

Raigmore Primary School Nursery Day Care of Children

Raigmore Primary
King Duncan's Road
Inverness
IV2 3UG

Telephone: 01463 234 971

Type of inspection:
Announced

Completed on:
30 October 2024

Service provided by:
Highland Council

Service provider number:
SP2003001693

Service no:
CS2003017260

About the service

Raigmore Primary School Nursery is a day care of children service situated in the Raigmore area of the city of Inverness.

The service is registered to provide a care service for a maximum of 54 children aged three years to not yet attending primary school.

The service is situated in a residential area near shops, wooded walks and other amenities. The children are cared for in a purpose-built playroom with access to a fully enclosed outdoor area. A second building opposite the main nursery building houses a catering kitchen from where the children are served and eat hot lunches each day. This playroom will also be used for daily activities and play as numbers of children registered to attend the service increase.

About the inspection

This was an unannounced inspection which took place on Monday 28 October, between 13:00 and 16:30, Tuesday 29 October, between 08:45 and 16:40, and Wednesday 30 October, between 09:00 and 12:00. 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, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- reviewed two responses to our MS Forms survey of family members of people using the service
- spoke with seven staff and management
- observed practice and daily experiences
- reviewed documents.

During our inspection of the service, Education Scotland were also on site carrying out an inspection of the nursery and primary school. Their inspection findings will be published in a separate report on the Education Scotland website in due course.

Key messages

- Children experienced interactions with staff which were warm, positive and nurturing.
- Children's needs were not being consistently and effectively met as personal plans were not always updated to reflect current needs.
- Identified strategies to support children's care and learning needs were not consistently used.
- Children experienced, calm, unhurried snack and lunch times.
- There was the potential for children's health and wellbeing to be impacted by inconsistencies in infection prevention and control measures.
- Some quality assurance processes were in the early stages of implementation and were not yet having a measurable impact on improvements.
- Limited progress with improvements was limiting impact on children's outcomes and 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?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	2 - Weak
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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

1.1 Nurturing Support and Care

Children's overall wellbeing was supported by calm, caring and nurturing interactions with staff. Adults often got down to make eye contact and interact with children at their level. This helped to make children feel listened to and valued.

When children needed support with personal care staff were mostly responsive to their needs. Staff were not always sufficiently aware of where children were and what was happening in the playroom. This meant that children were not always getting support at the right time. For example, one child's privacy and dignity was compromised when staff were alert to their need for support. The manager should now evaluate, through staff monitoring, where there are gaps in staff deployment which could lead to reduced quality of children's care.

Both snack and lunch time were calm, pleasant experiences for children. Snack provided several opportunities for children to develop independence skills. For example, helping to prepare food, select and pour their own drink, and clear the items they had used from the table. The high-quality interactions of one member of staff introduced numeracy and maths language to the snack experience. They encouraged children to talk about colours, numbers and shapes. At times staff became task focused and did not always sit with children while they ate to promote safe eating. This meant they were distracted from being alert to children's wellbeing as they ate. We signposted the manager to "Good practice guidance: prevention and management of choking episodes in babies and children" to support the development of staff understanding and competency in relation to safe eating practice.

Children had an unhurried, relaxed lunch experience in the building opposite the main nursery building. There were fewer opportunities for children to be involved in their lunch experience. We suggested that items such as salad or vegetables could be served at the table to increase children's involvement in lunchtime. Food was served on plastic trays. The provision of plates for all children would help foster a more homely meal experience. Staff sat with the children as they ate which supported them to eat safely and be gently encouraged to eat well. Support for children with identified needs around eating was limited. The service should identify effective strategies to support all children to make progress towards eating well and healthily. Staff had a system to record how much lunch children had eaten to inform their handover to parents at the end of the day, promoting continuity of care. The staff could consider using a similar system for snack. This would give an overall picture of how well and how much a child has eaten across their day.

Children's emotional security and wellbeing were compromised by poor arrangements for rest or sleep. A couple of children's personal plans identified that they may need to nap or sleep at nursery. There were not suitable arrangements in place for children to rest or sleep. (see also section, How good is our setting?) This could impact on good habits around sleep and overall wellbeing. As a result, we made an area for improvement (see area for improvement 1).

Individual children's needs were not being effectively met as they did not consistently get the support they needed at the right time. For example, clear strategies of support were not consistently identified for individual children.

Where support strategies had been identified these were not being reviewed and updated to reflect children's current development needs and progress. As a result, where children needed additional support, staff were not always using appropriate strategies to meet their needs. Information in personal plans was not always updated so did not reflect children's current needs. As a result, children did not always receive the care and support they needed (see requirement 1).

1.3 Play and Learning

Children had some opportunities to follow their interests and most were engaged with activities but this was not consistent. One or two play and learning activities responded to children's current interests and learning. At times in the day, play was less structured around children's needs. For example, one child was not supported to continue their engagement in play that was holding their interest. Instead they were persuaded to join a whole class, adult-led gather. After lunch, children played in the second playroom until everyone was finished lunch. Play opportunities in this room were not attractively set-up and did not support quality play and learning. This did not foster a message to children that they were valued.

On the whole, children experienced nurturing interactions with staff conducted at their level. Some play and learning experiences were not consistently enhanced by skilful interactions and open-ended questioning to extend ideas and thinking. This meant that the impact of play on their learning and progress was sometimes limited. Staff were not always responsive to the needs of one or two children who needed support to engage fully in play. Others would have benefitted from adult interaction to support their involvement in small group play and to help them build friendships. Some opportunities were missed to engage children, who played quietly and contentedly, in interactions to build skills, knowledge and understanding. (see area for improvement 2).

Children were not consistently supported to make progress and achieve their full potential. This resulted in missed opportunities to extend children's understanding and learning. Some learning and skills were recorded in observations. Next steps were not identified to support constructive, ongoing learning and development. Clear links between observations of children's learning and planning for activities were not apparent. This meant that opportunities were missed to build effectively on children's achievements and plan appropriate next steps in learning. A system to track progress had just been introduced. It was too early to assess the impact of this on children's outcomes.

Planning for play, learning and development was ineffective. This meant that some activities did not respond to children's current interests and stage of development. Consistent monitoring of children's engagement in different areas across the nursery would enable staff to respond to and extend current learning and development interests. Where monitoring of an area demonstrates successful engagement, the service should evaluate how similar improvements could be implemented to affect positive impacts on children's play and learning. For example, an ice cream parlour role play provided rich opportunities for imaginative play, numeracy and literacy learning. We suggested the service evaluate other areas across the nursery to increase the appeal of spaces to provide children with high quality experiences (see area for improvement 2).

There were limited opportunities to support and develop children's literacy and numeracy skills, knowledge and understanding. Some children's language development was benefitting from regular input. However, literacy and language strategies, such as 'Words Up' strategies, were not consistently used in staff interactions with all children. Children's language development would benefit from consistent use of such strategies. Staff did not always recognise opportunities to extend numeracy, language and literacy understanding. Literacy and numeracy experiences were separate rather than embedded across areas. This meant that opportunities to explore literacy and numeracy learning through play and resources was limited.

As a result, there were missed opportunities to enrich children's literacy and numeracy skills and understanding. For example, a box of numeracy resources was not consistently available during outdoor play.

Requirements

1. By 21 February 2025, the provider must ensure each child receives appropriate care and support and their needs are met.

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

- a) Ensure personal plans set out children's current needs and how they will be met.
- b) Ensure all staff are aware of and understand the information within the personal plans and use this to effectively meet each child's needs.
- c) Ensure personal plans are regularly reviewed and updated in partnership with parents to reflect children's current needs.

This is to comply with Regulation 5(1)(2) – (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that: "My personal plan (sometimes referred to as a care plan) is right for right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15)."

Areas for improvement

1. To ensure that children's health and wellbeing is supported the service should provide safe, cosy spaces where they can rest and relax comfortably. This includes but is not limited to providing a space for children who need to rest or sleep to comfortably lie down, where they can be safely monitored by staff.

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

"If I experience care and support in a group, I experience a homely environment and can use comfortable area with soft furnishings to relax" (HSCS 5.6).

2. To enable children to receive high quality play, learning and development opportunities, which support them to reach their full potential, the manager and staff should as a minimum ensure:

- a) All children experience an environment that is welcoming, well furnished, comfortable, and homely.
- b) Play spaces offer a range of resources and materials to effectively challenge and stimulate children, and reflect their current interests and curiosities, both indoors and outdoors.
- c) Staff have the knowledge and skill to respond to children's individual interests and needs with high quality interactions.

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).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Children were welcomed into a tidy, organised cloakroom. The playroom benefitted from natural light with the sliding door open to the outdoor area for most of the day providing good levels of ventilation. There were missed opportunities to comfortably and invitingly furnish the setting. Although the general fabric of the building was in good condition some of the paintwork was marked. Many soft furnishings and some resources looked old and dirty. We advised the manager during our inspection to remove a large floor rug children were sitting on which was visibly dirty. This had the potential to impact on children's health and wellbeing.

We found a number of infection prevention and control issues which had the potential to impact negatively on children's safety, health and wellbeing. The toilet door was propped open increasing the risk of cross infection into the playroom. We signposted the service to the Care Inspectorate document Space to Grow and Thrive for best practice guidance. The local authority cleaning team was experiencing absences during our inspection. The contingency plan for this situation meant that floors, carpets and rugs had not been cleaned for at least two days. The provider now needs to implement effective systems to ensure the environment remains safe and clean. (See requirement 2)

Children's health and wellbeing was not yet benefitting from having a suitable and inviting, cosy space to relax. A small area had been created from partition panels and contained some soft furnishings. However, there was not sufficient space for children to rest comfortably. Tired looking soft furnishings made the space uninviting. For children who wanted a story read to them there was nowhere, such as a sofa, for them to enjoy reading comfortably with an adult. The service should now evaluate areas in the setting to increase opportunities for children to rest and relax comfortably in homely, appealing, spaces. (see area for improvement 1 in section How good is our care, play and learning?).

The indoor and outdoor environments provided children with basic play experiences. A few areas across the setting had been developed and resourced to promote imagination, creativity and learning. For example, an ice-cream parlour role play area had been set up in the playhouse outdoors. Children's play was enhanced with the provision of mark making materials, a till with real coins and some resources which invited play and provoked children's imagination. Staff interactions and questions developed children's role play. Other areas such as the sand and water play and the indoor role play area were underdeveloped, uninviting and did not promote curiosity or foster interest.

Requirements

1. By 17 January 2024 the provider must ensure children's health and wellbeing is supported by effective prevention and control procedures.

This is to ensure that infection prevention and control measures are consistent with the Public Health Scotland guidance document, "Health protection in children and young people settings, including education."

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

- a) Ensure that arrangements are in place for effective, daily cleaning which take into account cleaning team absences.
- b) Ensure dirty items such as rugs and cushions are washed, removed or replaced.

c) Ensure door to toilets is closed to maintain infection prevention and control, and to respect the dignity and privacy of children.

This is to comply with Regulation 4 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

4. (1) (d) provider must where necessary, have appropriate procedures for the prevention and control 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 an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22)

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The manager had recently taken on the role of head teacher of the school and managing the ELC service. We acknowledged that she had been dealing with some unique challenges across the school community during her first few weeks in post. These had taken up much of the manager's time. As a result, we identified significant concerns in areas which had not been identified or addressed compromising children's safety and wellbeing (see requirement 1 in section, How good is our setting). We advised the provider that they must ensure there are sufficient resources to support the continuous improvement of the ELC service. (See requirement 3)

The manager had begun to put some systems in place for quality assurance. However, these were at very early stages of implementation. This meant it was too soon to discern any impact on children's outcomes and experiences. As a result, there were significant gaps in quality assurance systems including infection prevention and control and how individual children's needs were being met. We advised that robust quality assurances, including monitoring and self-evaluation, must now be implemented to ensure continuous improvement for positive impact on children's outcomes (see requirement 4).

Effective systems were not yet in place to support staff to reflect on their practice and the service as a whole. This led to children experiencing inconsistent support to make progress. Staff told us that they had undertaken various professional development and training to inform their practice. Staff were not being adequately supported to develop their understanding of self-evaluation processes. Monitoring of staff practice was at too early a stage to measure impact. Opportunities for staff to reflect on their practice, for example, through support and supervision, were not yet sufficiently regular to positively impact on making improvements in the service. This limited the overall ability of the service to improve outcomes for children (see requirement 4).

Requirements

1. By 21 February 2025, the provider must ensure positive outcomes for the children using the service. To do this, the provider must allocate sufficient resource to ensure the service is effectively managed and led.

This is to comply with Regulation 4 (1)(a)(b) (welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/10)

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

2. By 21 February 2025, the provider must ensure that there are robust quality assurance processes and systems in place to monitor progress in making improvements, and ensuring that these are sustained.

To do this the provider must at a minimum ensure:

- a) Clear and effective plans are in place for maintaining and improving the service.
- b) The manager effectively monitors the work of each member of staff and the service as a whole.

This is in order to comply with Regulation 3 and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure care and support is consistent with the Health and Social Care Standards, 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.

Children's care and wellbeing benefitted from staff who communicated professionally with warmth and compassion. Staff worked well together as a team and communicated effectively. For example, they informed each other when tasks or responding to children's needs took them away from an area or room. Staff breaks were planned to ensure that children were supported by enough staff at key times of the day, such as lunch time. This meant that for busier times of the day, some consideration had been given to children's continuity of care.

Staff did not always position themselves to interact and extend learning effectively. When children were not fully engaged in play, staff did not consistently interact to foster their interests and enhance play. This meant that play and learning experiences were not always being maximised to ensure children's individual development needs were supported.

The provider had taken on board the needs of the children when allocating staff. This meant that children were supported by sufficient staff to meet their needs. Some members of the staff team had joined the service within the last year. Staff had built positive working relationships. They reflected to us that they feel they work well as a team. We suggested the service considered formal arrangements for induction and mentoring to support less experienced staff effectively. Regular, effective monitoring of staff practice would support staff skills and talents to be cascaded and shared. The manager should evaluate the deployment of staff throughout day to support the development of skills across the team.

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?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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