

# Insch School Nursery Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
4 September 2024

**Service provided by:**  
Aberdeenshire Council

**Service provider number:**  
SP2003000029

**Service no:**  
CS2003015714

## About the service

Insch Primary School Nursery is a day care of children service. They are registered to provide care to a maximum of 60 children. The age range of the children will be from 3 years to those not yet attending primary school. There were up to 28 children attending the service during the inspection.

The nursery is part of Insch Primary School and is delivered from the school buildings in the centre of Insch. It is close to local amenities such as shops and woodland parks. Children are accommodated in two rooms. They have access to two cloakroom areas and a larger enclosed outdoor play area.

## About the inspection

This was an unannounced inspection which took place on 3 and 4 September 2024 between the times of 09:00 and 18:10. 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 and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service and two of their parents/carers
- received 22 completed questionnaires
- spoke with staff and management
- observed practice and daily experiences
- reviewed documents.

## Key messages

- Children's confidence was supported through caring interactions with staff.
- Children were able to lead their own play through their independent choice of resources and where to play.
- The process of planning for and tracking children's learning should continue to be developed until it is embedded into practice.
- Systems should be put in place to effectively identify and remove hazards in the outdoor area.
- Children benefitted from an ethos of improvement from a staff team which was committed and enthusiastic about their roles.

## 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?	3 - Adequate
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 evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### Quality indicator 1.1: Nurturing care and support

Children benefitted from caring and positive interactions from staff which supported their confidence. This included being comforted, encouraged and praised. Parents who responded to our request for feedback, told us that they were happy with the care their children received. Staff were confident when discussing individual children's needs and preferences. This knowledge supported them in providing individual care for children.

Children's confidence and independence was promoted during personal care routines. There was time allowed for children to be independent, for example, when changing into outdoor clothes or wiping faces after lunch. Nappy changing procedures were not observed but documents and discussions with staff showed these followed individual routines for children. Children's privacy during toilet visits could have been better supported. For example, by supporting children to close the toilet cubicle doors to protect their own privacy.

Children enjoyed meals and snacks which were nutritious, promoting their health and wellbeing. Children had opportunities to serve their own side dishes and drinks, promoting their self-help skills. Further opportunities to participate in preparing food was offered at snack time, when children could help cut up the fruit. Staff and children chatted while children were eating. Most interactions were around the food children were eating. To maximise the opportunity to encourage communication and build relationships staff should extend the topic of discussion to reflect children's interests. For most of the time staff sat with or were near children while they were eating. Staff focus was not always on the children at these times, for example, staff were serving or beginning to clear away while children were still eating. Staff roles at this time should be developed to ensure children receive consistent support and interactions throughout snack and mealtimes.

Most children's overall wellbeing was supported by the use of personal planning. Plans for each child contained information to support their health and wellbeing. Information was regularly reviewed with parents, ensuring it was up to date and relevant. Where children may need further support separate plans were in place to meet these needs. These did not always contain enough detail about the strategies of support being used. Developing this will help staff give consistent care and for the impact of strategies to be evaluated. Most parents agreed that they were involved in their child's care and in reviewing their personal plans.

Children's health was generally supported by the processes in place to manage the administration of medication. Currently medication was stored in a locked cupboard and labelled with children's name. We suggested that medication be stored in individual zip lock bags labelled with child's name and date of birth. This will mean medications are stored in line with current guidance to support children's health. One medical care plan had not been reviewed within the appropriate timescale. The child's personal care plan had been reviewed within this period. The manager agreed to ensure that all medical care plans have recorded reviews at least every three months.

To support children's health and wellbeing good links had been formed with other agencies involved in children's care. This included health visitors and other nurseries which supported a consistent approach to caring for children.

Children's safety and wellbeing was supported through staff understanding of their role in safeguarding children. Staff had attended child protection training and were confident in discussing procedures they should follow. A policy was in place for staff to further support staff practice and parents' awareness.

### Quality indicator 1.3: Play and learning

Children were having fun and were engaged in their activities during our visits. There were spontaneous and planned play experiences in place to support their learning and development. This included a variety of activities including imaginary and sensory play, storytelling and creative play.

Children's learning was beginning to be supported by the process of planning. This system was relatively new and yet to be fully embedded for all staff. Observations of children's experiences were recorded and shared with parents via an online app. These were becoming more focused on children's individual learning rather than group experiences. While the quality of observations was generally good not all staff were consistently identifying children's learning or planning next steps to promote progression. Where next steps had been identified, including further detail on strategies to be used would support staff in promoting progression. There was a system in place to track children's overall learning experiences, but this was at the early stages. The management team had identified that there was development needed for planning for children's learning and this was included in their improvement plan.

Children were able to lead their own play. Independent access to a range of resources supported children's choice and independence on where and how to play. Children were confident in moving around their environment and approaching staff for support. Staff were responsive to children. Staff participated in children's role play and facilitated the extension of activities such as bubble making during water play. Staff interactions supported children's learning, for example, children were asked to consider what they were doing and problem solve. The use of open-ended questions and commentary supported children to express their choices and feelings.

Children's communication and literacy was supported through discussions with staff, spontaneous singing or storytelling and opportunities for mark making. Staff who were making notes involved children in what they were doing, supporting their awareness of purposeful writing. Some staff were naturally using number and numerical language in their interactions such as counting and measuring. This supported children's numerical skills.

Children's awareness of and confidence in their local community was supported as they accessed local amenities. This included local shops, library and green areas. Visits to a local care home had supported intergenerational relationships and benefitted children and older people.

## How good is our setting?

### 3 - Adequate

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

### Quality indicator 2.2: Children experience high quality facilities

Children were relaxed and comfortable in the environment. The playrooms were homely and comfortable.

There was plenty of natural light and ventilation, supporting children's wellbeing. The use of soft furnishings such as sofas, rugs and cushions promoted the homely atmosphere and provided comfort.

Indoor resources were well-maintained and included real life items such as balance scales and dressing tables to support children's play. The playrooms were arranged into zones, promoting children's choice about how and where to play. At times some of the areas could become overcrowded which may be overwhelming for individual children. We discussed this with the management team who were observing the use of areas and have been changing them to support children's positive experiences. Children could access the outdoors freely, supporting their wellbeing through active play and exercise. There were further zones in the outdoor area providing space for active and quiet play. This included loose parts and a more natural wooded area with dens.

The indoor resources and areas were secure, generally well-maintained and supported children's safety. There was secure entry to the nursery through the school. The outdoor area was accessed by gates which were locked when children were outdoors.

Outdoors there were potential risks to children such as rotted wood in some structures which left protruding screws and nail heads. When we raised these issues, immediate actions were taken to remove the items identified.

Risk assessments were in place and detailed to support children's safety but had not been fully implemented. This meant that hazards had not been identified outdoors. This included broken resources, water which had gathered in resources and placement of resources against the fence. Action was taken immediately following the inspection to address these issues. However, systems should be put in place to ensure children's safety through the identification of hazards and good maintenance of resources (**see area for improvement 1**).

Children's health was supported by systems in place for infection prevention and control. This included hand washing for children and staff at appropriate times and cleaning of surfaces. Staff were clear about their role in maintaining a clean environment and schedules and policies were in place to support practice.

The privacy of children and their families was supported by the secure storage of information.

## Areas for improvement

1. To promote positive and safe experiences for children the provider, manager and staff should ensure that arrangements for monitoring, maintenance and repair of the outdoor areas and resources are effective. This should include but not be limited to:

- ensuring that risk assessments are effective in identifying hazards
- that resources are well-maintained
- that any broken or unsafe resources are removed.

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 premises, furnishings and equipment' (HSCS 5.22).

**How good is our leadership?****4 - Good**

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

**Quality Indicator 3.1: Quality assurance and improvement are led well**

The vision, values and aims statement for the service had recently been reviewed with staff and parents. This was displayed, helping parents and visitors see what was important for the service.

Children were benefitting from an ethos of improvement where the whole staff team had opportunities to influence change. Most parents told us they felt involved and included in the development of the service. There were opportunities for parents to provide feedback on changes and make suggestions for further improvements. Children's voice was being captured through scribed comments during discussion or observations of their engagement with resources and activities. Plans were in place to develop systems to capture children's views further for use in the development of the service.

Monitoring of the care and support provided was carried out and used to inform the improvement plan in conjunction with feedback from parents and other professionals. Auditing was part of the monitoring system and had been used to identify where improvement was needed, for example, in planning for learning. However, some of the audits had not been effective in identifying where improvement was needed. We suggested that recording of audits should include more detail around the findings and actions arising. This will enable their effectiveness to be monitored and promote the progression of improvements.

Children had benefitted from improvements made, for example, changes to the mealtime routine had resulted in a more relaxed and unhurried experience for children. Plans were in place for further developments including the planning and tracking of learning, staff deployment and family engagement. While the plans were detailed and should support change we suggested including relevant timescales to promote progression. This should include reviews which may help identify and overcome any barriers to planned improvements.

**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.

**Quality indicator 4.3: Staff deployment**

Children's care and wellbeing was promoted as there were enough staff to meet their needs. The manager recognised the importance of having appropriate levels of staff as being essential to children's wellbeing. There was a balance of skills and experiences within the staff team, who were enthusiastic about their roles. The manager and relief staff covered staff absences. Systems were in place to share information on children's needs with those staff providing cover. This supported continuity of care for children. All parents agreed that they had a connection with the staff caring for their child.

Children were welcomed into the service and time was taken at the end of the day to share information with parents about children's experiences. Most parents agreed that communication within the service was good, although some commented they would welcome more detailed feedback.

At most times children benefitted from supportive interactions from staff, which facilitated their safety and

wellbeing. However, there were times when this could have been better. For example, consistently sitting with children who were eating or noticing when extra support may be needed when children were in the toilet.

Some staff communicated well when tasks took them away from the children, ensuring children still received the support they needed. There were times though when communication could have been better. For example, when staff were supporting children who were going between indoor and outdoor areas. Walkie talkies had been provided to support communication between staff who were outdoors, but these were not consistently used.

Systems were in place to promote opportunities for staff to share experiences and ideas. This included emails and WhatsApp groups due to staff varying shift patterns. An induction folder was available for new or relief staff to help them in knowing children's needs. Staff told us they felt well supported but that they would welcome the reinstatement of regular individual meetings with the manager. This will promote staff wellbeing and continuous professional development.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
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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