

Danestone Primary School Nursery Day Care of Children

Fairview Brae
Danestone
Aberdeen
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Telephone: 01224 825 062

Type of inspection:
Unannounced

Completed on:
30 May 2024

Service provided by:
Aberdeen City Council

Service provider number:
SP2003000349

Service no:
CS2003015698

About the service

Danestone Primary School Nursery provides a day care of children service to a maximum of 56 children at any one time, from 3 years to those not yet attending primary school.

The nursery is situated within a designated building in Danestone Primary School. An entrance area has a secured door and welcome area. This is currently not in use and families arrive and depart via a gate that leads directly into the outdoor play space which is closely supervised by a staff member. The playrooms provide spacious areas and are connected by a corridor. Both playrooms have direct access to an enclosed outdoor play space. The nursery is in the Bridge of Don area of Aberdeen and has access to local amenities and easy bus travel.

About the inspection

This was an unannounced inspection which took place on 28 May 2024, 29 May 2024, and 30 May 2024 between the times of 08:30 and 16:30. 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.

To inform evaluations we:

- Spoke with children and observed their experiences
- Spoke with staff and management
- Observed practice
- Received 13 online questionnaires from parents/guardians
- Spoke with eight parents/guardians
- Received three online staff questionnaires
- Reviewed documents
- Spoke with other professionals.

Key messages

- The concerns identified in relation to children's health, safety and wellbeing were reported to the provider during the inspection. Representatives from the local authority are supporting the service and submitted a detailed action plan within 24 hours demonstrating the actions they had taken.
- Not all children were effectively supervised to ensure their safety and wellbeing.
- Children were not always supported by staff to maintain high standards of infection prevention and control practices.
- Staff did not always demonstrate an understanding, or recognise, or respond appropriately to children's individual needs.
- Some children and their families did not experience a warm and welcoming ethos.
- Most children had fun at points during the day, enjoyed playing with their friends and the outdoor space.
- Most staff interactions did not sustain children's interests or extend their learning.

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?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

2 - Weak

We evaluated this key question as weak. Whilst we identified some strengths, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children, we made three requirements for improvement.

1.1 Nurturing care and support

Children were not kept safe as they were not effectively supervised or supported by skilled staff. A few children climbed on furniture, tables and a windowsill, and children were neither removed nor supported to consider their own safety. Children could easily access nappy sacks in the toilet area, which created a potential choking hazard for children. On one occasion a child ate fruit whilst climbing and playing. This increased the risk of harm from choking. It was reported to us by a parent that a child had recently been found unattended in a playroom putting the child at risk of harm (**see requirement 1**).

Some children and their families did not experience a warm and welcoming ethos. This impacted on building positive relationships and working together to meet children's needs. Some children were upset upon arrival and did not want to attend. Staff did not provide parents and carers with the support and reassurance needed to ensure their child felt secure. A few parents strongly disagreed they had a strong connection with staff. Their comments included, "Some staff fail to acknowledge parents when they enter the nursery." "None of the staff have significant connections with the children" and "I have no relationship with the staff." A few parents felt staff were friendly and commented they felt they knew their child's keyworker (**see requirement 2**).

Children did not always experience warm and caring interactions across the day. Some staff did not notice or respond appropriately to children's cues for help and support. Some quieter children were ignored and were not provided with the care and support they needed to help develop their self-esteem and confidence. At times, a few children were upset and did not receive the cuddles, nurturing care and support they need to feel loved and emotionally secure (**see requirement 2**).

Children were not well supported in their personal care when going to the toilet or when changing their wet clothes after playing. A few resilient children found support from their friends to wash their hands and change wet trousers. Children's runny noses were not wiped, and some dirty faces and hands were not washed after lunch (**see requirement 2**).

Children's overall wellbeing was not supported through the effective use of personal planning. Information to help staff meet children's needs was collated and most plans had been reviewed by parents. However, identified strategies to help children communicate, keep safe and support transitions were not known or followed by staff. This resulted in children not being provided with consistent care and nurturing approaches (**see requirement 2**).

Children did not experience positive mealtimes. The routine prior to lunch was disorganised and noisy. Children were offered lunches in small groups as part of a rolling lunch; however, this was not well managed to support their choice, independence, and safety. The tables were not always cleaned between children leaving and others sitting down to eat. There were enough staff to support children serving and eating lunch, however, they did not always position themselves to ensure children's safety and wellbeing. This limited staff's ability to support children with additional support needs as well as supervise and interact

with other children. Snack time was a large group activity where staff handed out fruit to children. This was not carried out in a respectful way (**see requirement 3**).

Children's sleep patterns from home were not well supported. Quiet activities to support rest and relaxation were limited. This resulted in a few children who were tired, easily upset and less keen to play (**see area for improvement 1**).

The impact of adverse childhood experiences was recognised by the management team and procedures were in place to help families receive the support they needed. Other professionals had been contacted to provide families with support. However, staff did not use this information to provide children with consistent care and nurturing approaches to help build family resilience.

1.3 Play and learning

Most children had fun at points during the day and enjoyed playing with their friends. They had formed close friendship groups and were resilient learners who led their own play. They were naturally skilled in problem solving and were curious and interested learners.

Children were not supported in their learning by skilled and knowledgeable staff. Observations and planning approaches to support children's learning were inconsistent in their quality. Some parents felt their child's development was rarely supported through fun and interesting play. Children's current interests and next steps in learning were not used to provide challenging and interesting learning experiences. The continuous play provision for children in areas such as the house corner and writing areas lacked resources and looked uninviting to enhance children's curiosity and imagination. This led to children not being effectively challenged to reach their full potential (**see area for improvement 2**).

Most staff interactions did not sustain children's interests or extend their thinking. Some quieter children were not provided with the support and encouragement to play with others. Children with additional support needs were not provided with consistent high-quality interactions to promote their independence and support their learning (**see area for improvement 2**).

Children had limited opportunities for learning in language, literacy and numeracy. Resources to support mark making and writing looked uninteresting and were not replenished throughout the day. There were some books available for children to read independently and with staff. Play experiences were not used as an opportunity to develop children's numerical skills and learning (**see area for improvement 2**).

Children's opportunities for play and learning were not enhanced through connections to their own and wider communities. This limited children's access to a wide range of resources to stimulate their play and learning opportunities. Children's achievements from home were not celebrated and parents were not well informed or involved in their child's learning. Parent comments included, "Seesaw posts are few and often irrelevant."

All of these concerns were raised with the manager and provider on 30 May 2024. They acknowledged this was not acceptable and they would take appropriate action to ensure the safety, health and wellbeing of children. The provider has also submitted a detailed action plan detailing the actions they have taken to address the concerns highlighted through the report.

Requirements

1. By 5 July 2024, the provider must ensure children are kept safe. To do this the provider must at a minimum:

- a) Ensure staff are knowledgeable about the individual care needs of children and use this to keep children safe.
- b) Ensure hazardous items are inaccessible to children.
- c) Ensure staff supervise and support children effectively to prevent them coming to harm.
- d) Ensure children are well supervised and not left in play areas unattended.
- e) Ensure a plan is in place to monitor staff practice and further develop staff knowledge and skills to identify risks for children and act when needed.

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) and Regulation 7(1)(a) (Duty on care service providers to ensure appropriate staffing) of the Health and Care (Staffing) (Scotland) Act 2019.

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

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

'I have confidence in people because they are trained, competent and skilled, and reflect on their practise and follow their professional and organisational codes' (HSCS 3.14).

2. By 5 July 2024, the provider must ensure children are supported with nurturing and loving care that meets their care needs and emotional wellbeing. To do this, the provider must at a minimum:

- a) Ensure children's up-to-date care and support needs are included within their personal plan and staff use this information to effectively support them.
- b) Ensure staff are well informed about the children attending and use this information to provide individualised and responsive care relevant to their needs.
- c) Ensure children are provided with warmth, comfort, and compassion.
- d) Ensure children are well supported in their personal care including when going to the toilet and handwashing.

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 (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

'As a child or young person I feel valued, loved, and secure' (HSCS 3.10).

3. By 5 July 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 that meals and snacks are a time for supporting children's independence, skills and social development and learning.

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 can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

Areas for improvement

1. To support children's health and wellbeing, the provider should ensure that children are provided with a warm, comfortable space for sleep and are given the nurturing care to aid rest and relaxation.

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); and

'The premises have been adapted, equipped, and furnished to meet my needs and wishes' (HSCS 5.18).

2. To support children's learning and development, the provider should ensure children experience high quality play and learning relevant to their age and stage of development. In order to do this, the provider should ensure staff are knowledgeable and trained in supporting children's learning.

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, investigation, and problem solving, including through imaginative play and storytelling' (HSCS 1.30).

How good is our setting?

2 - Weak

We evaluated this key question as weak. Whilst we identified some strengths, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children, we made one requirement for improvement.

Children were not always supported by staff to maintain high standards of infection prevention and control practices to keep them safe and healthy. Children's toilets were not maintained to a suitable standard throughout the day. Floors were dirty and wet creating a slip hazard, toilets were not clean or flushed, handwashing sinks, and soap dispensers were not always clean. Children were not effectively supported to wash their hands to promote their safety and wellbeing (**see requirement 1**).

Children did not always experience a setting that was comfortable and homely. Cosy, homely areas across the setting for children to relax and have some quiet times were lacking. A new sofa and seating area had recently been introduced; however, children often used this to climb and jump on rather than a place to snuggle and feel comforted. Wall displays within the rooms were often blank and displays that were available did not always represent children's individual work or learning. This did not support children to feel secure, nurtured or valued.

Recent changes to the room layout had begun to make some positive impacts to how children played and interacted with the space. Staff identified that children were now more engaged and supported to move

around freely. Children did not show respect for furniture or materials throughout the day. We observed children kicking drawers, climbing on furniture, throwing toys, leaving toys and resources lying on the floor. Staff did not intervene and provide role modelling to show children how to be responsible for the environment and resources.

Spaces for children did not always meet their needs. A sensory room was not well used for children who may have benefitted from a quiet space to be alone or have some one-to-one time with a staff member. Resources in the sensory room were not well thought out and lacked a clear purpose. The indoor play areas were at times lacking in resources to promote children's curiosity and learning. There were times when resources were not replenished or kept tidy throughout the day, such as access to play dough or arts and crafts. This meant that children did not have access to appealing and interesting activities. Some parents showed concern in these areas commenting, "I feel there could be a lot more resources out on offer for the children to flourish in their learning." "Play experiences are extremely limited" and, "I don't feel there has been very much experiences for my child to thrive off" (**see area for improvement 1**).

On day two of our inspection, both playrooms were open for children to access as well as the outdoor area. Children used the corridor connecting the two playrooms to run back and forth and play chase. This then created occasions where children would fall or create disruption to others that were playing within the rooms. Most children enjoyed the outdoor space throughout their time in nursery. Many children had fun and enjoyed the freedom to run, chase friends and use large loose parts and apparatus for climbing and jumping. Some children were naturally skilled in problem solving and enjoyed using guttering and other materials to create ways for water to run from the water tray. Some children enjoyed 'cooking' in the mud kitchen using the variety of utensils and resources available. There were many children who had accidents, falls and bumps while playing outdoors. This should be reviewed to find ways that this can be reduced and prevent children from harm.

The concerns identified were raised with the manager and provider on 30 May 2024. They acknowledged this was not acceptable and they would take appropriate action to ensure the safety, health and wellbeing of children. The provider has also submitted a detailed action plan detailing the actions they have taken to address the concerns highlighted through the report.

Requirements

1. By 5 July 2024, the provider must ensure children are kept safe through robust infection prevention and control practices. To do this, the provider must, at a minimum:

- a) Ensure children are effectively supervised and supported to wash hands following best practice guidance.
- b) Ensure that toilets and hand wash facilities for children are clean, and in a presentable state for children to use.
- c) Ensure staff understand and implement safe and effective infection prevention and control practices.

This is to comply with Regulation 4(1)(a) (Welfare of users), Regulation 4(1)(d) (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); and

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings, and equipment (HSCS 5.24).

Areas for improvement

1. To support children's developmental needs, and learning the provider should ensure there are appropriate areas, resources and materials to support children's interest, creativity and curiosity.

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); and

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings, and equipment (HSCS 5.22).

How good is our leadership?

2 - Weak

We evaluated this key question as weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

Ongoing changes to staffing meant that the service was in a period of unsettlement. As a result, important improvements had not moved at the pace hoped for by the management team. Weekly support visits from the local authority early years team provided additional support to the whole team and was well received by staff. .

The aims of the service included 'We aim for the nursery to be a friendly and nurturing place where you and your child feel welcome.' This was not reflected in most staff practice in a meaningful and supportive way. Staff did not work together as a team to meet the needs of the children. A staff charter had been developed to promote positivity and respect between staff, however, this was not yet impacting positively on outcomes for children and families.

There were limited opportunities for families to be involved in giving feedback of the service. Some parents we spoke with raised concerns about key areas of care for their child. We provided feedback of the comments raised by parents to the management team. Some feedback had been sought from parents regarding the recent change in layout to the playrooms. This was still new and had not yet had the time to be actioned. Parents we heard from had mixed responses when asked about this area of practice. One commented, "Have been asked for feedback but seen little suggestions implemented", whilst another added, "Views are sought regularly." **(see area for improvement 1).**

The management team had only been in post for a short time. Together they had prepared an improvement plan detailing some key areas of development and actions in how to move forward. There were significant gaps in quality assurance and self-evaluation was not yet making effective improvements to the outcomes and experiences for children and families. Inconsistencies in practice were not fully recognised and staff were not sufficiently challenged to improve and raise standards. These concerns have been highlighted throughout the report and requirements and areas for improvement have been made under the relevant Key Questions **(see area for improvement 1).**

We were made aware of an incident where a child had been left unattended in a playroom. This had not been notified to the Care Inspectorate as required. The provider/manager agreed to submit this retrospectively.

The concerns were raised with the manager and provider on 30 May 2024. They acknowledged this was not acceptable and they would take appropriate action to ensure the safety, health and wellbeing of children. The provider has also submitted a detailed action plan detailing the actions they have taken to address the concerns highlighted through the report.

Areas for improvement

1. To ensure quality care and experiences for children, the provider should ensure effective quality assurance and self-evaluation is in place. This should include but not limited to:

- a) Providing meaningful opportunities for staff, children and families to provide feedback that impacts positive changes.
- b) Providing consistent support and monitoring of staff practice.
- c) Ensuring that the improvement plan leads to continuous improvement.

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); 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).

How good is our staff team?

2 - Weak

We evaluated this key question as weak. Whilst we identified some strengths, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children, we made three requirements for improvement under section 'How good is our care play and learning' and one under section 'How good is our setting.'

The management team had only been in post for a short time. A full-time manager was allocated to the service to provide guidance and support for staff. At the time of inspection this was the first week of this arrangement being in place. There had been many changes of staff caring for children which meant there was a lack of consistency and continuity of care. Some families had commented on the high turnover of staff and felt it impacted on the care. Comments included, "Very concerning staffing issues there's always different staff. I feel there is just a few consistent staff members", "Staff change frequently" and, "I have a good relationship with key worker, don't know any of the other staff and seems to be different people in supply in a weekly basis."

Most staff were not yet confidently deploying themselves at key times of the day and in key spaces. Most staff did not recognise safety or wellbeing concerns or communicate and work together to support the children effectively. Staff were not well led and directed by the management team leading to gaps in interactions and poor outcomes for children. Staff did not take responsibility to supervise children at key times of the day, such as when visiting the bathroom. Staff were not aware of children putting themselves in danger, such as when climbing on the windowsill or tables or eating fruit whilst climbing (**see area for improvement 1**).

Staff did not always demonstrate an understanding, recognise, or respond appropriately to children's individual needs. Children did not receive consistent care throughout the day. For example, a few children received personalised care that was varied across the day as staff did not have the skills or experience to provide consistency. This meant that important care strategies were not always followed. When asked what would improve the service one parent commented, "Staff members should be more educated on how to engage with children." (see area for improvement 1).

These concerns have been highlighted throughout the report and requirements and areas for improvement have been made under the relevant Key Questions.

The concerns were raised with the manager and provider on 30 May 2024. They acknowledged this was not acceptable and they would take appropriate action to ensure the safety, health and wellbeing of children. The provider has also submitted a detailed action plan detailing the actions they have taken to address the concerns highlighted through the report.

Areas for improvement

1. To ensure quality care and the safety of children the provider should ensure that:

- a) Staff have the skills and experience to provide effective supervision and interactions with children that meets their needs.
- b) The staff team communicate well and are deployed effectively.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practise and follow their professional and organisational codes' (HSCS 3.14); and

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

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?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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