

Ellon Primary School Nursery Day Care of Children

Ellon Primary School Nursery Modley Place Ellon AB41 9BB

Telephone: 01358 281 090

Type of inspection:

Unannounced

Completed on:

21 June 2024

Service provided by:

Aberdeenshire Council

Service no:

CS2003015451

Service provider number:

SP2003000029



Inspection report

About the service

Ellon Primary School Nursery is registered with the Care Inspectorate to provide a care service to a maximum of 40 children, aged from three years to not yet of an age to attend primary school.

The nursery is accommodated within Ellon Primary School in the town of Ellon, Aberdeenshire. Children are cared for in one open plan playroom with access to a sensory room and separate dining area. The children have direct access from the playroom to an outdoor play area. The service is close to local shops, parks and other amenities.

About the inspection

This was an unannounced inspection which took place on 20 June 2024 between 09:30 and 17:00 and 21 June 2024 between the times of 08:30 and 13:00. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations we:

- Spent time with children using the service and spoke to seven 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 received warm and nurturing care.
- Medication and child protection processes and procedures had been improved and were in line with best practice guidance.
- Children did not yet fully benefit from an indoor play environment that was homely and comfortable with plentiful resources.
- Quality assurance processes had started to positively impact children's experiences.
- The management team and staff should further include families in the self-evaluation and improvement of the service.
- Staff were effectively deployed to meet the changing play and personal needs of 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?	3 - Adequate
How good is our leadership?	3 - Adequate
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?

3 - Adequate

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

1.1 Nurturing care and support

Children experienced warm, caring and nurturing interactions from staff. For example, staff comforted a child who wasn't feeling well, giving lots of cuddles and talking using a soft voice to calm and reassure them. The positive relationships that had been formed helped children to feel safe and secure. Most parents agreed they were happy with the care and support their child received. One parent said, "They clearly care about my child and have developed a close relationship with them."

Children's overall wellbeing was supported through the effective use of personal planning. Plans included individualised information shared by parents and joint working with other agencies where appropriate. Staff demonstrated how well they knew the children and were able to talk through strategies in place for children who required additional support. A few plans had limited information and staff were in the process of updating the format to support consistent recording. We discussed the importance of this being done in partnership with parents to effectively support positive outcomes for children.

Children experienced supportive interactions during personal care times such as nappy changing. Children were treated with dignity and respect and were encouraged to be independent. Nurturing approaches encouraged children to feel confident and secure.

Mealtimes were a relaxed, unhurried, social experience. There were opportunities for children to develop their independence and life skills through involvement in the preparation and serving of their food. Staff sat with children ensuring they were safe, and supported them to develop their language and communication skills through conversation. Children's health was promoted and parental preferences reflected through staff awareness of any allergies or dietary requirements.

Children's safety and wellbeing were promoted as staff showed a good understanding in their role of identifying, recording and referring any safeguarding concerns. Policies and regular training were in place to support this. Staff were confident in discussing how and when to involve other agencies to support children and their families.

Children were kept safe as effective systems for recording medication were in place. This included parental permissions, storage information and records of administration. Medications were stored appropriately, and staff were confident to discuss children's medical needs. Medication was audited regularly to ensure it was in date and still required.

1.3 Play and learning

Most children were engaged and seen to be busy at play. Indoors children enjoyed playdough, art and crafts and constructing using wooden blocks. Children enjoyed riding bikes and exploring an obstacle course outdoors. Play experiences promoted opportunities for children to play together, investigate and develop motor 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 art and craft area 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. The setting could develop resources further to promote literacy and numeracy throughout play experiences. We discuss this further under quality indicator 2.2, 'Children experience high quality facilities.'

Staff were responsive to children's needs and wishes, joining in games and providing resources to promote their play. Some staff effectively supported children's play and learning. However, some opportunities for extending children's learning through conversations and effective questioning were missed. This meant that at times, children's learning was not progressed (see area for improvement 1).

Staff used observations to support planning for children's 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 identified to progress children's learning. This meant not all children were sufficiently challenged with a range of high quality learning experiences relevant for their stage of development. Some parents told us they would like more information about what their child does each day and how they are progressing. We discussed this with the manager who agreed to develop this further.

Children's experiences were enhanced through some links with the community and visits to places of interest. During the inspection children spent time in local woodlands, exploring a natural environment and enjoying physical play. Parents spoke positively about visits to the local park and shops and told us they would like more of these types of experiences. These opportunities promoted children's health and wellbeing and connection with the local community. Management recognised the benefits of fostering community links and we discussed exploring ways of developing this further.

Areas for improvement

- 1. To support children's wellbeing, learning and development, the provider should ensure staff access training and development opportunities appropriate to their role, and apply this in practice. This should include, but is not limited to:
- a) Training in high quality interactions.
- b) Developing staff understanding of how to effectively observe and assess children's learning in order to plan quality learning experiences and meaningful next steps.

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 practice and follow their professional and organisational codes' (HSCS 3.14).

How good is our setting?

3 - Adequate

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

Children experienced a setting which was clean and well-ventilated with lots of natural light. Children's need to rest and relax was considered. This included a dedicated sensory space where they could sleep or explore

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the sensory resources. Staff supported children in the story corner as they enjoyed stories and relaxed on the soft seating. There was scope to add more warmth to some spaces, for example, with soft furnishings and lighting. This would create a more welcoming and homely feel for children.

Since the previous inspection changes had been made to the room layout and staff had begun to review their understanding of spaces for children. Staff had been allocated areas of responsibility and had been working to improve the learning environment. This was further developed in some play areas than in others and the manager advised this was an ongoing area of development.

Children were able to make independent choices about their play whilst indoors and outdoors. Resources were accessible and developmentally appropriate. Children were able to create models using good quality blocks at the construction area. Some natural materials such as shells, pine cones and herbs supported children's creativity at the playdough station. However, some areas looked sparce, uncared for and uninviting. This meant the space was not used to its full potential. For example, the sand tray contained only a small amount of sand, the water tray did not have appropriate resources and outdoor areas such as the mud kitchen did not have enough utensils. In discussion with the management team, we suggested other ways that the environment could be developed to help extend children's ideas and sustain interest. Such as increased numeracy and literacy items including measuring tapes, maps, calendars and food packets. An area for improvement was made at the previous inspection and has been carried forward (see area for improvement number 2 in the section of this report 'What the service has done to meet areas for improvement we made at, or since the last inspection').

Improved staff deployment ensured children were accounted for throughout the day. Children's safety was supported by risk assessments. These covered the indoor and outdoor environment, as well as individual care needs. Staff had reviewed the Care Inspectorate SIMOA materials to develop and refresh knowledge about how to keep children safe. Actions had been identified, such as children wearing coloured vests during outdoor play. Staff were beginning to include children in daily risk assessment. The characterisation of the wellbeing indicators, such as 'Safe Simon', supported children's awareness of their health and safety.

How good is our leadership?

3 - Adequate

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

The service had vision, values and aims which supported staff and families to understand what to expect from the service. The manager and staff should ensure they reflect the needs and views of current children, families and staff. This would support all stakeholders to feel valued and included.

The current improvement plan was based on an action plan of key priorities identified at the previous inspection. A quality assurance calendar was used and some processes had begun to impact positively on outcomes for children. The review of staff deployment ensured children were effectively supervised and audits of medication helped keep children safe and well. However, quality assurance processes were at an early stage to ensure high quality outcomes for children, and sustained improvement. For example, further work was needed to monitor the environment, accidents and incidents and staff practice to support children's play and learning. An area for improvement was made at the previous inspection and has been carried forward (see area for improvement number 3 in the section of this report 'What the service has done to meet areas for improvement we made at, or since the last inspection').

Policies were in place to support the effective running of the service and ensure that children's needs were met. Overall, these reflected current guidance and were regularly updated. However, there were several

occasions where the service did not notify the Care Inspectorate as required. We discussed this with management and signposted them to guidance, 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.' Notifying the Care Inspectorate of significant incidents supports discussions with providers that promote children's safety and wellbeing. Management agreed to take the necessary action.

Parental engagement was an improvement priority and the staff team were in the early stages of addressing this. This included a recent questionnaire to seek parents views, and some parents told us more regular Facebook updates had helped support communication. However, some parents disagreed they were involved in a meaningful way to help develop the service and did not feel well informed. We signposted management to 'Me, my family and my childcare setting (Care Inspectorate 2024)' to support partnership working.

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.

Children were supported by caring and friendly staff. They were warm and friendly in their approach which promoted a happy and secure environment for the children. Changes to management and staffing since the last inspection meant the staff team had continued to experience significant changes and challenges. One parent commented, "There have been staffing issues but the team have done their best to make sure the kids needs are met." Another parent said, "I think the team have done great with everything that has been changing this term."

The leadership team were visible and played a key role in promoting a positive staff ethos within the service. The management of staff rotas helped staff understand where they should be and what they should be doing. Staffing levels were maintained during busy periods of the day such as lunch times. This helped keep children safe. Planned breaks for staff were staggered throughout the day which minimised disruption to children's routines and ensured staff had the opportunity to refresh.

Children were supported by a staff team with a mix of knowledge and skills. Staff had completed core training and taken part in some additional training. Staff told us how recent training on vision support and moving and handling had developed and improved their practice. The induction process had recently been reviewed using the national induction resource which encouraged questions and reflection. Management agreed all recently recruited staff should complete this to support them to feel confident in their role.

Staff communicated well, sharing information to support the needs of children or when tasks took them away from their areas of responsibility. Staff were proactive in seeking help from colleagues and on hand to offer assistance when needed. Staff were respectful towards one another and told us they felt supported and worked well as a team. This demonstrated a positive working environment.

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

Requirements

Requirement 1

By 03 June 2024, the provider must ensure children are appropriately safeguarded and protected from harm. To do this the provider must at a minimum:

- a) Ensure the manager and staff have the appropriate knowledge, skills and experience necessary to protect children from harm, including the implementation of national, local and the services own child protection procedures.
- b) The manager and staff are competent in completing chronologies and use these to ensure appropriate action is taken to support children and their families.

This is to comply with Regulation 4(1)(a) (Welfare of users), Regulation 7(2)(c) (Fitness of managers), and Regulation9(2)(b) (Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations2011 (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 20 February 2024.

Action taken on previous requirement

The staff team and management had undertaken additional training, as a result staff were more knowledgeable and confident of their role in child protection and safeguarding procedures. Updated policy and clear procedures ensured children's safety and wellbeing was promoted. Chronologies were used to record significant events and management had identified further staff training to support effective recording. Staff spoken with were confident and clear on what action to take when reporting any concerns.

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 health and wellbeing, the provider should ensure children's personal plans contain relevant and up-to-date information and that staff are aware of and use this to meet children's needs, wishes and choices.

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).

This area for improvement was made on 20 February 2024.

Action taken since then

Each child had a personal plan in place which included individualised information shared by parents and joint working with other agencies where appropriate. Plans were reviewed and updated regularly to ensure current needs were reflected. Staff demonstrated how well they knew the children and were able to talk through strategies in place for children who required additional support.

This area for improvement has been met.

Previous area for improvement 2

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 20 February 2024.

Action taken since then

Staff had begun to review their understanding of spaces for children and spoke about their further ideas to continue development in these areas. Staff had completed enabling environment training and play spaces had been reconfigured. Some good quality resources were on offer, this included some real life and natural open ended resources. However, some areas did not look inviting and were lacking in resources such as sand and water trays. Further work was needed to improve the range of experiences and resources provided for children. In discussion with the management team, we suggested other ways that the environment could be developed, including, plants, real life materials, and increased numeracy and literacy items such as measuring tapes, maps, diaries and calendars.

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

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Previous area for improvement 3

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 20 February 2024.

Action taken since then

The manager discussed quality assurance measures which had been put in place. A quality assurance calendar was used and some processes had begun to impact positively on outcomes for children. The review of staff deployment ensured children were effectively supervised and audits of medication helped keep children safe and well.

However, quality assurance processes were at an early stage to ensure high quality outcomes for children, and sustained improvement. For example, further work was needed to monitor the environment, accidents and incidents and enhance staff practice to support children's play and learning. More time is needed to fully embed quality assurance processes to fully impact on children's experiences. We acknowledge progress and encourage the service to continue with the improvements made.

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

Previous area for improvement 4

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 that 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).

This area for improvement was made on 20 February 2024.

Action taken since then

The management of staff rotas helped staff understand where they should be and what they should be doing. Staffing levels were maintained during busy periods of the day such as lunch times. Staff communicated well, sharing information to support the needs of children or when tasks took them away from their areas of responsibility. This ensured children were effectively supervised throughout the day.

This area for improvement has been met.

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	4 - Good
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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