

St. Margarets Nursery & Preschool Day Care of Children

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Edinburgh
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Type of inspection:
Unannounced

Completed on:
26 July 2024

Service provided by:
St Margarets Nursery Limited

Service provider number:
SP2011011617

Service no:
CS2011298606

About the service

St. Margaret's Nursery and Pre School is registered to care for a maximum of 121 children, aged from birth to those not yet attending primary school.

The service is accommodated within a spacious mansion house to the south of Edinburgh city centre. On the ground floor there is a large welcoming entrance hall, four playrooms, kitchen and dining area, main office and toilet facilities. On the first floor there are three playrooms, kitchen area and toilet and nappy changing facilities. The nursery has three garden areas.

The service is in partnership with Edinburgh City Council to offer pre-school funded places.

About the inspection

This was an unannounced inspection which took place on 29 and 30 August 2023. The inspection was carried out by three 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:

- spoke with several children using the service
 - received 21 online questionnaires from families
 - spoke with staff and received seven online questionnaires from staff
 - received written feedback from four families
 - observed practice and daily life, including staff interactions with children
- reviewed documents.

Key messages

- Children were nurtured and cared for, by staff who knew children well and were responsive to their individual needs in a kind, caring way.
- Most staff were skilled in their interactions with children and they were responsive to children's cues.
- Children were fully engaged in their play and staff knew when to support and when to step back.
- Staff interactions and planning supported good outdoor experiences and positive outcomes for children.
- Children were confident and settled in their environment.
- Quality assurance systems should be further developed and embedded to ensure these are effective, maintain a safe environment and bring about positive change to influence ongoing improvements within the service.
- Deployment of staff took account of the skill mix and experience across all staff teams.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

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

How good is our care, play and learning?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

Quality Indicator 1.1: Nurturing care and support

Children received kind and compassionate care. Staff interactions were nurturing, respectful and responsive to children's needs and preferences. Families told us, "Very caring and nurturing environment for children. They are happy attending. The individual nursery staff in each setting are amazing and supportive and identify the individual needs of each child" and "The most positive aspects of my child's experiences in the service are the nurturing environment provided by the caring staff." As a result, children were happy and settled.

Observation of mealtimes across all playrooms highlighted some variation in experiences for children. In the Tweenies and Beanies playrooms, the transition into lunchtime and snack time was calm and mealtimes were unhurried, sociable, and safe. In other playrooms, transitions and lunch experiences for children were less positive. We made suggestions for improvements. For example, staff should provide alternatives for those children who they know will not eat the food on offer, so they can be included in the lunch experience with the other children. Staff took immediate action to improve these areas. Moving forward, we have suggested the service continue to review mealtimes to ensure children do not wait too long for their food, children's independence could be encouraged and staff should sit with children and provide support. The service should consider how menu planning, alternatives on offer for children and deployment of staff during mealtimes could be improved to support better outcomes for children (**refer to area for improvement under 3.1**).

Children's privacy and dignity was supported through effective use of personal care. Staff supported children's personal care to a good level using a respectful approach. Interactions were warm and caring with staff down at children's level as they provided the physical comfort needed. Children's emotional wellbeing was supported well.

Personal plans detailed strategies to support individual needs and track children's progress. These were completed in collaboration with families and other professionals through a child planning system in a holistic way to meet their needs and provide good outcomes for children. We could see that in most cases, there were updates recorded in various places to ensure care and support met children's changing needs. However, the service should review the recording formats to ensure that records are signed and dated by families, and they are formally reviewed at least once in each six-month period. Targets and next steps for children should link to good quality observations and planning (**refer to area for improvement under 3.1**).

A medication audit raised concerns about the management of medication. The manager responded immediately by rectifying the concerns including improving the storage and recording of medication. This ensured that good practice guidance was followed and medication was being managed to ensure the safety of children. Families were informed of the changes to the systems and processes. Moving forward, management should monitor medication to ensure these improved systems and processes are sustained and continue to support the health and wellbeing of children (**refer to area for improvement under 3.1**).

Quality Indicator 1.3: Play and learning.

Children had fun as they participated in a variety of experiences which were developmentally appropriate. Staff interactions empowered children to be fully involved in their play and learning. For instance, children's language, literacy and numeracy was supported by staff who were skilled in the use of open-ended questioning and provided interesting experiences that engaged children. Staff responded to children's cues and interests encouraging children to be curious and imaginative and to explore new ideas. Families confirmed, "My child has participated in diverse play experiences at the nursery, from imaginative role-play to outdoor adventures and collaborative games. These activities have sparked their curiosity and joy for learning" and "They have so many incredibly fun and creative activities for kids of all ages."

Staff had undertaken some quality observations; however, these were not consistent. Observations did not always link up with children's individual next steps or strategies, nor did they link with planning. All staff need to be more involved in planning, recording, and evaluating children's learning, to support high quality observations, strategies and learning opportunities. Online learning journals need to be reviewed and developed to ensure current practice guidance supports entries and information shared with families (**see area for improvement 1**).

Planning floor books were developed by staff and these included the voice of the child. We could see a range of children's experiences and outcomes as a result. Intentional planning was evident and although we saw some evidence of responsive planning, this needs to be extended. Management said, 'they had identified planning as an area for improvement'. We would suggest the service review and develop planning in the moment which should link to children's next steps and targets (**refer to area for improvement under 3.1**).

Links in the local community including the local adult care home supported children to visit and take part in activities including arts and crafts. This supported children to develop positive relationships with the adults they met.

Areas for improvement

1. To support children's play and learning, all staff should be more involved in planning, recording, and evaluating children's learning. Management should provide ongoing support to less experienced staff to ensure they can undertake good quality observations and are able to link these with children's next steps, strategies of support and planning for children's learning. In addition, all staff should be familiar with current best practice guidance, such as, 'Realising the ambition and Growing my potential'. This would support their knowledge in observing children, providing strategies of support and planning for their learning.

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

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

How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

2.2 Children experience high quality facilities

Children benefitted from a welcoming environment which was warm, well-furnished, and comfortable. Children's safety was considered throughout the building. A secure entry system and safety fencing at the entrance of the driveway were some of the ways children's safety was protected. The playrooms were well ventilated to support children's health and wellbeing. In some areas of the nursery strip lighting was too bright. We asked the service to reflect on lighting to provide a more suitable ambiance and calming environment for children, including the areas where children were sleeping. This would support children's emotional wellbeing.

Children were confident and settled in their environment. All spaces had areas where children could rest and have a quiet time. Furniture and resources were of good quality and developmentally appropriate for the children. Consideration had been given to the layout of the playrooms and spaces on offer. Resources were organised in a way that children could access them independently. This supported them to make choices and lead their own play. One family stated, "Great facilities, lots of activities and attentive staff."

We made some suggestions on how to improve the anti pre school environment both indoors and outdoors. We encouraged the service to increase the variety of resources on offer and the environmental print throughout. This will increase opportunities for children to be curious, imaginative so they can lead their own play, learning and development. For example, open ended play, such as, loose parts and natural materials which enhance children's imagination and support them to problem solve. Staff took immediate action, they reviewed the environment and created more stimulating spaces for children to play and learn. Moving forward, staff should continue to reflect and review children's play spaces to ensure these are stimulating and support good outcomes for children (**see area for improvement under 3.1**).

We identified some infection control concerns within the environment. For example, not all nappy changing facilities including toilets and hand washing sinks were clean and hygienic. Bins for nappies had lift tops rather than push pedals and not all nappy change stations had wipeable surfaces at the back. These need to be reviewed and action taken to keep children safe and free from infection. Moving forward, the service should follow and maintain good infection control practices (**see area for improvement 1**).

Some children were able to directly access the outdoor spaces from the playrooms. All children had the opportunity to play outdoors and be active throughout the day. Staff interactions and planning supported good outdoor experiences and positive outcomes for children. Staff were skilled in knowing when to support children and when to step back. This included staff implementing a risk benefit approach when children were involved in risky play. They reminded children about keeping safe when climbing and showing children how to problem solve when they asked for help. Consequently, this helped children to staff safe, manage risks and situations. Feedback from families outlined that "The outdoor space is wonderful" and "children experience outdoor activities daily, for example, tuff trays, water play, walks, gardening, games, bikes/ scooters, nature play, climbing frames, with swings, messy play, reading books including going to the library."

The management team informed us they had planned further developments of the garden spaces.

Moving forward, management could provide training and support staff with good practice guidance to reflect on outdoor experiences for children and plan the outdoor space to maximise those experiences to support. We directed the service to 'Out To Play' practical guidance, which can be found at www.gov.scot

Areas for improvement

1.
To keep children safe and free from infection, the service should follow and maintain good infection control practices. For example, all nappy changing facilities including toilets and hand washing sinks should be clean and hygienic. Bins for nappies should have push pedal and not a lift top, and wipeable surfaces should be at the back of all nappy changing stations within the service.

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

'My environment is safe and secure' (HSCS 5.17).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

3.1 Quality assurance and improvement are led well

The service had recently reviewed and developed their vision, values and aims in consultation with children, families, and staff. Children's voices were evident through a visual rainbow. This helped to foster open communication, collaboration and created a sense of shared responsibility. Moving forward this information should inform staff practice and reflect the importance of ongoing engagement with families. The parent/carer committee created opportunities for consultation and involvement that influenced some change for improvement in the service.

The service requested families to drop off and collect their children from the main entrance door at specific times of the day. Families were met by staff who shared information about their child's day. Families had provided feedback to the service through questionnaires. They told us, "Drop off and pick up take too long" and "Parents should be let into the nursery to see the children's rooms, and stay and play session during working hours is completely insufficient and does not give parents enough regular insight to life at the nursery." The setting would benefit from reviewing this approach to strengthen relationships and foster stronger connections between families, allow them to observe their child's learning environment, and strengthen safety within the service. We signposted the service to the practice note, 'Me, my family, and my childcare setting' Care Inspectorate (2024), which highlights the importance of families being physically present in their child's setting. This would improve children and family experience of being included and valued in the service.

An improvement plan and quality assurance calendar were in place highlighting relevant improvement actions to support the ongoing development of the service. However, there were some gaps in the service. These included monitoring the management of children's medication, lunches, children's play spaces, and planning for children's learning.

We appreciate the management team acted during the inspection to make some immediate changes for the safety and wellbeing of the children. Moving forward management should develop and embed effective monitoring and quality assurance systems to maintain a safe environment, and bring about positive change to influence ongoing improvements within the service. This would contribute to improved outcomes for children (**see area for improvement 1**).

The manager was developing into a strong leader and was supporting a positive culture across the team. They had worked hard to implement a self-evaluation and responsive leadership folder which supported them to reflect respond, and move practice forward. This work was in it's initial stages and should be continued to support improvements across the service. We would encourage the manager to explore delegating leadership across the management team. This would enable the manager to develop more of an auditing and monitoring role, and would enable senior staff, for example, to take on more shared responsibility. This would allow the team to work more effectively in providing a high quality service and positive outcomes for children.

The service should consider ways for staff to be supported to self-evaluate and critically reflect on their practice. For example, developing a system for formalising reflections, such as, using the morning meetings to chat through reflections and improvements that could be tried or developed. This would further support staff to think critically about their practice and how they might improve. Management would benefit from staff being able to develop their expertise across the setting. This would empower them to develop their own skills and knowledge and further establish professional relationships across the team.

Management were made aware of the importance of completing relevant notifications to Care Inspectorate (CI) to ensure children's wellbeing and keep them safe. Moving forward, the provider should ensure they submit notifications, including any child protection concerns to Care Inspectorate in accordance with "Records that all registered care services (except childminding) must keep and guidance on notification reporting". (Care Inspectorate 2012 - amended April 2020).

Areas for improvement

1. To support continuous improvement of the service, management should continue to develop their quality assurance processes, including monitoring and improvement planning. This should include, but is not limited to, monitoring of medication, children's lunches, play spaces and planning for children's learning.

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

'My environment is secure and safe' (HSCS 5.17).

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

4.3 Staff deployment

Staff had developed respectful working relationships. They had created a positive atmosphere supporting children to feel safe and secure. Staff said they felt supported by the leadership team, colleagues they worked closely with and the wider team. Families provided positive feedback about the staff team. Their comments included, "Staff are friendly, kind and professional" and "Staff genuinely care about the children and form connections which persist even after they move rooms."

The management team recognised the importance of ensuring the service was always appropriately staffed. They managed staff shifts, breaks and absences to a good level. This had ensured the balance of skilled and qualified staff were always available to support the overall wellbeing of children. Staff communicated well most of the time to ensure the supervision of children across the day. Moving forward, staff need to consider where they deploy themselves throughout the day, to support and provide better outcomes for children in their care.

Management were considering the wellbeing of staff, for example, wellbeing plans were in place and were reviewed and developed through 1:1 meetings and star of the month, which demonstrated an appreciation for staff. Staff were responsive and took on our suggestions for improvements. For example, they reflected on our discussions and took action to improve children's mealtimes, and the environment in the anti pre school room. Furthermore, they took action to improve lighting to support a calmer environment for some children. This positive action provided better outcomes for children and should be maintained.

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

Monitoring of staff needs to be further developed to ensure systems and processes are robust, and children are safe. Furthermore, the provider should ensure they submit notifications to Care Inspectorate in accordance with "Records that all registered care services (except childminding) must keep and guidance on notification reporting". (Care Inspectorate 2012). This would ensure Care Inspectorate were notified of all accidents and incidents to children within the required timescale of 24 hours.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organization having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 9 August 2023.

Action taken since then

Systems were developed and used to monitor staff practice.

The service had not notified CI about two child protection cases. We reviewed all CP paperwork, and everything was recorded appropriately.

The correct professionals social services and Police had been contacted. However, the service had not submitted notifications to CI. We have asked the service to do this retrospectively. This will be noted in the report under **3.1 Quality assurance and improvement are led well.**

Previous area for improvement 2

To keep children safe, the provider must ensure deployment and levels of staff are effective.

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

'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 9 August 2023.

Action taken since then

Staffing levels met requirements across all levels of the nursery. Numbers of staff are higher than minimum ratio. This supports the care and support of children in keeping them safe. The deployment of staff took account of the skill mix and experience across the staff team. Busier times of the day, such as lunchtime, were planned for. Additional staff to cover lunch breaks. Children had lunch together in their own playrooms or dining areas. It was hard to identify when staff left for breaks. Those we did see checked to make sure children and other staff were ok before leaving. **This area for improvement was met.**

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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