

St. Gabriel's Primary School Nursery Day Care of Children

South Grange Avenue
Prestonpans
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Telephone: 01875 811 062

Type of inspection:
Unannounced

Completed on:
3 October 2024

Service provided by:
East Lothian Council

Service provider number:
SP2003002600

Service no:
CS2005113748

About the service

St. Gabriel's Primary School Nursery is registered with the Care Inspectorate to provide a care service to a maximum of 72 children aged 3 years to not yet attending primary school at any one time.

The setting is part of St. Gabriel's Primary School in the town of Prestonpans, East Lothian and provides a service during term time.

The nursery is situated within the school, which is a residential area of the town. The accommodation includes a large playroom with a kitchen area for snack and baking, toilets, nappy changing, a sensory room and outdoor play area.

About the inspection

This was an unannounced inspection which took place on 30 September and 01 October 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, information from a recent variation to increase numbers, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with several children during their play
- reviewed comments from 7 parents
- spoke with members of staff and the leadership team
- observed staff practice and daily experiences for children
- reviewed documents.

Key messages

- Children were happy, confident and supported by staff who understood nurture and the value of positive relationships.
- Personal planning needed to be accessible and further developed to support individual children.
- Children were having fun and took part in good play experiences.
- The setting provided a comfortable and developmentally appropriate place for children to play.
- The process for self-evaluation needed to be reviewed to ensure that children, families and staff were meaningfully involved.
- To meet the needs of all children attending the setting further consideration needed to be given to staffing levels.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	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

We evaluated different parts of this key question as adequate and good, with an overall grade of adequate, where strengths had a positive impact, key areas needed to improve.

Quality indicator 1.1 - Nurturing care and support.

Children's confidence and sense of security was supported by staff who understood the importance of building positive relationships with children and their families. Children were happy and settled in the setting. They were warmly welcomed on arrival and throughout the setting, staff used caring interactions to provide a good level of nurturing care. Interactions with children promoted mutual respect and warmth and children went easily to staff who they were openly fond of. Parents commented 'It is a friendly and supportive environment. Teachers are great with the children.' 'The staff are always welcoming and make an effort to help settle my child. The staff are always happy to listen to me to meet the needs of my child.' and 'The staff are fantastic and have all built up very good relationships with my little one. My child's key worker has been so supportive and helpful, building a really trusting relationship to help support the transition into nursery.'

There was a system for personal planning and information had been collected about individual care and support needs. However, the methods used for record keeping resulted in difficulties for staff to access information about children or use it effectively to support them. Further consideration of the recording and retention of personal plans was needed to ensure their effective use (see area for improvement 1.)

Staff knew children well and could discuss the support that they needed. There were children who were well supported to reach their potential in the setting but this was not consistent for all children. For some children strategies for their support had not been fully developed or where strategies were in place, these were not fully shared with staff to ensure that care and support was consistent, regularly updated, and evaluated to ensure that positive outcomes for children were achieved (see area for improvement 2.)

Children were supported to develop relationships with each other and begin the journey to understand their emotions. Friendships were emerging in the setting, and these were well supported by staff. Staff were consistent in boundary setting and frequently revisited those boundaries with children in a respectful way trying to get children to reflect how their behaviour impacted on others.

Children benefitted for a well organised and nutritious snack in the morning and afternoon. Children regularly baked or cooked with staff and one child said 'Snack was the best time.' Children had opportunities for independence, choice and to develop social skills as they sat and chatted to staff and friends. The leadership team indicated that the routine for lunchtime was about to be reviewed. We agreed that this was important to ensure that the mealtime experience for all children was a positive and supportive as the current procedure did not meet the needs of all children.

Children's health and wellbeing needs were met through the effective processes for recording accidents and incidents, medication procedures and the local authority child protection and safeguarding policies. All staff had child protection training suitable for their role within the setting. There were processes in place to share information between agencies. We asked the leadership team to ensure that information was shared with health and social work colleagues where there were emerging concerns for children or their families as this was not effectively carried out at the time of our visit.

Quality indicator 1.3 - play and learning.

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

Across the setting we could see and hear many children having fun. Children were, in many cases, leading their own play through opportunities for choosing where to play and being able to access a good range of resources for their learning. Children told us: 'I can play outside all day, I like outside.' 'I like gym!' 'I can run fast and stand on one leg!' and 'I can count!'

The indoor and outdoor environments provided good provision for communication, literacy and numeracy. Staff listened and talked with children during activities, modelled language, engaged them in stories and supported role play. Conversations with the children provided some with opportunities to explore concepts and opportunities to build on their interests. Number, weight and measure prompts and activities could be found indoors and outdoors through the outdoor abacus, domino games, mud kitchen and ways to use number in real life contexts.

Children's learning was well supported through planning for play which was well organised and documented. There were several staff who had an in depth understanding of play and learning. They were using these skills to lead on areas of the learning environment such as numeracy and literacy. Some staff had attended local authority training to support their understanding of a new learning tracking system.

Children were engaged in their Learning Journey's. They knew where these were kept and shared them with us, reflecting on their learning and enjoyment. Staff had recorded where children displayed schematic play and identified what next steps in learning could be promoted. The Learning Journey's had been identified as an area that staff were working on to improve the consistency and quality of recording and to ensure that next steps, where they were identified were followed up. Overall, the Learning Journey's provided a valuable insight into what children were interested in and had achieved.

Children's learning was shared with parents through the Learning Journal's, parent consultations and displays on learning walls. Some parents commented that they would like more information on their child's learning and development. This was an area which staff would take forward as part of the new tracking of learning and further development of Learning Journey's.

Areas for improvement

1.

The provider should ensure that the systems in place for the recording and retention of personal planning information enables staff to use and share that information, for its identified purpose, in an effective manner.

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

2.

To ensure that staff can support positive outcomes for children. Procedures to develop individual strategies and appropriate developmental next steps for children should be further developed. These should be shared

with staff, to ensure consistency of care and support, and regularly monitored and evaluated to ensure progress.

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

How good is our setting?

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 2.2 - Children experience high quality facilities.

Children and their families were welcomed into a bright and attractive hallway. Throughout the setting there was good ventilation and natural light with enough space for children's play. Children's wellbeing was promoted through the choice to play inside or outdoors for almost the whole day, only coming in for the lunch period.

Good quality furniture and resources for children helped to create a comfortable environment which told children's that they mattered. Loose parts and real-life resources were available indoors and outdoors and there enough resources to enable children to develop their ideas and expand their play.

Some of the outdoor space needed consideration to ensure that the area could be used as flexibly as possible. There were a number of fixed boulders which limited the use of the outdoor area as they could not be used in wet weather nor moved to enable the use of more appropriate equipment.

On the day of our visit areas of the setting safe and secure. The double door into the setting and additional supervision from staff helped to ensure that the entry and exit door was monitored. We discussed with the leadership team that there needed to be increased attention to the balance between children being independent and a lack of appropriate supervision. For example children were able to access the cloakroom to get their coats, they could not leave the setting, but at times, staff were unaware of there being children in the cloakroom area.

Procedures to support children's safety through risk assessments were in place. These covered the main aspects of the setting and were updated regularly. Some children had personal risk assessments to ensure that aspects such as personal safety or climbing could be supported as part of their development.

On the whole children were supported to develop good hygiene habits. Children washed their hands at key points and we saw some children being well supported in this area. Toys and resources were clean and toilets were checked at points during the day to make sure that they were clean and fresh.

Written information about children was kept safe in the office under lock and key in addition there was digital information kept on the local authority computer systems. Permissions from parents regarding photos and an understanding of the purpose of data collection was in place. This helped protect children's rights to security of information.

How good is our leadership?**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Quality indicator 3.1 - Quality assurance and improvement are led well.

There had been recent changes in the setting such as an increase in numbers and staffing. We discussed with the leadership team that this would be an appropriate time to review the vision, values and aims of the setting. This would help to promote a shared vision that reflects the aspirations for children, families and the wider community.

The school improvement plan included some identified areas of improvement for the setting. Staff had also evaluated areas such as stay and play sessions, learning journals and the outdoor area but it was not clear how the setting planned to improve some of the areas evaluated. To bring the process together self-evaluation needed to be further developed to make sure that it was the responsibility of all involved in the setting. Families, children and staff should be included in the self-evaluation process (see area for improvement 1.)

There were areas of the setting which were being monitored such as medication, accident and incidents. The local authority had assisted the leadership team by providing a monitoring and auditing calendar. We suggested that the senior early years practitioner, who took main responsibility for monitoring and auditing, added additional auditing and monitoring priorities that reflected the setting to the calendar. This would ensure it was a live and useful document.

Staff were listening carefully to children to ensure that they had a voice in the setting. Children's views were taken account of for planning of activities and learning. Staff actively listened to children and consulted with them about snack, what they liked in the setting and what they might like to change.

Parents were welcomed into the nursery at drop off and collection times. Staff shared information with parents at these times. There was additional communication with parents through the whole school newsletter and twitter (X). To establish partnership working staff also facilitated stay and play sessions. Some parents commented that communication could be improved. 'I feel since the vast increase in numbers (of children) there has been a decrease in communication to parents. E.g. not consistently having the planning on display and the stoppage of the nursery newsletter/updates. This may be due to more hands needed on the floor to meet the needs of children.' 'More regular communication / updates on what my little one is learning and how they are progressing.' 'More information about my child's development and learning.' and

'Better communication needed. Staff had already identified parent participation as an area for improvement and we have commented that needed to be more opportunities for parents to be involved in the evaluation of areas of the service.

The setting had faced some staffing challenges which had impacted on the completion of professional development reviews for staff. Staff indicated that they felt well supported by the senior early years practitioner but that there were limited opportunities for meetings to support their wellbeing. There were also limited opportunities for staff to come together as a whole team to take a meaningful part in self-

evaluation and reflective practice. Opportunities to take part in these meetings would be increasingly important as the child and staff numbers expanded (see area for improvement 2.)

Areas for improvement

1.

To support the setting to deliver high-quality care and support the process and purpose of self-evaluation should be reviewed. This should include making clear how the views of families, staff and children will influence the process and result in a clear improvement plan which is monitored to ensure continuous improvement.

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

2.

Staff should be fully supported to carry out their role in the setting. To achieve this the leadership team should:

Ensure that the process for professional development and review is implemented. Develop opportunities for staff to discuss their wellbeing needs and

Provide opportunities for team meetings to team build, reflect and evaluate.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I have a carer, their needs are assessed and support provided.' (HSCS 4.27.)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Quality indicator 4.3 - Staff deployment.

The staff team was experienced and diverse in their professional interests. This brought a good breadth of skill to the team. Some staff were leading on specific areas in the setting and there was a proactive approach to individual professional development. Discussions with staff evidenced their child centred approach. Parents made positive comments about the staff team indicating that they were friendly, professional and supportive.

The team worked well together, and all said that they felt supported by each other. The pace of the day was well organised and the taking of staff breaks did not impact on the opportunities for children to play indoors or outdoors. Busy times of the day such as home time, were appropriately managed and supervised by staff.

Some of the experiences for children were compromised by the way in which staff were deployed across the setting. The diverse range of children's needs and abilities in the setting impacted on the level of staff supervision needed. Staff were having difficulty meeting the needs of every child, that included children who were settled and doing well and those who needed targeted support. We have asked the leadership team to assess how staff are deployed in the setting and consider numbers of staff as well as how responsibilities and expectations are shared (see area for improvement 1.)

There was continuity of care for children through the permanent staff group. At the time of our visit bank staff were being used to maintain the adult/child ratio. The induction process for bank staff needed some improvement to ensure that they could have a clear understanding of the needs of some children and could assist permanent staff more effectively. For permanent staff coming to work in the setting, the leadership team had identified that a more in depth induction process which took account of the Scottish Government National Induction Resource, would help to develop an understanding of shared expectations between employee and employer.

The head teacher of the school held overall responsibility for the setting. The senior early years practitioner (SEYP) held devolved responsibility for the day to day leadership of the staff team and organisation in the setting. Regular leadership meetings had been re-established to ensure that there was a shared understanding of the work being achieved in the setting. The SEYP had limited leadership support, due to priorities in the school, and was included in the numbers of staff deployed in playrooms. This had resulted in elements of the leadership role not being fully fulfilled. This could be seen in the monitoring, evaluation and development aspects of the role. Clear leadership roles and responsibilities needed to be developed to ensure that the SEYP was fully supported and had time to fulfil the aspects of their role (see area for improvement 2.)

Areas for improvement

1.
Staffing levels should to be effective in ensuring safety and high-quality outcomes for all children. To achieve this the provider and leadership team should consider the complexity of individual children's needs and ensure that the deployment of staff takes account of the skill mix, routines and activities of the day.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people.' (HSCS 3.15.)

2.
To enable leaders in the setting to carry out their roles effectively. Leadership roles and responsibilities should be developed to ensure that leaders are suitably supported and deployed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service which is well led and managed.' (HSCS 4.23.)

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	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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