

Hermitage Park Primary School Day Care of Children

Hermitage Park
Edinburgh
EH6 8HD

Telephone: 01315 542 952

Type of inspection:
Unannounced

Completed on:
15 January 2025

Service provided by:
City of Edinburgh Council

Service provider number:
SP2003002576

Service no:
CS2003017031

About the service

Hermitage Park Primary School is registered to provide a daycare of children's service to a maximum of 30 children at any one time between the ages of 3 years and entry into primary school.

The nursery is located in a building within the grounds of Hermitage Park Primary School in the Lochend area of Edinburgh. The accommodation consists of one playroom, toilet facilities, office space, kitchen area and a foyer. There is also direct access to a fully enclosed outdoor space directly from the playroom and the foyer area. Local transports links and community amenities are located nearby.

About the inspection

This was an unannounced inspection which took place on Tuesday 14 January 2025 between the hours of 09:20 and 16:25. We returned on Wednesday 15 January 2025 between the hours of 08:55 and 16:30 to continue with the inspection and provide feedback.

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:

- spoke to and interacted with children using the service
- spoke with staff, headteacher and depute headteacher
- observed staff practice, daily routines and children's experiences
- reviewed documents relating to children's care and the management of the service
- took into account feedback from families we spoke to and from the ten families who completed the online survey we issued.

Key messages

- Children's health and wellbeing needs were supported as staff knew the children in their care well. Ongoing development of personal plan documentation would further support a consistent approach to the gathering and recording of updated information including individual strategies of support, medication or dietary needs.
- Children's safety was supported through ongoing risk assessments of the environment and staff vigilance. Developing a consistent approach to the assessment of the environment and ensuring the maintenance of the setting is actioned would enhance children's experiences.
- Quality assurance processes supported ongoing improvements to the service. Developing the self evaluation processes to include further observations of the routines of the day, and children's experiences would help support positive outcomes for all children.
- The deployment of staff and their skills supported children's care and wellbeing needs. To ensure a consistent and effective approach throughout the day, the deployment of staff should be continually monitored by the leadership team.

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?	4 - Good
How good is our setting?	4 - Good
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?

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 1.1: Nurturing care and support

Children experienced warm, caring and nurturing approaches from staff which resulted in positive relationships being established. Staff knew the children in their care well and were respectful in their approach. This meant that they responded sensitively and provided support when needed. For example, taking account of children's individual needs and preferences as well as supporting children when they were upset and during transitions throughout the day.

Feedback from families about what they liked included, "Friendly, professional, helpful and caring", "I like the staff, they are professionals and provide a really good care for the children" and "The personal level attention given to children and the detailed updates on the child's day."

Children's overall health and wellbeing needs were supported through the use of their personal plan information. For example, information gathered from families about children's individual care and support needs included dietary, health, medication and any strategies of support. Links with other professionals had also been established which helped staff to respond sensitively to any care and support needs. Personal development documentation should be further enhanced to support a clearer and consistent recording approach for updates to information and the associated strategies of support. This would help ensure staff access up to date information to support children to reach their full potential.

Where children had medication needs, this was stored appropriately. However, to ensure children's safety, the medication system needed to be improved. For example, medication expiry dates were not clearly documented and this resulted in medication not being replaced prior to the expiry date. Although action was taken to address this during the inspection, further progress was needed to ensure that all medication and associated information was reviewed with families at least every 3 months in line with best practice. This would help ensure that accurate information was held and any medication replaced by families prior to any expiry dates. This would ensure that children's health and wellbeing needs were kept up to date and medication needs effectively monitored by staff (see area for improvement 1).

Children could choose when to come for their snack and lunch and this minimised the interruption to their play. A member of staff sat with children during lunchtime and a further member of staff supported the serving of foods with children. Staff were knowledgeable of how to keep children safe and this included minimising the potential of choking and ensuring any dietary needs were met. Mealtimes also provided children with the opportunity to learn new skills, encourage confidence and independence. For example, learning to self serve their foods and pour their own drinks. At lunchtime, foods were served from the kitchen area. This meant that children were often moving back and forth to return for further choices and to collect their coats to go outside once finished. As a result the lunchtime routine was busy and distractions meant that the atmosphere was not always relaxed. The service were reflective of this and ongoing leadership observations and assessments of mealtimes were to continue to monitor and enhance children's experiences.

Quality indicator 1.3: Play and learning

Children benefited from a variety of play and learning opportunities. For example, construction, water play, story telling, playdough, puzzles and sand. This meant that children could lead their own play and make choices from a range of experiences. Staff were skilled at using questions and discussions to support children's needs and extend their learning experiences. For example, one child was going to the dentist, and a member of staff sourced a book. They then enjoyed reading this book together to learn about what to expect. Photographs outlined other opportunities to extend children's interests in the police by arranging a visit to the nursery. Children enjoyed looking at the photo memories on the smart board with staff and talking about their experiences.

Table top space for activities was limited at times as tables were needed for snack and lunch routines. This meant that some activities had to be moved and this interrupted children's play. Children also took resources from activity areas to use in other parts of the nursery during their play. This limited the choice of resources for other children and some areas were not well used. To further support children's experiences and imagination, expanding on the available resources and provocations would support children's choice of resources. For example, the home area. Areas should also be monitored by staff to ensure that these were well presented and inviting to children throughout the session. For example, the construction space and water play areas were cluttered. This would support children to have full access to the resources needed to revisit their learning and to reach their full potential.

Children's skills in literacy and numeracy were supported and developed through a variety of opportunities as well as through skilled interactions of staff. For example, story telling, matching, use of games using technology, measuring and pouring. Audits had been carried out by the leadership team and staff which identified the core resources to support children's learning experiences. Further resources and provocations were to continue to be enhanced to support and extend children's learning opportunities.

Staff skills and the planning approaches meant that children's play and learning experiences were responsive to their interests. Children's experiences and progress were assessed and evaluated on an ongoing basis by staff. As a result, most children were engaged and focused during their play whilst other children needed additional support or the reassurance from staff. The service was committed to continuing to develop their approach to their evaluation of the planning processes and the recording of this. For example, taking account of children's responses and the next steps to support their ongoing learning experiences or interests.

Children's individual achievements and next steps for learning were shared with families online and through consultations with staff. There was some opportunities for information sharing at the start and end of the day. Feedback from families included "Very friendly, and provide updates in details. Always available for discussions and take well care of children". Other feedback included, "More staff, hand overs are rushed and quality time with child to understand and assess their needs" and "Better updates of the day and progress plan on learning available online to track". Whilst weekly updates were given to families online, the service was reflective of this feedback. For example, sharing visual feedback in the foyer about children's daily experiences and the opportunities provided each day. This would help ensure all families were kept up to date with information about their child's play, learning and experiences in the setting.

Areas for improvement

1. To ensure children's safety, health and wellbeing, information about their medical or medication needs should be reviewed with families in line with best practice. Information should also clearly document the expiry date of any medication, the signs and symptoms of medical needs and the action to be taken to

support their individual needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

How good is our setting?

4 - Good

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

Quality indicator 2.2: Children experience high quality facilities

Children benefitted from a welcoming environment which was warm, well furnished and comfortable. There was also plenty of natural light and ventilation to support children's wellbeing. Children's safety was maintained as the garden was fully enclosed and staff were vigilant when families were entering or leaving the premises. We discussed that softer lighting should be considered in parts of the playroom for children's comfort rather than the bright overhead strip lighting.

There was a variety of experiences and resources for children to independently access which reflected their interests and curiosities. Spaces indoors were generally well presented with comfortable places to sit and relax. However, at times, some spaces became cluttered throughout the day. This meant that some areas were not inviting to children to support their curiosities or fully used by children. For example, the home area. Further observations and audits of the resources and environment would support the leadership team and staff to assess children's use of the spaces, presentation of areas and where additional resources would extend their learning opportunities.

Children's health and wellbeing was supported as they routinely had the opportunity to have fun and be active outdoors. Children could choose from a variety of different play types and experiences including climbing, balancing, swinging and use of loose parts play to support their imagination. Children could see planes in the sky and this interest led to them making rockets. Some children also enjoyed making and using ribbon flags to experiment what happened when it was windy or when there was no wind.

Feedback from families about the outdoor experiences for their child included, "My son loves having free flow access to and from the garden. He especially enjoys using the bikes outside", "Messy play outside, musical activities" and "The garden could do with a refurbishment". The leadership team and staff advised that the garden area and resources were to be further developed to enhance children's outdoor opportunities and experiences.

Staff were vigilant when children needed support during their play including reminding them of the boundaries. Risk assessments and daily checks by staff supported the assessment of the environment and information about how any potential risks would be minimised. Developing a consistent approach to the use of the daily prompts and what to assess would further support staff to identify any potential issues to ensure children's safety. For example, during the inspection, we identified that the water was cold at the handwashing sinks within the children's toilet facilities. The service reported this to the provider to be addressed. Further involving children in the daily risk assessments would also help them to learn more about identifying risks and keeping themselves safe. For example, where to use the bikes safely outdoors and ensuring bike helmets were worn to maintain their safety.

Following an area for improvement in the previous inspection report, the provider had taken action to maintain the toilet and nappy changing facilities. However, the new nappy changing unit was showing signs of wear and tear. During the inspection, an interim covering was installed to support effective cleaning. A new unit was also ordered. Other aspects of the environment needed maintenance to be progressed by the provider. For example, the cleaning of the radiators underneath the guards, painting of worn woodwork and the upkeep of damaged plasterboard walls in the playroom. This would ensure that children access a high quality environment (See area for improvement 1).

Infection prevention and control practices such as regular handwashing helped support children's health and wellbeing. Staff reminded children to do this throughout the day and handwashing routines were carried out before eating, after going to the toilet and after personal care routines.

Areas for improvement

1. To ensure children's health, safety and comfort, the provider should ensure maintenance issues are carried out promptly and timescales clearly identified. This should include but not be limited to, improving the nappy changing facilities, the damaged plasterboard, addressing the worn painted surfaces and regular cleaning of the radiators.

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

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

There was a shared vision, values and aims for the service and these, as well as training, helped to inform staff practice. An improvement plan had been developed and identified the priorities for the nursery. Children's views were valued by staff and as a result, children were respected and included. Families also had the opportunity to be involved in the service through stay and play sessions. This along with surveys provided the opportunity for families to evaluate the service and influence change. The leadership team were due to share the results of a recent survey about literacy to outline the action taken as a result. For example, children could access the school library each week to choose a book to take home. Further surveys and opportunities for families to be further involved in developing the service were to continue to be progressed.

Feedback from families outlined that they had opportunities to be involved in a meaningful way to help develop the service. Some additional feedback included, "I wish there will be more opportunities for parents to come and stay with their kids for few hours on allotted time schedule to experience what their day is like", "1:1 better understanding of needs/likes/dislikes" and "Would love to help fundraise for the nursery".

Quality assurance processes supported the leadership team and staff to assess and reflect on what worked well in the service and identify areas for development. For example, sharing of best practice documents,

discussion through team meetings and audits of the environment. As outlined in this report under How good is our care, play and learning? and How good is our setting?, there were some gaps highlighted in the current self evaluation processes. These were to continue to be developed and embedded into practice to further assess children's experiences and any changes that may be needed.

Staff inductions and training helped ensure their knowledge and awareness of their role and responsibilities including the safeguarding of children in their care. This meant that staff knew who to contact in the event of any concerns.

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 leadership team were committed to ensuring staff deployment considered the mix of staff skill and experience as well as promoting continuity and support for children. At times additional support from designated staff in the school was also provided. The leadership team also spent time in the nursery to get to know children and their families.

Staff worked well together as a team, communicated their movements and modelled respect towards each other and children through their interactions. There was a clear approach to identifying staff roles and responsibilities. For example, there was a staff rota for the setting up of the nursery and for working within specific areas throughout the day. Some staff also had the opportunity to be responsible for and to develop their skills for key roles in the setting such as taking the lead in technology and literacy. As a result, this helped identify what was working well and any areas for improvements to support children's experiences.

Feedback we received from families outlined that that staffing was consistent and the minimum staffing ratio was met. However, they did not all agree that there was always enough staff in the service to support children's varied needs throughout the session. Staff deployment was continuing to be monitored by the leadership team to ensure this was effectively supporting children's individual needs and experiences consistently throughout the day. For example, taking account of staff working patterns, staff lunches at busy times of the day, the layout of the environment and children's access to Rainbow room within the school to support their needs. This would help identify where additional staff support may be needed and to ensure there was a consistent approach to supporting children to reach their full potential.

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 keep children safe and protected from harm, and the potential spread of infection, the provider should ensure that all areas within the nursery are in a good state of repair to reduce the risks associated with any potential hazards in the premises.

This should include, but is not limited to:

- a) ensuring surfaces in high-risk infection areas are of a suitable material so that they can be easily cleaned, for example, toilet cubicles and handwashing sink areas within bathroom and play space; and
- b) ensuring furniture, fixtures and fittings are both in good working order and a good state of repair.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

This is also to ensure that infection prevention and control practices are consistent with the Health Protection Scotland document, Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings).

This area for improvement was made on 24 October 2023.

Action taken since then

Since the previous inspection, the provider had carried out some refurbishment of the toilet facilities and sink areas within the setting. This had included the provision of new toilet flushes and a purpose built nappy changing unit. Some new soft furnishings had also been provided.

This area for improvement has been met.

However, we have outlined further action that is needed to support sustaining ongoing maintenance of the environment to ensure children experience high quality facilities (See How good is our environment? section of this report).

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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	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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