to rest. Some children lacked sufficient supervision, with one child spending time in the atrium unsupervised by staff. This meant a few children's needs were not met and risked the potential for harm when left alone in the atrium (see Area for improvement 1).

Families enjoyed positive relationships with staff, with parents commenting on the friendly, approachable staff. Children were well supported when starting at the service and parents told us staff took time over settling visits for their children. They spoke of being welcomed into the setting, and we observed a busy and productive family learning event during the inspection. This helped promote positive links between home and the service.

Children were cared for by staff who knew them well. Personal plans had been developed to provide staff with useful information and clear strategies to support children's care. These were reviewed regularly with parents as children's needs changed. Not all strategies were consistently followed, however, and some information was not available to all staff. This meant that children's care and support was not consistent across the setting.

Children's personal care was carried out sensitively. Children were supported to brush their teeth in groups, and staff respected their privacy and dignity when helping them change. This helped promote a respectful environment for children.

Mealtimes were a calm, relaxed experience for children. Staff sat with children, chatting with them and supporting them. Children were encouraged to be independent, serving themselves fruit and drinks and helping to prepare snacks. Staff were knowledgeable about children's nutritional needs and how to support these. These measures resulted in safe, pleasant mealtime experiences. Food was not always presented appealingly. For example, sandwiches and beans were served on the same plate. Children with a packed lunch were not provided with a plate and lunch boxes were set on the table. This did not support effective infection prevention and control procedures to help keep children safe and well. We discussed this with staff and improvements were made. Children were offered water during meals and throughout the day, in water bottles brought from home. Some children's bottles contained juice, which does not meet nutritional guidance. Management agreed to review this to ensure that children's nutritional needs were consistently met.

Children's wellbeing was promoted by the practices of staff in the setting. All medication was stored, recorded and administered safely. Staff were familiar with child protection procedures and the appropriate actions to promote children's welfare. This included working with other agencies, where appropriate, to help ensure children were being supported holistically.

1.3 Play and Learning - Adequate

Children had access to a variety of planned and spontaneous activities. Staff had improved planning for children's learning, and were being supported to further develop their skills in this area. Some children had their needs identified and planned for, for example, a "colour monster" activity supported newer children to talk about their feelings. We encouraged staff to continue to develop their skills in this area to ensure all children experience activities that are consistently stimulating and challenging.

Staff used observations to support planning for children's learning. Staff had been supported to develop their skills in this area, and some were more confident than others. We would encourage continued development in this area, to ensure that all staff are fully confident in identifying children's learning and next steps.

Children had opportunities to develop language, literacy and numeracy skills. Children were encouraged to enjoy books and staff modelled use of language during chats with children and storytelling. Children had contributed to making signs displayed in the setting, and books and environmental prints included different languages to reflect children's cultural backgrounds. Group work with some children supported their speech and language development. Whilst some children benefitted from opportunities to develop numeracy skills, these were not so well embedded. There were missed opportunities to promote children's skills in this area and we encouraged staff to continue to develop opportunities during daily routines and activities.

Children chose freely where they played, and who with. Staff joined in children's play, for example helping them to build in the construction area and reading stories. These interactions were positive, however, often missed opportunities to support children to extend their learning. Some staff did not pick up on children's cues and some children moved around the setting without purpose. This resulted in inconsistent learning opportunities for children (see Area for improvement 2).

Children benefitted from being part of the wider school community. Senior management had a regular presence in the nursery and children regularly accessed areas within the school. These included the gym hall, and the dining hall during children's transition into primary one. This helped promote continuity and familiarity with their surroundings. Next steps for the service would include developing links with the wider community to further enhance children's experiences.

Areas for improvement

1. To support children's wellbeing, the provider should ensure staff have sufficient confidence, knowledge and skills to supervise children effectively, recognise and respond to their cues and consistently use agreed strategies to support their care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: My care and support meets my needs and is right for me (HSCS 1:19).

2. To promote children's learning and development, the provider should ensure that all staff have sufficient confidence, knowledge and skills in supporting and extending children's learning.

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

4 - Good

We evaluated this key question as good. We identified several strengths, which impacted positively on outcomes for children and clearly outweighed areas for improvement.

Children enjoyed pleasant, welcoming surroundings. Some furnishings and fixtures had been recently replaced and all areas were bright and airy. The atrium, where the children's cloakroom was situated, provided a flexible space. This was also used for activities and children's mealtimes. Staff had developed the playroom, creating a comfortable, child friendly environment. Some furnishings were grubby, however, and children lacked cosy spaces to hide, rest and relax. We encouraged staff to continue to develop the environment to provide a consistently high standard across the setting.

Staff had developed the environment to provide children with developmentally appropriate play spaces. Areas were defined so that children knew how to use them, and resources were attractively displayed to promote choice and independence. Children were encouraged to explore sensory play resources such as sand and water encouraging children's interest and curiosity. Loose parts and real life items provided some opportunities for children to explore and use their imagination. Better support from staff in using these resources, however, would help children extend their interest and curiosity.

Children had freeflow access between indoors and outdoors. The outdoor area had been identified by the service as an area for development. Children enjoyed playing in the mud kitchen, where they had access to a range of interesting resources. They also had opportunities for developing physical skills by climbing and jumping on large cable reels and racing each other on bikes.

Children's safety was promoted by staff's knowledge and practice. They carried out risk assessments and followed agreed strategies when moving about the setting. Where children had specific support needs, these were taken account of to help ensure their safety and security. Infection prevention and control measures were in place and followed by staff. Children were not always, however, supported sufficiently during handwashing. We asked staff to ensure that this was supervised at key times, including after lunch and when coming in from outside to help protect children from the risks of cross infection.

How good is our leadership?

4 - Good

We evaluated this key question as good. We identified several strengths, which impacted positively on outcomes for children and clearly outweighed areas for improvement.

Children were cared for in a setting with clear values. These were communicated to children using child friendly characters and were demonstrated through the respectful interactions we observed throughout the inspection. The aims of the service mirrored those of the wider school and management told us they were planning to consult with parents to ensure their relevance to nursery. Management had a clear vision of the high quality of care and support they aspired to provide. This was communicated to staff through ongoing development sessions and daily support. These measures helped ensure a shared understanding of what to expect from the service.

Families had opportunities to give feedback and share their views. Parents were regularly asked to evaluate their experiences using challenge questions. We suggested adapting the language in these to make them more accessible to all. Children's views were reflected in some of their planned activities. Management told us they were exploring further ways of gathering children's opinions to ensure they were reflected in ongoing improvements.

Parents had opportunities to be meaningfully involved in the school community. Information about children's learning, community events and the school community was shared on notice boards. This helped keep parents informed and included.

Positive experiences for children were being supported by effective quality assurance practices. These included senior staff mentoring positive practice, and regular improvement conversations with staff. Some of these were in the early stages, and management were developing a shared approach to improvement throughout the staff team.

Staff were being supported to evaluate their own practice and outcomes for children. Identified areas for development were clearly recorded on an improvement plan, which aligned with priorities for the whole school and this was displayed for parents.

This cohesive approach to quality assurance and improvement was beginning to have a positive impact, with improved outcomes and experiences for children.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. Whilst we identified some strengths, these only just outweighed weaknesses.

Children were cared for by staff with a variety of skills, knowledge and experience. Senior staff were aware of the support that less experienced staff needed in their continuing professional development. This was provided through mentoring and training, with staff reporting increased morale and telling us they felt supported. Although this was having a positive impact, support for children was still inconsistent and staff should continue to develop their skills and knowledge to promote consistently high standards of care and support for children.

Children were generally supported well during transitions in and out of the setting. Staff communicated well with parents to share information about their children's day. When children started attending the setting, staff took a flexible approach to meet their individual needs. One parent told us they had been made to feel very welcome and reassured while their child was settling in. Some children's cues for support were missed, however, and we would encourage staff to continue to build on their skills and confidence in supporting children consistently.

The staff team had previously undergone significant changes and were now more settled. Staff's photos were displayed to help parents identify them and a keyworker system promoted positive relationships with families. Some parents were not yet aware, however, of all staff's names or who their keyworker was. Management intended to re-issue this information in different formats to help ensure all parents were well informed.

Children's care was promoted through staff understanding their roles. An effective induction supported new and relief staff. School staff helped at times when cover was needed, with the aim of building consistency and positive attachments.

We observed some inconsistencies in staff approaches to supporting children, and management agreed to make sure that all staff were aware of early years approaches to ensure consistently positive experiences for children.

Some staff communicated well to provide continuity of care for children. Staff passed on key information about the support some children needed, however this was missed for others. Some interactions were positive and offered children extended support whilst, at times, staff were task orientated and did not respond to children looking for adult attention. This resulted in varied outcomes for children across the setting (See Area for improvement 1).

Staff roles and responsibilities were well defined. Rotas helped staff understand where they should be and what they should be doing. Staff breaks were well managed to minimise disruption to children's routines. A focus on staff wellbeing helped promote a positive working environment where staff felt supported to fulfil their roles.

Areas for improvement

1. To support children's wellbeing, the provider should ensure staff have sufficient confidence, knowledge and skills to work together to ensure high quality engagement and supervision throughout the day.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me' (HSCS 1:19).

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

Requirements

Requirement 1

By 13 October 2023, the provider must make the proper provision for the health and wellbeing of children. To do this they must, at a minimum:

- a) Ensure children's personal plans contain relevant information and plans to support individual children.
- b) Ensure information gathered is used effectively by staff to support the health and wellbeing of children.
- c) Ensure all staff caring for children are consistently acting on agreed strategies to meet the health and wellbeing needs of children.

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 personal plan (sometime 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).

This requirement was made on 11 September 2023.

Action taken on previous requirement

Personal plans had been developed to provide staff with useful information and clear strategies to support children's care. These were reviewed regularly with parents as children's needs changed. Strategies to support children's health and wellbeing needs were followed with some missed opportunities for wider support.

This requirement has been met.

Met - outwith timescales

Requirement 2

By 24 November 2023, the provider must support children to reach their full potential through quality play and learning experiences. To do this they must at a minimum:

- a) Ensure play experiences develop children's skills in language, literacy and numeracy.
- b) Ensure children's play experiences are relevant, personalised and sufficiently challenging for their stage of development.
- c) Ensure quality observations and skilled interactions support children to reach their full potential.

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: 'I am supported to achieve my potential in education and employment if that is right for me' (HSCS 1.27).

This requirement was made on 11 September 2023.

Action taken on previous requirement

Children had opportunities to develop language, literacy and numeracy skills in their play. Staff had improved planning for children's learning, and were being supported to further develop their skills in this area. Some children had their needs identified and planned for. Further development was needed to ensure all children experienced sufficient stimulation and challenge and an area for improvement has been made.

This requirement has been met and an area for improvement has been made.

Met - outwith 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 health and wellbeing the manager and staff should ensure that all children experience everyday mealtimes that are relaxed, create meaningful and positive experiences and meet their individual needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 11 September 2023.

Action taken since then

Mealtimes were a calm, relaxed experience for children. Staff sat with children, chatting with them and supporting them. Children were encouraged to be independent, serving themselves fruit and drinks and helping to prepare snack. Staff were knowledgeable about children's nutritional needs and how to support these. These measures resulted in safe, pleasant mealtime experiences. We suggested some further improvements to how food was presented.

This area for improvement has been met.

Previous area for improvement 2

The provider, leadership and staff team should ensure the safe administration of medication. To do this the service should at a minimum:

- ensure that a clear policy is in place that covers all areas of practice as per guidance
- ensure staff are knowledgeable in how to follow the policy in place
- ensure that robust quality assurance of medication information and permissions is in place and meets the needs of children.

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

This area for improvement was made on 11 September 2023.

Action taken since then

All medication was stored recorded and administered safely. A policy was in place and regular audits identified any areas for development.

This area for improvement has been met.

Previous area for improvement 3

The provider, leadership and staff team should ensure children are cared for in an environment that is welcoming, homely and reflects their interests. This should include but not limited to:

- the environment and furnishings are well presented throughout
- play spaces offer a range of resources and materials to effectively challenge and stimulate children and reflect their current interests and curiosities, both indoors and outdoors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained furnishings and equipment' (HSCS 5.24); and '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).

This area for improvement was made on 11 September 2023.

Action taken since then

Improvements to the environment included the replacement of some furnishing and fittings. Staff had worked on creating a more stimulating environment where resources were well presented, promoting children's choice, interest and learning.

This area for improvement has been met.

Previous area for improvement 4

The provider, leadership and staff team should ensure that quality assurance along with regular self-evaluation leads to high quality, sustained improvements to children's experiences. This should include but not be limited to:

- improving staff's knowledge and understanding of the document 'A quality framework for daycare of children and childminding and school aged children' and use this as part of their self-evaluation work
- ensuring staff, children and families are meaningfully involved in evaluation and improvement of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can be meaningfully involved in how the organisation that supports and cares for me work and develop' (HSCS 4.6); and 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

This area for improvement was made on 11 September 2023.

Action taken since then

Quality assurance and self-evaluation practices had been developed to include all staff members. Families had regular opportunities to provide feedback to the service. These measures resulted in improved outcomes and experiences for children.

This area for improvement has been met.

Previous area for improvement 5

To ensure quality care for children the provider, leadership and staff team should ensure staff are consistently deployed in a way that meets children's needs. This should include but not limited to:

- all staff should ensure effective supervision and quality engagement with children
- lead staff should provide effective mentorship and guidance
- all staff should work together to make progress
- staff deployment practice ensures a good mix of experience and those with, knowledge of children are present when supervising groups.

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

This area for improvement was made on 11 September 2023.

Action taken since then

Steps had been taken to improve mentoring and support of staff. Staff were beginning to work together to effectively support and supervise children. Although there had been progress, there were missed opportunities where children were not effectively supported.

This area for improvement has therefore been met and a new area for improvement has been made.

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?	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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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