

Rosshall Nursery School Day Care of Children

35 Cronberry Quadrant
Glasgow
G52 3NU

Telephone: 01418 823 605

Type of inspection:
Unannounced

Completed on:
8 November 2024

Service provided by:
Glasgow City Council

Service provider number:
SP2003003390

Service no:
CS2003014925

About the service

Rosshall Nursery School is registered to provide a care service to a maximum of 85 children, where 60 children are aged three years to not yet attending primary school and 25 children are aged two to under three years. Thirty-nine children attended the service during the inspection.

The service is provided by Glasgow City Council and is located within the Crookston area of Glasgow. Accommodation consists of two playrooms, a sensory/quiet room, and a large enclosed outdoor play space.

About the inspection

This was an unannounced inspection which took place on 7 and 8 November 2024. 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 children and families using the service
- spoke with staff and management
- reviewed 11 completed questionnaires from staff and families
- observed practice and daily life
- reviewed documents.

Key messages

- Children were nurtured, engaged in quality experiences, and having fun.
- Staff knew children very well, responded to their needs sensitively in line with information recorded in their personal plans.
- Rich family engagement opportunities supported strong relationships within the service.
- Children benefitted from quality outdoor experiences daily.
- Staff and management were committed to ensuring they were a highly skilled and confident team who worked together to provide positive outcomes for children and families.
- The staff and management were skilled at using people’s views to measure change and inform improvements.
- Quality assurance, self-evaluation and improvement planning were meaningful and having a positive impact on the outcomes for children and families.
- The provider should make improvement to the facilities to ensure they support effective and robust infection prevention and control practices.

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?	5 - Very Good
How good is our setting?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good

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

How good is our care, play and learning?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator 1.1: Nurturing care and support.

Children experienced warm, caring and nurturing approaches from staff. Staff knew children well and cared for them sensitively in line with their care needs. For example, when children needed support, staff offered cuddles and reassurance. This supported children's wellbeing.

Staff had developed strong relationships with families. Parents were invited into the building and play spaces at the start and end of the sessions. Staff spent quality time chatting with parents about their children's day and individual needs. A family space had been created where parents could support their children's transitions into the nursery. Additionally, parent workshops were arranged to share information that would support children and families. Staff told us about a recent workshop around supporting children with additional needs, and how it had been well attended. Parents provided positive feedback about the relationships they had with staff and the benefits this brought to their children. Comments we received included:

"The staff are very friendly and always welcoming to myself and my child, I feel they are easy to approach if I need to speak to them."

"You never walk in or out without everyone chatting to you and your child, telling them about what they have been up to. The support in all aspects they provide is amazing."

The service had systems in place to store and administer medication safely. The medication policy and procedures were in line with best practice guidance. Medication was stored safely and administered safely. Monthly medication audits were carried out by management. This supported children's health and wellbeing needs.

All children received a personal plan drawn together using wellbeing indicators: Safe, healthy, achieving, nurtured, active, respected, responsible and included (SHANARRI). Plans were created in partnership with parents and children. They were reviewed and updated regularly. They contained the key information that staff needed, to respond sensitively, quickly and compassionately to changes in a child's life. This meant children benefitted from a robust personal planning process that supported their wellbeing.

Children enjoyed a rolling, sociable lunch and snack time that supported their independence. They helped set the table attractively with table covers, real crockery and flowers. Children were able to come to a natural pause in their play when they chose to go for lunch and snack. They self-selected lunch and carried their plates back to the table where they were sitting. At times, staff were task focussed as they organised the serving area. This meant they missed some opportunities to chat with children at the lunch table. We suggested sitting with children and allowing them to self-select from serving dishes at the lunch table would allow them to be more focussed on chatting and leading the conversations with children.

Staff worked proactively with other professionals and families to support children to reach their full potential. Children with additional support needs had well-structured plans in place that detailed the

strategies needed to support them. Meetings were arranged for professionals and families to come together to discuss children's needs and agree shared goals to support them. This meant staff, families and other professional all worked towards the same goals, supporting children to reach their full potential.

Quality indicator 1.3: Play and learning.

Children were having fun and engaged in a variety of experiences. They had opportunities to lead their own play and learning, which impacted positively on their development and wellbeing. Staff joined in with play and were responsive to children's interests. They were skilful in knowing when to step back from play and join in again to spark children's interest and curiosity. This meant staff could respond meaningfully to children's needs and wishes and supported children's overall wellbeing and sense of belonging.

Staff had designated areas of responsibility, and planned experiences for children linked to curriculum frameworks. Staff offered a differentiated curriculum for children who needed more support. This included the use of Education Scotland's 'Milestones to support learners with complex additional support needs'. Staff planned for children linked to their interests, and stages of development. We concluded the planning approach took account of evidence-based approaches, were child centred, and responsive to children's individual interests and stages of development.

Children chose to spend a lot of time playing outdoors which was facilitated well by staff. Children were joining in risky and challenging play when using loose parts, apparatus, balance beams and climbing up hills. This supported them to develop their physical skills and movement.

Children had access to a range of resources, which promoted their curiosity, imagination and problem-solving skills. This included play dough, block play, construction, and sand play. Play opportunities supported children's development of literacy and numeracy skills. For example, one staff member supported a child to build a tower asking, "How high is it now?" Staff and management shared their plans to further enrich their environments for older children and how they were working alongside local authority support staff to do this. We agreed some areas could be further developed for older children to support their play and learning. We concluded that overall, children had access to well-resourced play spaces and interesting experiences that supported them.

Children's opportunities for play and learning were enhanced through high-quality wider play experiences beyond the nursery setting, including visits to the library, shops, park, and visits from community police. This supported children's play and learning and enhanced their community links.

Learning and development was tracked to establish children's progress. Next steps and targets for learning were identified to support children's development and progress. Observations of children's learning were shared with parents online. This gave them the opportunity to share learning from home and build on learning from nursery. This supported a collaborative approach to continuing children's learning and progress.

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.

The setting was comfortable, furnished to a high standard, welcoming with plenty of light and ventilation through open doors and windows. Children had lots of space for their needs. This sent a message to children that they matter.

Indoor and outdoor play spaces were sensitively structured to take account of children's interests, needs, and stages of development. For example, children had been learning about shape and graphs. Staff had ensured opportunities to explore graphs and shapes were available in the art area, block play and outdoors. This meant children benefitted from a resources environment that supported their stages of development and extended their learning.

Children's health, safety and wellbeing was a priority of the service. Staff completed daily risk assessments, to ensure that the play spaces were safe. They highlighted a range of potential risks, and detailed clear mitigations and measures that were in place to support the environment to be safe. Where staff identified potential new risks, they put mitigations in place to reduce risks. For example, where there had been a pattern of minor accidents occurring in the play space, risk assessment, environment and practice had been monitored and new control measures put in place to minimise further accidents. This helped to safeguard and protect children from potential harm or injury.

The service had a clear infection prevention and control policy and implemented several procedures to reduce the spread of infection. For example, playrooms and resources were clean, and cleaning staff were on hand to ensure the building was clean for children. In contrast to this good practice, we noted some improvements could be made in other areas to prevent the spread of infection. This included, ensuring ventilation was used in changing areas. Additionally, there was no handwashing facilities for older children within the playroom. Staff and children washed their hands in the bathroom areas accessed from the hallway. At the last inspection, we had made an area for improvement to support infection control around handwashing. Therefore, we have updated the area for improvement to reflect the improvement needed across infection, prevention and control practices (see area for improvement 1).

Children's information was stored safely in files or within password protected online apps. Staff had access to information needed to keep children safe and care for them well.

Areas for improvement

1. To support children's health and wellbeing, the provider should ensure effective practices and systems are in place to minimise the spread of infection. This should include and not be limited to, access to handwashing facilities in the 3-5 years room, and adequate working ventilation in the changing and toilet areas.

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

'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11); and 'My environment is secure and safe' (HSCS 5.19).

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

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

The vision, values and aims were detailed within all nursery correspondence and on the nursery displays. Leaders and staff were welcoming and nurturing in their approach. Parent feedback demonstrated parents felt involved and the service had a welcoming and supportive ethos. Comments we received included:

"Through parent forums we are trying to be actively involved in fundraising and new events."

"We always help within the nursery and attend parent's forums too and discuss what we can do to make the nursery a better place for the staff kids and parents."

"We have been given questionnaires to ask if there's any suggested improvements we could make to the nursery."

A meaningful improvement plan was in place, and had been created in partnership with staff, families and children. Staff had ownership of the plan through creating working groups that would work toward each mission statement and challenges identified within the plan. This supported a culture of continuous improvement, where everyone worked toward improving outcomes for children and families using the service.

We found leaders had a very good understanding of the importance of using the views of children and families to inform the planning and development of the service. The manager used regular questionnaires to help measure success and inform improvements. A parent forum was in place to support collaborative approaches, ownership, autonomy and positive relationships. At one of the forums, parents had been consulted about the parent engagement opportunities for stay and play sessions and workshops. As a result, a session was being planned to support transitions from nursery to primary school. This supported parents to have a voice and contribute to the overall development of the service.

Robust monitoring and auditing took place as part of the quality assurance processes. This included audits for environment, personal plans, medication and accidents. This was having a positive impact on the outcomes for children. For example, the recent environmental audit had influenced a large climbing frame to be removed from the inside to outdoors. As a result, children had more space for movement indoors and opportunities to enhance their physical development outdoors.

The manager and staff team were utilising best practice guidance to self-evaluate the service. Staff meetings were used for staff to look at their practice and evaluate this against current thinking. This information was then used to influence further improvements. For example, staff were working towards

improving their communication techniques with children. They had attended training to support their skills and were observed using Makaton communication signs to support children's language development. We concluded, children were benefitting from robust self-evaluation and improvement planning that was leading to continuous improvements.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator 4.3: Staff deployment.

There had been recent changes in the staff and management teams within the last year. Leaders understood the importance of staff wellbeing to ensure positive relationships were formed and maintained. The management had implemented a supportive buddy system where staff worked closely together to support each other, and children. Staff commented positively about the support they received from management. Comments we received included:

"I feel valued and supported by both my manager and my team leaders. I feel we communicate well, I know I can share concerns, and that I will be listened to and respected."

"I believe my head of centre is approachable and will listen to me."

During our inspection, we found there were enough staff to meet children's needs well. The numbers of children attending the service were lower than the registered spaces. Additional staff had been appointed to support the high levels of children attending that required additional support. We concluded everyone worked well as a team to ensure children experienced high-quality outcomes.

Leaders understood the importance of deploying staff throughout the service to provide continuity of care to effectively meet the needs of children. The management team regularly had an active role in the playroom to support children and staff. This ensured there was minimal disruption to children's routines should staff be absent.

Staff were friendly, approachable and caring. They worked well together to create a welcoming and inclusive environment for children and families. There were robust systems in place to ensure all staff had a good understanding of individual children's needs and how best to support them. A keyworker system helped parents and carers know who was caring for their children and helped children feel emotionally secure. This supported children's attachment and relationships with staff.

Staff were observed to work well as a team, communicating effectively and supporting each other to ensure children were safe and having fun. For example, staff communicated well at key transition points, when children moved around the setting, or needed support. Additionally, staff used walkie talkies to ensure they were always connected to share information. We concluded children benefitted from a staff team who worked together to support children to be safe and take part in quality experiences.

Staff were committed to their continued professional development. Staff induction was supported using Scottish Government's 'Early learning and childcare: National induction resource'. Additionally, staff had attended a wide range of training to enable them to meet children's needs. This included training in

nurture, inclusion and neurodiversity, and Makaton. This enabled staff to support children's emotional wellbeing and communicate with children in a way that was meaningful to them. One parent told us, "Staff always go above and beyond, they take the time to get know my child and me, they even go to training in their own time to learn things such as Makaton to support my child." This meant children benefitted from a well skilled team, who were committed to continued professional development that supported them to provide positive outcomes for children and families.

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

The provider should ensure handwashing facilities are available for staff and children within the playrooms to help limit any potential spread of infection.

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

'I experience high-quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11); and 'My environment is secure and safe' (HSCS 5.19).

This area for improvement was made on 11 October 2023.

Action taken since then

No action had been made by the provider to address this area for improvement. Lack of handwashing within the 3-5 years play space meant staff and children did not always practice effective handwashing. Additionally, some mechanical ventilation was in need of repair, and windows were not open to support ventilation within toilet and nappy changing spaces. This meant children and staff were at risk from the spread of infection. Therefore, we have made an updated area for improvement under section 2, 'How good is our setting'.

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?	5 - Very Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	5 - Very Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good
How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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11 Riverside Drive
Dundee
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