

Headstart Nursery School at Leith Day Care of Children

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Type of inspection:
Unannounced

Completed on:
27 September 2024

Service provided by:
Headstart Nursery Schools Ltd

Service provider number:
SP2008009639

Service no:
CS2007167787

About the service

Headstart Nursery School provides a day care of children service from premises situated in Leith, Edinburgh, close to local primary schools, shops, parks and other amenities. The setting provides early learning and childcare to a maximum of 70 children between three months and entry into primary school, of whom no more than 30 children can be under two years of age and of whom no more than 40 children will be between the age of two and five years. There are currently 69 children registered with the service.

The setting consists of three main playrooms catering for babies, children aged two to three years and preschool, each with their own toilets and changing facilities. A separate room is used for lunches and snacks for older children. An enclosed garden area was situated at the front of the building for preschool children. Further outdoor space was at the side of the building for children aged two to three years. A small outdoor space had been developed to the rear of the building for babies to use.

About the inspection

This was an unannounced inspection which took place on Tuesday 24 September 2024 from 10:00 until 18:30 and on Wednesday 25 September from 09:30 until 16:00. 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 20 children using the service and gathered feedback from 22 of their families.
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents

Key messages

- Children experienced warm, respectful and caring relationships with the staff in the nursery helping them to feel safe. More could be done to ensure that communication is supportive of all children understanding the routines of the nursery and sharing their views.
- All children had personal plans to help keep them safe, more should be done to ensure that these support children to reach their full potential.
- Children enjoyed relaxed, social, snack and mealtimes helping them to develop a positive attitude to healthy eating.
- Children were having fun playing and learning in the nursery, more could be done to ensure that experiences are consistent across the nursery.
- The nursery toilets and nursery environment should be reviewed to ensure that these are effective in preventing the spread of infection and maintained to provide a respectful environment.
- Quality assurance systems were starting to make improvements in the quality of the service, this should be further developed to ensure progress.
- Children had positive relationships with the consistent staff team, more should be done to ensure that staff are effectively deployed to give children consistently high quality experiences.

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?	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?

3 - Adequate

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

Quality Indicator 1.1: Nurturing care and support

Children experienced warm and nurturing relationships with staff who showed genuine concern for their well-being. For example, when children were distressed, they were supported by staff. Staff could continue to develop how they support children to understand their emotions to help them build resilience.

The children knew the staff team well and looked to them for support. In the baby room the staff team was large and more could be done to ensure that staff providing comfort to children were consistent throughout their day to support the children's need for attachment.

Children's sleep routines were responsive to individual needs in the baby room. These were provided in line with safe sleep guidance in a pleasant sleep room for babies. This was also provided in calm and cosy spaces for older children, for example after lunch for children aged two to three.

Children were consulted about having their nose wiped or when to have their nappies changed by staff helping them to feel listened to and respected. Staff should continue to develop how they provide personal care to help this to become as responsive and respectful as the sleep routines are. This will help to minimise disruptions to children's play and support their emotional wellbeing.

Where families had shared children's identified needs staff were mostly supporting these. However, this was not consistent across the nursery and there were some gaps in the recording of children's needs. For some children their needs were not identified and for some the strategies which could be used to support them had not been developed. This meant that not all children were getting the support they needed to develop and achieve. There were some good examples of how the nursery could track significant information for individuals. However, this was not consistent across the service and was not always used to provide effective support for children. Not all families felt involved in developing and reviewing their child's personal plan. One commented "The personal plan seems to be very much a 'tick the box' record keeping exercise." Consideration could be given to how the nursery involves families more in their child's learning and development, for example at review meetings. More should be done to ensure that all children had personal plans which identified their individual needs, demonstrated strategies to support them to develop, and recorded how they were developing (see area for improvement 1).

The service should access appropriate support for children who have identified needs, staff have concerns about their wellbeing or children are not meeting developmental milestones. This would help to ensure that they are safe and supported to achieve their potential. An area for improvement was made at the previous inspection which has not been met and is continued in this report (see area for improvement 1 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Staff were warm and caring in their interactions with children using praise and encouragement to support them to make positive choices about behaviour. Children felt valued by staff celebrating their achievements while they played. Staff chatted to children during their play, we heard some songs being sung and some staff narrated events well helping children's language development. However, there was a lack of effective

communication with some children. Staff should use appropriate methods to help all children to have their voice heard. Some were pre-verbal babies, some children had delays in their speech and language and some had English as a second language. Many of the children had information gathered from families which would support staff to communicate with children and help them to feel safe. This information was not always being used by staff. Some staff told us they were trained in using signing to support communication. We did not see this being used in the service during our inspection visits. We shared some resources which could support staff with assessing and supporting children's communication. More should be done to build effective communication with children across the nursery to help them feel safe, make choices and be able to share their views (see area for improvement 2).

Children knew the routines for snack and mealtimes and handwashing was taking place before helping to prevent the spread of infection. Children brought their own lunches and these mostly contained healthy choices. Some children didn't have packed lunches with them as they only attended for half days, staff offered fruit and crackers to them if they were hungry so that they felt included. Mealtimes were relaxed social experiences where staff sat with children and discussed healthy foods or which cutlery they might need, this helped children to develop a positive attitude to mealtimes. There were good opportunities for older children to learn new skills and be independent. For example, taking responsibility for pouring their own drinks, putting their things away and deciding which bin their food waste or packaging would go in.

Children's medication needs were well recorded in the service helping to keep children safe. One child's medication was not taken on a short outing during the inspection. The medication was not needed on this occasion. In order to ensure children's safety the service should develop their practice to ensure that children's medication is always taken on all outings. The staff team told us that they were taking action and changing practice to ensure that this would now always happen.

Quality indicator 1.3: Play and learning

Children were having fun playing with age appropriate resources which offered opportunities to support learning and development. There were responsive plans in place which extended some children's play through observation of their interests. Some staff narrated the children's play well helping to extend language skills, some staff used songs well to help children have fun and be active. Some staff asked questions well to support learning, curiosity and problem solving. More could be done to support children through effective questioning and use of additional communication systems to support effective communication, choice and learning (see area for improvement 2).

In some areas children were able to lead their own learning indoors. Children were having positive experiences in their play. For example, opportunities to support early numeracy and literacy skills, fun science experiences with ice cubes, and learning how to keep safe. Children enjoyed baking activities where they learned about measuring and following instructions, problem solving in construction area, planting seeds and caring for nature. However, core resources were not always available in some playrooms. For example, mark making, and creative and sensory experiences such as water play was not always available in the babies' playroom. (see area for improvement 3).

The preschool garden was a pleasant and rich space for play. Children had a good variety of opportunities. The gardens for younger children were much smaller and resources were limited. More could be done to ensure that there are rich experiences in the outdoors consistently for all ages (see area for improvement 3).

Learning journals shared how children were developing in nursery with families. Staff were on a journey to improving these since the last inspection. For some children, it was clear what skills they needed support to acquire, however it was not clear how this would be supported in the nursery. More could be done to share

what skills children were acquiring and developing appropriate next steps from these to help children to achieve (see area for improvement 1).

Children in the preschool room had been learning about how to keep safe in the nursery and on outings using SIMOA the elephant from the 'Keeping children safe- look think act campaign' (Care inspectorate 2021) . For example, on a walk to the library children were confident discussing road safety as they walked.

Areas for improvement

1. To promote children's overall wellbeing personal planning should be further developed to ensure that all children are supported to achieve their full potential. This should include, but is not limited to:

- ensuring that all individual needs are detailed,
- tracking and sharing any concerns,
- tracking and sharing children's progress and if they are reaching milestones,
- accessing support where needed,
- sharing strategies used to support individuals,
- using all of this information to support children to reach their full potential.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: as a child, 'My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.14) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. To support children to feel included communication methods should be reviewed to ensure that all children can have their views heard. This should include, but is not limited to:

- considering children's additional needs for communication, how they can be supported to understand what is happening and make choices about their day,
- strategies for communicating effectively with children and families who have English as a second language,
- strategies for communicating effectively with children who have specific communication needs.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: as a child, 'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9) and 'I receive and understand information and advice in a format or language that is right for me' (HSCS 2.9).

3. To ensure that all children to have high quality play opportunities to support them to have fun, learn and develop, the provider should ensure that the quality of experiences are consistent across the nursery. This should include, but is not limited to:

- ensuring that all children have access to high quality outdoor play experiences,
- indoor experiences give children a rich variety of experiences throughout their day,
- consideration is given to the opportunities provided when access to areas is limited, for example to facilitate quiet sleep spaces,
- core provision is routinely provided.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: as a child, 'I can direct my own play and activities in the way that I choose, and freely access a

wide range of experiences and resources suitable to my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

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

There was space for children to play and get involved in a range of activities indoors and in some of the outdoor spaces. Children in preschool had a rich variety of experiences which would support them to lead their own learning. They had opportunities to learn numeracy and literacy skills and had been caring for plants. The outdoor space for children under three was more limited. More could be done to enrich the experiences for the younger children in the outdoor areas. Consideration could be given to allowing the children from the two to three year olds playroom to have more free-flow access the garden space to give them more choice about where and what they wanted to play (see area for improvement 3 under key question 1).

Children were enjoying being taken on trips to resources in the local community helping them to develop an understanding of their local area and a respect for nature. This helped children to have a variety of outdoor experiences. Older children had opportunities to develop skills assessing risk and learning how to keep themselves safe. Staff should continue to develop the opportunities given to younger children to ensure that they are given more time outside with freedom to move, to help develop their physical skills.

Some areas of the setting were comfortable and homely, staff had taken time to develop the space to make these welcoming and pleasant for the children. In the preschool playroom, children were supported to explore and follow their curiosity helping them to be engaged in play which would support their development. In the younger children's playrooms more could be done to make the spaces inviting and comfortable for children. Providing children with provocations to play would support this. This will encourage them to use more areas of the nursery and help them to develop new skills.

Some spaces had resources which reflected children's home cultures. However, more could be done to ensure that this was consistent across the nursery to help children feel included. Some artwork was displayed in the nursery helping children to feel that their work is celebrated.

Sleep spaces had been well considered to ensure that these would be quiet and relaxing. For older children these were only available at specific times and limited the space available for younger children's play. Moving forward the service should consider how they had reduced the available play spaces and submit appropriate variations to take account of the changes made.

Toilets were not always independently accessible from the playrooms, staff supported children to access these well. However, this sometimes took staff away from supporting children's play. We highlighted to the manager where children's privacy and dignity was not always being maintained (see area for improvement 1). There was a washing machine in one of the toilet areas. Some cleaning items were stored in the staff toilet area. Children were lifting the lid of the bin to put paper towels in which reduced the effectiveness of their handwashing. These issues did not support effective infection control (see area for improvement 1).

In some areas the fabric of the building was looking tired and needing some maintenance. Some rooms had chipped paint and were lacking in natural light and ventilation. Some of the chipped paint was on the nappy

changing units and would prevent these from being cleaned effectively. Parents highlighted some concerns about areas of the garden which needed attention. The staff team highlighted that work to maintain the building had been scheduled and had been delayed by factors out with their control. Action to maintain the service would help children to feel respected (see area for improvement 2).

Areas for improvement

1. Toilet facilities should be reviewed and developed to ensure that these provide privacy and dignity for all children and support effective infection prevention and control in line with current best practice guidance. This should include, but is not limited to:

- reviewing toilet facilities to ensure children's privacy and dignity is maintained,
- removing inappropriate items stored in toilet areas,
- reviewing the location of laundry facilities to prevent the spread of infection, and
- reviewing the bins to ensure that children can access them without touching the lids.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: as a child 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment (HSCS 5.24).

2. The nursery environment should be maintained to ensure that it provides a respectful environment for children. This should include, but is not limited to:

- repairing and repainting chipped and damaged nappy change stations,
- repairing broken window shutters,
- repainting walls, and
- repairing or replacing damaged equipment in and outdoors.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: as a child 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

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 manager had developed a range of monitoring in response to changes in best practice guidance and current regulatory frameworks. This had supported them to identify a range of developments which could support improvement in the service. More could be done to ensure that all the improvements are measurable and where next steps are identified these form the basis of the next monitoring to ensure progress. Focussing on the expected improvements rather than any disappointment at not achieving them will help to keep the process positive and respectful.

For some areas we could see the impact of quality assurance work. For example, the lunchtime and snack time experiences. For others areas, like the maintenance of the environment, the impact was not yet evident. More work could be done to involve staff in the improvement work to help them lead aspects of

this. For example the monitoring based on 'Growing my potential' (Care Inspectorate 2023) had clear improvement aims, however staff were not able to say how this had impacted on their practice to improve outcomes for children.

Monitoring processes for some areas, were not yet effective. For example, managing accidents that occurred within the service. These had been collated, but not evaluated to identify patterns, or ways to reduce the number of accidents. We shared the current notification guidance to support the manager to identify where accidents or outbreaks of infection should be notified us.

Staff and families had been included in reviewing the vision for the service which helped them to feel involved in how the service was run. This was in progress while we visited so we could not yet see the outcome. Not all parents felt involved in a meaningful way in developing the service. One commented "The management do try to engage parents and respond quickly to emails. They reach out via surveys but I'm not quite sure how they use that data."

Some parents had attended garden parties, parents' evenings and stay and play events. Otherwise they were not in the service. The manager told us this was as a result of a consultation after they opened back up after the pandemic. Encouraging families to come into the service to drop off and collect children gives them more opportunities to see how the service is managed for them to be able to share their views through consultation. It also enables all children to see that adults are connected and working together helping them to have a sense of belonging. Monitoring of nursery events noted that many parents had not attended. Further work should be done to ensure that all families have opportunities to be involved in the nursery. Consideration could be given to how information is shared with families who do not collect their children regularly or have English as a second language. This would help them to be involved in developing the service and hearing about for example how their feedback has been used to make improvements.

Older children had been included in some consultation. The service should continue to review how they do this to ensure that all children are meaningfully engaged in consultation. This would help children to know that their opinions mattered.

The staff team told us they feel included in developing, shaping and improving the service, for example being asked to give ideas for new resources and changes in policy and having targets for improvement in their individual one to ones. Consideration could be given to the relevance and impact of training to support the service to achieve it's aims and promote further improvement. Where gaps in staff performance have been identified it was not clear how they would be supported to achieve. Targets were set however, like with children's personal plans, strategies to support them to achieve, and how this will be measured were not.

Overall work could be done to ensure that improvements are clear and measurable to help the service evaluate progress (see area for improvement 1).

Areas for improvement

1. To further develop the quality of the service and enhance outcomes for children, the provider should ensure that quality assurance processes, improvement planning and self-evaluation are further developed and embedded. The processes should consult with and share outcomes with children and their families. They should identify strengths and areas for improvements, with the development of clear improvement plans, measurable outcomes and monitoring to support positive outcomes for children and families.

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

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

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

The service was staffed to ratios during the inspection. We saw that additional staff who were scheduled to be off wanted to be in to be involved in the inspection process which meant there were more staff on duty than usual. There were however, times when staff were stretched to meet children's needs. Some children who had additional support needs were not always having their needs met. Staff had to accompany children to the toilets out with the playrooms. Two of the playrooms do not have free flow access to the gardens, which meant staff had to escort children in or out of the garden. The baby room had a separate room off the playroom which had to be supervised. These physical aspects of the building contributed to the difficulties in meeting needs (see area for improvement 1).

In the period after lunch in the two to three year old's room there were many opportunities missed for sustained, purposeful engagement and interaction. At times one member of staff was supporting seven children while another changed a child's nappy. This was similar in the preschool room at times, for example, after lunch one member of staff was working with eight children making it difficult to provide any sustained engagement with individuals (see area for improvement 1).

Staff were consistent and knew children well. Parents all said they had a good connection with staff and one commented "Staff are positive, welcoming and they know the my child well. Handover and H&S is always thorough." Regular agency staff attended to cover vacancies and they knew the children well. This helped children to feel safe. The staff from agencies were included in the photo boards informing parents of who was caring for their child. This helped them to feel well informed about the staff caring for their child.

Breaks on the whole were well planned. The service should continue to be mindful of staff wellbeing when planning the day and how breaks can be managed to help staff feel refreshed and rested throughout their day.

Staff were mostly nurturing however more work is needed to give children consistent care throughout their day and support their need for attachment. For example, keeping children with one staff member for extended periods of time to help them settle if they are distressed (see area for improvement 1).

Staff communicated well when they had to leave the room to get something that took them away from children and used walkie talkies to request support when they were outside. This helped to keep children safe.

Staff often worked well as a team to provide children with quality play. There were times when leaders should have been providing more direction about delegation of tasks and roles to other staff to ensure that children had positive experiences throughout the day. For example, the second day was better in babies when extra staff were in, less babies arrived than were expected and a plan had been discussed at the start of the day about how outside play would be managed (see area for Improvement 1).

New and agency staff had induction into the service. Core new staff were being supported through the 'Early learning and childcare: national induction resource' (Scottish Government 2023). This helped staff to know what was expected of them in their role.

Areas for improvement

1. To ensure that children have consistently high quality experiences in the nursery the service should review the effectiveness of staff deployment across the service. This should include, but is not limited to:

- ensuring that all staff including those in leadership roles have the right skills and experience,
- busier times of the day are planned for,
- attachment is considered as part of deployment decisions and practice,
- physical aspects of the nursery are considered in deployment decisions.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that as a child: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14) and 'People have time to support and care for me and speak with me' (HSCS 3.16).

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 promote children's overall wellbeing, staff should give all children the individual attention they need to support their learning and development.

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

This area for improvement was made on 30 May 2023.

Action taken since then

Staff were responding to individuals' needs for attention. Staff sat with children and engaged in play with them.

Some staff were providing narration which would support children's language development and some asked questions which would support children's curiosity and problem solving. The service should continue to work on this to ensure that this is consistent across the nursery for all children.

For some individuals the service have not been curious enough around what is going on for the children. For example exploring communication needs for children with English as a second language and taking action to support individuals where they are not meeting developmental milestones.

This area for improvement is not met and is continued in this report.

Previous area for improvement 2

The provider should ensure that all children are given daily opportunities for rich play and learning experiences outdoors. This is to allow them to enjoy access to fresh air, exercise and natural play opportunities which will benefit their health and wellbeing.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a child, 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This area for improvement was made on 30 May 2023.

Action taken since then

All children were given daily access to the outdoors, for children in preschool this was a very positive and regular experience, for children in the two to three year old room more could be done to facilitate the free flow aspect of access to the outdoors and for babies this continues to be an area that staff should work on to ensure they have positive experiences in their small detached garden area.

This area for improvement is 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 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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