

Hopefield Castle Nursery Day Care of Children

The Nursery at Brixwold
Cockpen Road
Bonnyrigg
EH19 3HS

Telephone: 01316295005

Type of inspection:
Unannounced

Completed on:
15 October 2024

Service provided by:
Newbyres Nursery Ltd

Service provider number:
SP2015012549

Service no:
CS2021000195

About the service

Hopefield Castle nursery is an early learning and childcare setting situated in the area of Bonnyrigg, Midlothian. It is registered to provide a care service to a maximum of 66 children aged between 2 years and primary school entry at any one time. Of those 66, no more than 28 are aged 2 years to under 3 years.

The setting is close to local primary schools, parks and other amenities. Children are cared for in two play spaces with direct access into the garden. These spaces were named Buzz room for children aged 3-5 years and Bumbles room for children aged 2-3 years. Both age groups have toileting and changing facilities.

About the inspection

This was an unannounced inspection which took place on Tuesday 15 October 2024 between 08:30 and 17:00. This was a follow up inspection to assess progress made to meet the four requirements and seven areas for improvement made during an inspection on 29 May 2024.

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.

In making our evaluations of the service we:

- spoke with children using the service
- received three email responses from parents and spoke to three parents on the day of our inspection visit
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Significant improvements had been made to interactions between staff and children, resulting in nurturing and warm relationships that effectively supported children's wellbeing.
- Substantial improvements made to the medication system ensured children's medical needs were met to keep them safe and healthy.
- Staff had taken steps to improve their written observations that reflected an understanding of children's needs, interests and development; however, more time was needed for this practice to be fully embedded.
- Improvements to the personal planning system had greatly enhanced outcomes for children and increased family involvement in their care, play and learning.
- There were clear signs of improvement in children's play, learning and development opportunities; however, some staff needed more time to increase their practice in aligning experiences with children's stage of development.
- The outdoor areas needed improvement to ensure they sparked the same level of interest and curiosity as achieved indoors.
- Parents were now able to enter the setting, fostering better engagement and communication between families and staff.
- The manager was now provided with sufficient time and prioritised the needs of children, staff and families in their time management decisions, leading to improved outcomes for all.

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 leadership?	3 - Adequate

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

How good is our care, play and learning?

3 - Adequate

At the previous inspection we evaluated this key question as weak. However, improvements had been made which resulted in a re-evaluation to adequate.

Quality Indicator 1.1: Nurturing care and support

There had been significant improvements made to the nurturing care and support. As a result, nurturing and warm relationships had been established between staff and children that effectively supported children's wellbeing. We comment on these in more detail in the section of this report headed: 'What the service has done to meet any requirements made at or since the last inspection'.

Quality Indicator 1.3: Play and learning

There had been significant improvements made to the play and learning. As a result, children experienced fun in their play and learning. We comment on these in more detail in the section of this report headed: 'What the service has done to meet any requirements made at or since the last inspection'.

How good is our leadership?

3 - Adequate

At the previous inspection we evaluated this key question as weak. However, improvements had been made which resulted in a re-evaluation to adequate.

Quality Indicator 3.1 Quality assurance and improvement are led well.

There had been significant improvements made to quality assurance and the way improvements were led. As a result, the manager prioritised the needs of children, staff and families in their time management decisions, leading to improved outcomes for all. We comment on these in more detail in the section of this report headed: 'What the service has done to meet any requirements made at or since the last inspection'.

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

Requirements

Requirement 1

By 16 September 2024, the provider must ensure staff consistently engage with all children, ensuring meaningful interactions that promote individual development and tailored to support each child's unique needs.

This is in order 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:

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

This requirement was made on 31 May 2024.

Action taken on previous requirement

The follow-up on this requirement demonstrated that it had been met as staff consistently engaged with all children, fostering quality interactions that were nurturing, engaging, and supportive. Training on effective interactions had been successfully implemented, along with peer reviews, which contributed to enhancing the quality of interactions and tailored support for each child's unique developmental needs. Management was also present in playrooms, serving as role models for best practice to ensure children received nurturing care and support throughout their daily experiences.

We observed children receive praise, encouragement, cuddles, and reassurance as needed from staff who had increased awareness of and confidence in their interactions to effectively meet children's emotional needs. As a result, children experienced a sense of belonging, which positively impacted their overall wellbeing and happiness.

A parent's comment highlighted the individual attention staff provided, noting, "When my little one went to nursery for the first time without nappies on, they were so proud to tell all their teachers, and they made a big deal of them for it." This demonstrated the commitment to promoting and celebrating each child's individual development, ensuring that their unique needs were met and recognised.

Met - within timescales

Requirement 2

By 01 October 2024, the provider must ensure they meet children's needs through effective personal planning.

To do this, the provider must at a minimum ensure:

- a) Personal plan information is kept up to date so that staff are able to meet children's needs.
- b) Developmental goals and strategies are reviewed regularly and adhered to by staff.
- c) Staff and management work closely with parents and others to ensure a consistent and holistic support plan.

This is to comply with Regulation 5(1)(a) and (b) (Personal Plans) 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:

'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 requirement was made on 31 May 2024.

Action taken on previous requirement

The follow-up on this requirement demonstrated that it has been successfully met by fostering close collaboration among staff, management, and families, to promote a consistent and holistic approach to each child's development. Personal plan information was regularly reviewed with families, and parents' evenings provided valuable opportunities for keyworkers and parents to discuss and update children's personal plans. One parent commented on the success of parents' evening, stating, "The parents' night was great; the key worker was fantastic and provided so much information—they really knew my little one."

Overall, parents reported that engagement with staff during drop-off and pick-up times facilitated effective communication. However, this approach was not consistent for all parents; one parent expressed feeling "in despair" due to some staff lacking detail in their handovers. While this feedback was important, it did not overshadow the significant improvements made, and we encouraged the manager to address this inconsistency.

Management maintained oversight of personal plan reviews and entries, ensuring that staff had access to up to date information and were able to meet children's needs effectively. Most children had specific goals and strategies in place to meet their needs; however, some developmental goals were not fully aligned with all children's individual stage of development. This has been addressed in area for improvement four as detailed in the section of this report: What the service has done to meet any areas for improvement we made at or since the last inspection?

Met - within timescales

Requirement 3

By 16 September 2024, the provider must ensure children's medical needs are met to keep them safe and healthy.

To do this, the provider must, as a minimum, ensure that;

- a) all medication is managed and stored in line with good practice guidance
- b) all staff have a clear understanding of children's medication needs
- c) there are clear up to date stepped approaches and care plans in place to support the safe administration of medication.

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:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This is to comply with the Care Inspectorate guidance, 'Management of Medication in Daycare of Children and Childminding Services'(2014).

This requirement was made on 31 May 2024.

Action taken on previous requirement

The follow-up on this requirement demonstrated that it had been met as staff followed best practice in the safe management and storage of medication. Staff shared their knowledge about the signs and symptoms of any medical conditions of children in their care, demonstrating they had a clear understanding of

children's medical care needs. Medical overviews detailed the symptoms and actions staff would take when administering medication to any individual child. Although all information was available to staff, we suggested that it would be good practice to store medical overviews alongside medication as these detailed the symptoms to look out for and the actions to take when administering the medication. The manager was receptive of this and agreed to put this in place.

Staff had attended internal training on medication management, the result of this was clear as a staff member told us, "We do not keep any medication without instructions". Staff had completed EpiPen training and other staff were waiting to undertake a training course on this meaning everyone would be suitably trained.

Medication was stored appropriately with each individual child's medication kept separate and stored in an individual container clearly labelled with their name and date of birth. Staff planned to review medication and paperwork with families every three months in line with best practice guidance. This meant the management of medication within the setting followed good practice guidance and children were kept safe and healthy.

Met - within timescales

Requirement 4

By 01 October 2024, to positively influence good outcomes for children, the manager must be given sufficient time and support to effectively oversee the quality of care provided. The provider must ensure this enables the manager to manage staff effectively, carry out management tasks and lead to improved outcomes for all.

This is to comply with Regulation 4(1)(a)(b) (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 care and support is consistent with the Health and Social Care Standards (HSCS) which states:

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

This requirement was made on 31 May 2024.

Action taken on previous requirement

The follow-up on this requirement demonstrated that it had been met through the manager's motivation to promote positive outcomes for children. This was evident in their focus on placing children at the heart of time management and all decision-making. During our inspection visit, staff shared their positive experiences with many telling us management was "so supportive" noting that "everything had changed for the better", "our room feels so calm now" and "we are not stressed anymore". As a result, children benefited from a more warm, caring and nurturing environment, fostering positive relationships, enhancing their learning experiences, and ensuring their overall wellbeing.

The manager was supernumerary meaning they were not counted in staff: child ratios and had sufficient time to effectively oversee the quality of care provided. This approach allowed the manager to spend time in the playrooms, where they could role model, mentor staff, quality assure practices, provide praise, and drive improvements. Consequently, the manager was able to manage staff effectively, carry out management tasks, and lead initiatives that improved outcomes for all children.

Parent feedback further to us highlighted these positive changes. One parent remarked, "The new manager appears, so far, to be a great asset to the nursery. She is very positive and enthusiastic. I am attributing the return of staff and improvement in staff mood to her successful management of the nursery." Another parent described the manager as a "breath of fresh air." Additionally, one parent appreciated the accessibility of the leadership team, stating, "Both the manager and depute are always visible at pick-up time, and I feel I could speak to them if needed about things."

These comments reflected the positive impact of the manager's leadership on both staff morale and parent engagement, contributing to enhanced outcomes for children and families.

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 strengthen connections with both children, their family and the setting, staff should routinely welcome parents into their child's playroom.

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

This area for improvement was made on 31 May 2024.

Action taken since then

Following up on this area for improvement demonstrated that improvements had been made and parents were being welcomed into the setting. Feedback from parents we spoke with, as well as email responses, confirmed that parents were now able to make connections and enter their child's playroom. Parents expressed their appreciation for this change, with one parent commenting, "I love that I get to go into the nursery to pick my child up. It's a great improvement, and they love showing me their favourite things or what they have been doing that day." Another parent highlighted the positive atmosphere, stating, "Recently, huge progress has been made. It feels calmer, and it's given us the chance to engage with the room and see the things they are doing. It seems much more organised." Additionally, a parent shared how their child enjoyed the experience, "My little one loves showing me their peg and the toys and pictures on the wall. Seeing the artwork is great and gives more insight into what they do during the day."

The outcome of this improvement had been beneficial for both children and their families. Children now had the opportunity to proudly share their environment and daily experiences with their family, which helped fostered stronger connections between home and nursery life. Parents had also gained a clearer understanding of their child's day, which enhanced communication and engagement with their child's learning and development.

This area for improvement had been met.

Previous area for improvement 2

To promote a positive mealtime experience, the provider should ensure that staff encourage self-service and engage with children to create a more nurturing environment.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a young child or young person, I feel valued, loved and secure' (HSCS 3.10).

This area for improvement was made on 31 May 2024.

Action taken since then

Following up on this area for improvement demonstrated that improvements had been made to the promotion of a positive and engaging mealtime experience.

Staff training had taken place to equip them with the necessary skills and strategies to enhance mealtime experiences. The manager effectively modelled good practices for staff, fostering a culture of support and collaboration. Additionally, staff demonstrated increased confidence in seeking management support, showing a clear awareness of the standards that needed improvement.

During our observation, children actively participated in setting the table with cutlery, plates, and glasses. The arrangement of bowls of food in the middle of the table encouraged children to self-serve, promoting independence and choice. Furthermore, staff sitting with children created an inclusive and engaging atmosphere.

As a result, children experienced a more positive and interactive mealtime, which enhanced their social skills, encouraged healthy eating habits, and fostered a sense of community within the nursery. This engaging experience contributed to children's overall development, wellbeing, and enjoyment of mealtimes.

This area for improvement had been met.

Previous area for improvement 3

To promote high quality play, learning and development opportunities, the provider should ensure that:

- staff adopt an engaged approach, empowering children to lead their play and learning
- play is valued through an increased understanding of child development, and ensuring that children's needs and interests were central to all aspects of play and learning
- play experiences develop children's skills in language, literacy and numeracy.

This is to ensure 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, investigating and problem-solving, including through imaginative play and storytelling' (HSCS 1.30).

This area for improvement was made on 31 May 2024.

Action taken since then

Following up on this area for improvement regarding the quality of play, learning and development opportunities, while it had not been fully met, notable progress had been made, and the team was well placed to make further progress.

The manager's regular presence in the rooms had played a significant role in supporting staff to make meaningful changes to play spaces, ensuring they were thoughtfully designed to provide enriching learning experiences for children.

Staff training, along with an increased motivation to do their best, had a considerable impact on the quality of their practice. Staff spoke to us with enthusiasm and pride about the play spaces they had developed, emphasising that children's needs and interests were central to these improvements.

During our visit, we observed children engaged in their play within well organised and inviting play spaces, where they were able to lead their own learning. Staff positioned themselves at children's level, actively interacting and having fun with them. There was evidence of intentional planning to foster children's development in language, literacy, and numeracy through various play experiences. As a result of these improvements, children were benefiting from improved quality of play and learning experiences. A parent commented positively on these improvements, noting, "There have been a lot of improvements since the last inspection, including upgrades to the room equipment and learning opportunities for the children." However, we found further work was needed in developing next steps and developmental goals, as well as the experiences offered to support children in reaching these goals, which were often not aligned with the child's age and stage. The manager was receptive to this feedback.

Furthermore, the team was well aware that moving forward, they needed to apply the same effort and thought to the outdoor spaces, as they currently lacked the same level of interest and curiosity that had been achieved indoors.

To support continued progress, this area for improvement will remain.

Previous area for improvement 4

To promote children's care, play and learning, the provider should ensure staff write observations to demonstrate an understanding of children's needs, interests and development. These observations should be promptly approved by management to validate staff's work and give parents the opportunity to stay informed of their child's learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 31 May 2024.

Action taken since then

Following up on the area for improvement regarding observations of children's play and learning, while improvements had been made, had not been fully met. This was confirmed by feedback from two out of three parents, who commented, "The use of the app has improved; however, there are definitely still areas for improvement," and "The app doesn't get updated most days, and I rarely get a full day's diary."

We noted that it was still taking time for some observations to be approved by management, and some children did not have entries for extended periods. This points to an issue with management oversight and the auditing system, which aimed to ensure each child had at least two entries per month and that observations were approved daily. Although there were challenges, the observations that were written often captured children's learning effectively, and we observed parents' delight in reading these through the lovely comments made via the app.

One parent expressed concerns about the inconsistency in communication regarding their child's day and observations of play, stating, "While the group updates have been great, and I love seeing and hearing about what they are all doing, they can be a bit sporadic. It goes through phases of having really good updates." Another parent similarly noted, "Communication is still a bit of a let down. The app doesn't get updated most days, and I rarely receive a full day's diary."

To address these concerns, improvements were needed to ensure more consistent communication, provide regular observation entries for all children, and offer timely updates so that parents could stay better informed about their child's day, learning and development.

To support further improvement, this area for improvement will remain.

Previous area for improvement 5

To provide indoor and outdoor play spaces that were welcoming and hygienic environments, the provider should establish structured cleaning routines and ensure compliance with relevant infection, prevention and control guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment (HSCS 5.22).

This area for improvement was made on 31 May 2024.

Action taken since then

Following up on this area for improvement demonstrated that improvements had been made to ensure that both indoor and outdoor areas were welcoming and hygienic. This was achieved through the implementation of effective cleaning routines and schedules. The indoor environments had seen significant improvements, now featuring thoughtful layouts that created a cosier and more inviting atmosphere, with attention to detail. A parent commented, "The decoration in the nursery has also been great, it is a much more welcoming space with a lot of extra touches that have been added". While the outdoor environments were well maintained, there was a shared understanding that the experiences offered in these spaces still needed improvement.

Overall, the outcome of these improvements had led to a more welcoming and hygienic environment for children and families, fostering a positive atmosphere for care, play and learning.

This area for improvement had been met.

Previous area for improvement 6

To promote high quality outcomes for children and staff, the provider should ensure management were supportive of the staff team by deploying themselves and staff effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support is consistent and stable because people work together well (HSCS 3.19).

This area for improvement was made on 31 May 2024.

Action taken since then

Following up on this area for improvement demonstrated that improvements had been made as the manager successfully supported the staff team through effective deployment of themselves and the staff team. Staff told us about feeling more positive about their role which was down to the increased support from the new manager. They told us management had been present in the playrooms to provide guidance, celebrate successes, and assist them in their roles. Management's availability to cover breaks had allowed staff to recharge while enabling them to observe the daily routines in the playrooms.

During our inspection, we observed staff working collaboratively and communicating effectively when leaving rooms or specific areas, which contributed to the positive environment.

Parent feedback highlighted the positive changes, with one remarking, "The attitudes and general demeanour of all staff have improved—they seem to be more energised and happier at work, which obviously has a positive impact on the children." Another parent noted, "The manager is approachable and is

always around the nursery; my child took a great liking to her, which gave me peace of mind." Overall, these improvements indicated a strengthened support system within the staff team, fostering a more positive environment for both staff and children

This area for improvement had been met.

Previous area for improvement 7

To foster supportive and trustful relationships, the provider should ensure that where possible, families were prepared in advance of their key worker's absence. Families should also be kept informed of staff leaving and introduced to temporary or new staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am supported and cared for by people I know so that I can experience consistency and continuity' (HSCS 4.16).

This area for improvement was made on 31 May 2024.

Action taken since then

Following up on this area for improvement demonstrated that progress had been made in ensuring families were prepared in advance for their child's key worker absence. Parents were now able to enter playrooms, which had fostered closer communication and better understanding of their child's time in the setting. Parents' evenings facilitated reviews of personal plans between key workers and parents, promoting a partnership approach to the planning for each child's needs. Boards at the main entrance displayed staff names and photos, indicating which staff were in each room daily, helping parents to recognise and connect with the staff looking after their child. The success of this was noted by a parent who told us, "The staff boards outside are a massive improvement to know the names of staff and see pictures is great. Plus you can see up front who is in each room each day". The Family app kept families informed about daily updates and staff changes while key worker groups were displayed within rooms, making it clear which staff members were responsible for each child.

Parents reported to us feeling more informed and connected, highlighting the success of the implemented improvements. However, despite the progress, some parents felt there was still room for improvement in communication regarding key worker absences and changes. While there was some room for improvement, this was not significant enough to prevent the area for improvement from being met. The manager had already established plans to address these gaps, ensuring continued progress in family communication and engagement.

This area for improvement had 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	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate

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