

Lady Cathcart Nursery Day Care of Children

School Lane
Buckie
AB56 1AZ

Telephone: 01542836013

Type of inspection:
Unannounced

Completed on:
31 October 2024

Service provided by:
The Moray Council

Service provider number:
SP2003001892

Service no:
CS2018367382

About the service

Lady Cathcart Nursery is a day care of children service situated close to the town centre in Buckie. The service is registered to provide a care service to a maximum of 50 children at any one time aged from two years to not yet attending primary school, of whom, no more than 10 children will be aged under three years.

The service operates from renovated premises. It is ground level and consist of two playrooms, both of which lead onto a large outdoor play area. A large hall is also available and used for meals.

About the inspection

This was an unannounced inspection which took place on 29 October 2024, between 08:30 and 16:30 and 30 October 2024, between 09:00 and 12:45. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, 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
- contacted eight and spoke with four parents/carers
- spoke with staff and management
- observed practice and daily experiences
- reviewed documents.

Key messages

- Children's overall wellbeing was being supported by the warm and caring approaches of the staff.
- Families accessed the setting at drop and pick up times that helped to build relationships and promoted working together.
- Children were involved in leading their own play and learning that helped to promote their independence, they moved confidently around the play spaces both indoors and outdoors.
- Children would benefit from a wider versatility of play resources and creative approaches both indoors and outdoors, that provided challenge and enriched their learning.
- Children benefited from being cared for in a comfortable setting that was furnished to a high standard.
- Children experienced a warm and respectful atmosphere. Staff were caring and kind, that was conducive to children's wellbeing, confidence and self-esteem.

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?	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.

1.1 Nurturing care and support

Children's overall wellbeing was being well supported as children experienced warm and nurturing approaches. Staff were calm in their responses and where children sought comfort staff offered cuddles and reassurance. Where children needed support with personal care, staff were discreet in their responses and explained what was happening, it helped to promote their security and confidence. Suitable arrangements were in place for any children that needed to sleep. Whilst there was an adult play sofa within a playroom, it did not really represent a quiet space that provided a sense of calm. We discussed the benefits of quiet/ rest areas being inviting and cosy, that enabled children to choose safety, comfort or relaxation. It was also acknowledged that busy spaces could be overwhelming for small children.

Children enjoyed eating together in an unhurried and relaxed atmosphere. To help ensure that it was a positive social experience for all children, a group of children ate in the dining hall and a smaller group in the play room. Staff sat with the children, it enabled them to focus on the needs of the children and also helped to promote close attachment. Children were able to pour their own drinks and serve themselves at snack time, they collected their own lunch and cleared away their own plates. We discussed the benefits of children being more widely involved in the preparation and delivery of snacks and meals. The manager advised us that children being able to serve their own sides from the table was due to be re-introduced. A set rolling menu provided healthy food options and complied with children's dietary needs and/or food preferences. Children were able to remain hydrated throughout the day as their own water bottles were readily available from the hydration station, that was located within the playroom.

Continuity of care for children was supported through the use of personal planning that involved families, and helped to provide a holistic approach to the wellbeing needs of each of the children. Parents told us that they felt involved in their child's care and learning and felt able to approach any of the staff. They told us how staff had helped their child's development when toilet training. Staff shared the role of caring and supporting children with additional needs which also helped to promote understanding and consistency of care. Where any additional needs had been identified, key information that supported the child was being placed in a format that was readily accessible to all staff. It also helped to ensure a responsive approach to the needs of the child.

Chronologies also helped to identify children's needs and directed actions to support them well. Overall they were being used appropriately, there were some gaps in following up information to ensure needs were met and we discussed this with the manager.

1.3 Play and Learning

Children were involved in leading their own play and learning that helped to promote their independence, they moved confidently around the play spaces. Most children chose to play outdoors at various times enabling them to benefit from the fresh air. They decided whether to put on outdoor suits and most put on their wellington boots. Children were encouraged to try and do this themselves although staff asked if they needed help before doing so.

A small group of children enjoyed water play, using different utensils to pour, and a young child was painting a toy whale that was in the water. At the mud kitchen a child said they were making pies and needed water, they filled a bowl with water which they carried carefully that supported their co-ordination and muscle development. A child swung on the rope swing and told us it was fun, they had to hold on tight so they did not fall off. When lentils were placed in a tray outside a group of children enjoyed the sensory feel of it running through their fingers and pouring them in and through containers. A child spent some time painting leaves and then their hands and clearly enjoyed the feeling it generated. Whilst there were some loose parts (no fixed purpose materials) such as planks, crates and ribbed piping it was not being well used by the children. We suggested it may benefit from change of location and staff sparking children's interest/curiosity.

There was a tendency for staff to direct activities and missed opportunities for children to lead their learning, such as staff cutting out shapes and templates, a pumpkin had been mashed up and was uninviting rather than children investigating its use. There were frequent periods where children wandered between areas and were easily distracted. A small group of children resorted to quite rough play together whilst younger children were around and about them. There was some indication of literacy and numeracy being present such as a selection of fictional books and a group story time. The youngest children enjoyed singing rhymes together with staff before their lunch. Rhyming activities had recently been identified as an area to use more readily with the children to support their language development and communication.

Children would benefit from a wider versatility of play resources and creative approaches both indoors and outdoors, that provided challenge and enriched their learning. Incorporating more open ended (no fixed purpose), natural and real materials, literacy and numeracy across the spread of play experiences, would lead children to see how things worked to engage and explore their emerging interests. We discussed this with the manager as well as the use and organisation of play spaces. A play room was rarely being used by the children except for snack and a baking activity. Junk modelling materials were not being used as they were inaccessible to the children. Children interested in using the construction/small block play area were somewhat hindered by it's location and restricted space (see area for improvement 1).

Staff supported the emotional resilience of the children through holistic and nurturing approaches. Although children were having fun during play and staff were present, there were some missed opportunities for staff to extend children's thinking and widen their learning. A child had chosen to play with cars and was concentrating on the experience if offered, it was stopped by a staff member taking them to put on outdoor clothing, no conversation or explanation took place.

The service had some approaches in place to evaluate children's progress and achievements. For example, individual folders contained observations of children's play and learning with space for recording and a progress tracker. Some observations were informative and linked to next steps for learning. New assessment paperwork had been introduced and was in the process of being fully implemented. During our discussion with the manager and excellence lead, it was recognised that staff would benefit from training/practice discussion, that enhanced their knowledge and understanding of assessment. This was particularly relevant as a core of experienced staff were on temporary leave and it had resulted in changes to the staff team.

Children's opportunities for play and learning were to be enhanced through children having connections to their own and wider community. It was an identified area for improvement within the setting, small group outings were beginning to take place in the first instance. We accompanied a small group of children on a walk to a small wooded area/Burn. They enjoyed talking about sights on the way, such as the skate park

and 'big' school. They climbed up and down steps, and threw leaves into the stream from the foot bridge and talked about them floating away, before collecting some to take back to nursery.

Areas for improvement

1. To further support children to be meaningfully and actively involved in their play and learning. The manager and staff should establish a balance of spontaneous and planned high quality experiences that promote choice, engage children's imagination and enrich their play and learning.

This is to ensure that 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 for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

This is to ensure children's play and learning is consistent with the Care Inspectorate documents:

- a) A quality framework for daycare of children, childminding and school-aged childcare
 - b) Space to grow and thrive
 - c) Our Creative Journey
- and
- d) The Scottish Government document: Realising the ambition: being me
hub.careinspectorate.com

How good is our setting?

4 - Good

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

Children benefited from being cared for in a comfortable setting that was furnished to a high standard. Neutral décor and full windows provided plenty of natural light and ventilation that helped to promote children's psychological wellbeing. It helped to give the message to children that they mattered.

The setting was clean and well maintained. Staff were clear about the procedures for cleaning within the service to ensure a quality and safe environment for themselves and children in their care.

Staff and children followed good hand hygiene practices. Children washed their hands well often without any prompts, such as following outdoor play and before eating. Staff washed their hands before food preparation and after helping children to blow their nose. Staff used personal protective equipment (PPE) during personal care, that also helped to reduce the potential for infection. Soft furnishings were changed/cleaned and followed best practice. Staff had also completed food hygiene training to support food safety.

Overall staff worked well together to remove risks both indoors and outdoors at the setting, it enabled children to explore and enjoy challenges. Arrangements for security within the setting had been well considered. Prior to an outing we observed that staff talked with the children about keeping themselves safer such as road safety and staying with adults/big people. On a walk children held hands and stayed close to each other, staff provided reminders and provided close supervision. Leaders continued to support staff and implement procedures and practice that enabled staff to feel confident when outdoors in the wider

community. Children were accounted for across the day, it helped to ensure that children's activities were not compromised and they were supported to enjoy different play experiences.

A sensory room helped to provide a safe environment where children could regulate their emotions and behaviour and reduce their anxiety.

The arrangement and structure of indoor and outdoor environments that take account of children's stages of development and learning are noted in Quality Indicator 1:3 play and learning.

How good is our leadership?

3 - Adequate

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

A review of the vision, values and aims of the setting had taken place and was in its final stage of consultation with families. The process reflected the aspirations of staff, children, families and the wider community so that it helped all to know what was important to the setting.

The manager had been in post for a relatively short period they had placed a focus on sharing information and meaningful involvement of families. Newsletters had been issued to families, stay and play sessions had taken place and an open approach had been put in place for this to continue. Planned events such as a coffee and chat fundraiser at the setting had involved families and due to its success more events were planned. Families accessed the setting at drop and pick up times that helped to build relationships and promoted working together. Some parents told us that they had been asked to share their views about the new values, they liked being able to enter the setting during handovers of the children, and speak with staff. A parent had enjoyed attending stay and play and seeing their child at play, a couple of parents were visiting at the time of our inspection. We discussed the benefits of meaningful parental involvement with the manager. Ref: Me, my family and my childcare setting: A practice note for building stronger connections and meaningful relationships - careinspectorate.com.

Floor books (scrapbooks that collate and organise children's thinking) showcased the children's voice as they made children's learning visible. We considered they could capture children's interests and enquiries at a deeper level, to better inform their learning journey. Children would benefit from continued opportunity to be more involved in the evaluation of their environment. For example proposed changes to the lunch provision in terms of self-service.

Staff had a clear understanding of and shared daily roles such as meet and greet at drop off/pick up, meals and snacks, personal care, that helped to ensure smooth delivery of the service. Staff meetings were beginning to provide consistent opportunities for staff to reflect together to share practice and to be involved in a meaningful way that helped to foster ownership of change improvement. We suggested that where such meetings took place there was also a record/minute for the purposes of self-evaluation.

The manager had been in post for a relatively short time after a somewhat unsettled period of management within the setting. There were early indications that the service improvement plan (SIP) was being used in a more consistent way to inform future improvement in the quality of the service to children and families. A method of quality assurance in relation to some systems such as medication, accident/incidents had been established. There were some gaps in relation to a programme of observation and examination that helped to identify inconsistencies and aspects of practice that could be improved. We discussed the benefits of such systems being clearly identified and implemented with the manager, to support a robust approach that enhanced delivery of quality practice (see area for improvement 2).

How good is our staff team?

4 - Good

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

Leaders had ensured that the service was appropriately staffed during the day to support the wellbeing of children. Staff had different roles associated with their levels of experience, skills and knowledge. Daily responsibilities were shared between the staff to support children's experiences across the day. Staff breaks were planned to minimise the impact on the children whilst enabling staff to refresh.

Newsletters helped to inform parents of any changes to staffing. There were introductions at handovers and a staff identification board in the reception area could easily be viewed by parents. Parents told us that staff were welcoming and friendly, they were always approachable and listened to any concerns/issues.

Regular check-ins and communications with staff helped to promote continuity of care and positive transitions such as lunch and drop off/pick up times. We discussed dispersal of staff with the manager in relation to opportunities for free flow (indoor/outdoor) play. There was scope to examine the arrangements, so that staff were able to consistently promote interactions and support to the children, that helped to ensure quality outcomes.

Children experienced a warm and respectful atmosphere. Staff were caring and kind, that was conducive to children's wellbeing, confidence and self-esteem. This helped to contribute to good outcomes for children.

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 support the safety and wellbeing of children requiring medication the manager should ensure that an accurate and up to date record is in place. Review all consent at least every three months or at the start of new term to check that nothing has changed.

This is to ensure that 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) and

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 21 September 2023.

Action taken since then

The management of medication was being reviewed to ensure that it followed good practice and supported the safety and wellbeing of children.

This area for improvement has been met.

Previous area for improvement 2

To support improvement that enhances the delivery of high-quality practice, leaders should continue to establish sound methods of quality assurance.

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8) and

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

This area for improvement was made on 21 September 2023.

Action taken since then

Some gaps in the quality assurance system meant that inconsistencies in practice were not being fully identified and did not highlight improvement.

This area for improvement has not been met and remains in place.

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	4 - Good
1.3 Play and learning	3 - Adequate
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?	4 - Good
4.3 Staff deployment	4 - Good

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