

Argyle Bridge Children's Nursery - Haddington Road Day Care of Children

8 Haddington Road
Tranent
EH33 1HW

Telephone: 01875 616 629

Type of inspection:
Unannounced

Completed on:
6 March 2025

Service provided by:
Argyle Bridge Limited

Service provider number:
SP2018013145

Service no:
CS2018367875

About the service

Argyle Bridge Children's Nursery - Haddington Road, is registered with the Care Inspectorate to provide an Early Learning and Childcare service to a maximum of 43 children not yet attending primary school at any one time. Of those 43, no more than 13 are aged under two years.

The service is located in the town of Tranent and is provided from a converted residential building, with a safe and secure garden to the rear and courtyard/driveway to the front.

Children were cared for within four separate playrooms, across two floors.

About the inspection

This was an unannounced inspection which took place on Monday 03 March 2025 between 08:15 and 15:20. We returned to complete the inspection on Tuesday 04 March 2025 between 10:10 and 15:35. Two inspectors from the Care Inspectorate carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

This inspection was part of a pilot to test the 'Quality improvement framework for early learning and childcare sectors' developed jointly with Education Scotland. Because this inspection was part of a pilot, no new evaluations (grades) have been awarded.

During the inspection we:

- spoke with and observed children using the service
- received 34 completed online survey responses from parents
- spoke with the staff, the manager and provider
- observed practice and daily life
- reviewed documents relating to children's care and management of the service.

Key messages

Children benefited from a staff team which was stable and happy. This resulted in a growing ethos of reflective practice and continuous improvement for children.

A good range of learning experiences were on offer for children. The service was continuing to develop the planning for learning to ensure it was consistently supporting individual children's development.

Four areas for improvement from the last inspection had been met. This meant that children had improved mealtime experiences and a more responsive flow to the day, through enhanced staff deployment and quality assurance processes.

Two areas for improvement from the last inspection had not been met. While improvements had been made to improve outcomes for children around nappy changing and medication management, these were not yet fully embedded for consistency.

Since the last inspection, the service had embraced improvement planning, which involved children, parents and staff. This was starting to ensure everyone had their views heard and considered.

Leadership

Quality indicator: Leadership of management, staff and resources

The service had gone through a recent period of change involving staff and management. This had led to the building of new relationships, nurturing each others morale and forming a functioning team. Staff welfare was considered which was reassuring for them. A range of strengths-based and child-centred policies provided guidance to staff in daily situations, which secured children's rights. As a result, the ethos of continuous improvement was forming as staff were becoming more accountable in self-reflection, professional development and improvement planning. For example, carrying out room evaluations to enhance outcomes for children and engaging in training to aid their knowledge and skills. Staff felt settled, supported and able to reach out for guidance, which meant that they were enabled to flourish.

Since the last inspection, the setting had embraced improvement planning with the involvement of children, parents and staff. It was at the early stages but was starting to effect change. A range of quality assurance processes were taking place, ranging from the local authority to the room staff, which were aiding the planning of change to improve outcomes for children. For example, staff were undertaking a piece of work to enhance the monitoring and planning for children's individual learning. The need for this had been highlighted through audits of online journal observations and feedback from parents around understanding their own child's learning progress.

The pace of change was appropriate and was the result of the service trialling and evaluating changes before embedding them. This approach was still developing but it was starting to empower staff, children and parents to be involved in decision-making. For example, work had been done to enhance parental involvement, including consulting with parents about how they wanted to be involved. As a result, a change was being trialled with the use of daily diaries to communicate with parents. A parent said, "The setting sends out a parent engagement survey each year and provides a summary of the results from this. Throughout the year updates are given to demonstrate how this has been acted upon within the setting. We

are also given the opportunity to contribute to the improvement planning each session". Another example of a significant improvement was the mealtime experiences. Staff had reflected and made changes to ensure children had safe and sociable experiences with food.

Overall, the service should continue to develop processes and embed improvements with staff so children have consistent, quality care and learning.

Quality indicator: Staff skills, knowledge, values and deployment

Children had a good quality of care as staff were recruited safely and given time to be inducted into the service. Having a dedicated mentor and time out with room ratio allowed new staff to become familiar with the setting and children over time. The mentoring process meant that there was consistency of practice for children which reflected the vision and aims of the service. This resulted in children being nurtured, empowered to be independent and active in their learning through stimulating environments. A parent said, "My child loves nursery and has excellent relationships with peers and the staff who always go above and beyond to meet their needs and support them achieving milestones through well set up activities".

Management knew the staff well as time was spent in the play rooms getting to know practice. This allowed management to see staff strengths and areas for development. It also gave opportunities to model good practice to promote a shared ethos and plan training to fill the gaps in children's provision. Staff had access to core training such as safeguarding, food hygiene and first aid, to refresh knowledge for keeping children safe and well. Where relevant, core training was revisited in team meetings to consolidate learning and consider how to use it in practice. The team was taking part in a long-term training programme to improve interactions with children to aid their learning. Overall, staff were committed and enabled to enhance their knowledge, understanding and skills to improve experiences and outcomes for children.

Good processes were in place to ensure there were enough staff to meet children's needs and that they were deployed effectively throughout the day. Rotas for staff breaks were used and covering staff were organised in advance when needed. This promoted staff welfare, as well as ensuring children were supported at various key points throughout the day, such as lunchtime. A parent said, "My child has the same people in their room so it allows relationships to build and helps them open up more as they build trust".

The addition of the lunch cover staff offered flexibility and responsive care for children. For example, a child could safely stay in the play room to sleep if needed rather than going for lunch with everyone else. In addition, staff were noticing gaps and filling these through delegation and asking for help. These improvements meant that two areas for improvement from the last inspection had been met. Moving forward, the service should continue to monitor the impact on quality for babies when only one staff member is present in the room. In addition, the service should promote the free flow of movement and autonomy in the preschool room. For example, while the door to the garden was open, no children went out to play, instead they waited until they were gathered as a group to go outside.

Further improvements should be made to enhance children's outcomes through developing high quality staffing. Some of the core staff had trained in the service and remained there over a period of time. This meant that their experiences within the early learning and childcare sector were restricted to one provider and approach. Staff should continue to widen their perspectives of working with children through the use of best practice documents. These are accessible on the Care Inspectorate's website The Hub. For example, finding out about updated approaches for supporting children with toilet learning. In addition, they should seek opportunities to access other settings. This would provide inspiration to enhance practice and mentor new staff effectively in an ever-changing early learning and childcare landscape.

Children play and learn

Quality indicator: Play and learning

Children across all rooms were learning and having fun with their peers, through engaging in a varied range of opportunities. A combination of free play and planned activities provided children space and time to explore their own ideas and learn new knowledge and skills.

Children had opportunities to practice early writing, explore sensory materials, be creative with real items and open-ended materials and be active. Daily routines and tasks were often used as learning opportunities. For example, children practising safety on the stairs and preparing themselves to go outside. A parent said, "The staff are all wonderfully supportive. They help nurture the children individually". However, play was interrupted at times. For example, children were moved as a group to the garden areas rather than being able to free flow in and out where possible; and regular gather times meant that children had to stop their play to join in. The impact on children's choice and freedom should continue to be monitored. This would ensure the flow of the day was responsive for meeting children's needs and wishes.

Interactions were generally supportive of children's learning, however were not always consistent. Children were praised, recognised and encouraged consistently across the rooms. Younger children had commentaries of their activities which introduced new vocabulary and helped children to recall information. Staff used their knowledge of children to empower them to access resources or join in with others. For older children, staff were at their level and encouraging them, however there were some missed opportunities to support their thinking skills for problem solving and creativity. This had been identified by management and staff were taking part in training to support quality interactions during play.

Learning opportunities outdoors had improved since the last inspection. Children had a range of opportunities which was starting to reflect the indoor play experience. They would further benefit from enhanced set-ups for play, to invite children's curiosity and interest. For example, drawing materials were not on display for younger children to use; and the mud kitchen lacked intriguing utensils and resources. In addition to the garden spaces, children were building connections to their local community with visits to services, parks and shops. More natural environments around the area also offered varying spaces to play and explore.

Children's learning was being shared with parents through an online platform. Staff were identifying what children were gaining from experiences and this was used to plan their next steps. To further develop the content and use of learning journals, the service should explore how they assess children's stage of development. This would help to ensure the right experiences were being provided to support children to flourish across their learning.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should review the nappy changing facility used by the toddler room, to always ensure children's privacy and dignity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I require intimate personal; care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).

This area for improvement was made on 31 May 2024.

Action taken since then

Refurbishments had been carried out in the toddler toilets to remove a sink and add a changing area. A partition was in place to offer privacy to children when getting changed. However, staff continued to lack vigilance around children's dignity when carrying out personal care. For example, the toilet door was left open giving people in the hall a clear view inside.

Further work was needed to enhance and embed staff understanding of privacy and dignity in daily personal care.

This area for improvement was not yet fully met and will remain.

Previous area for improvement 2

The service should review children's mealtimes experience to ensure they are encouraging good eating habits; children are provided with quality interactions and children are well supervised to ensure their safety.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snacks and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35); and 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16); and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 31 May 2024.

Action taken since then

Improvements had been made to the mealtime experiences resulting in a calmer, safe, positive environment for children.

A new chef and lunchtime assistant had been employed, bringing value to teamwork and outcomes for children. The mealtime routines had been reviewed and changes put in place to improve meals and snack experiences. As a result:

- Staff deployed themselves better to ensure children were effectively supervised when eating
- Staff were noticing gaps and filling them, such as cleaning dishes and sweeping up
- Children had a calm, pleasant experience so they could chat and eat at their own pace
- Children were safer as food was prepared to minimise choking hazards
- Children were more independent, engaged and familiar with the routine
- A snack board had been added to keep children informed about what was on offer each day.

This area for improvement has been met.

Previous area for improvement 3

To ensure the safety of children, the service should keep an accurate, up to date record of all medication to be administered to children. This should be stored in line with best practice guidance.

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 is provided in a planned safe way' (HSCS 4.14); and '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).

This area for improvement was made on 31 May 2024.

Action taken since then

Some improvements had been made to medication management to keep children safe. For example:

- Medication forms had been redesigned using the local authority forms and best practice; these were trialled and feedback was sought from staff
- Medication forms were stored with the medication for quick access and guidance for staff, following advice from the inspectors during inspection.

Further work was needed to ensure children consistently receive the support they need with their health needs. For example:

- Ensure staff were fully informed and understood the need for stepped approaches in children's health care where necessary
- Embed the changes into staff practice through regular quality assurance
- Amend the medication and outings policy and forms to guide staff in medication management when in and out of the setting.

This area for improvement was not yet fully met and will remain.

Previous area for improvement 4

The service should review children's routines and transitions across the day to ensure their individual needs are met.

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).

This area for improvement was made on 31 May 2024.

Action taken since then

Improvements had been made to the flow of daily routines to ensure they were more responsive to children. For example:

- The addition of the lunchtime assistant offered flexibility for children. For example, a child could sleep before/during lunch if needed.
- More consideration of children's transitions over the day was happening. For example, babies went straight to lunch from the garden, to avoid many movements up and down the stairs.

Management were committed to ensuring routines were fluid for children. They continued to reflect on transitions and the building layout to find solutions to improve outcomes for children. Additional consideration should be given to the preschool gather times to reduce the waiting times for children and any impact on play.

This area for improvement has been met.

Previous area for improvement 5

To improve outcomes for children, the provider should ensure that they have developed and implemented effective quality assurance systems, to monitor, audit and improve areas of practice, including the areas identified in this report. This should include ongoing self-evaluation that leads to continuous improvement.

This is to ensure that care and support is consistent with the 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).

This area for improvement was made on 31 May 2024.

Action taken since then

A variety of quality assurance processes were in place externally and internally. While these were at the early stages, they were resulting in some improvements. Please see the main body of this report for more details.

This area for improvement has been met.

Previous area for improvement 6

To ensure continuity of care and children's needs are met, the provider should ensure staff are deployed effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow professional and organisational codes' (HSCS 3.14); and 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 31 May 2024.

Action taken since then

Improvements had been made to deploy staff effectively throughout the day. As a result, children and staff wellbeing benefited from a calmer and more settled environment.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.