

Ordiquhill School Nursery Day Care of Children

Ordiquhill Primary School
Cornhill
Banff
AB45 2EX

Telephone: 01466 405 905

Type of inspection:
Unannounced

Completed on:
24 June 2025

Service provided by:
Aberdeenshire Council

Service provider number:
SP2003000029

Service no:
CS2003041621

About the service

Ordiquhill School Nursery is situated within Ordiquhill Primary School, Cornhill, Aberdeenshire. The service is registered to provide a care service to a maximum of 16 children aged three years to not yet attending primary school. Up to 14 children were present during the inspection.

Children have access to a large playroom, cloakroom, and an enclosed outdoor area. Children are also able to use facilities in the primary school. The service is on a bus route and has some amenities nearby, such as parks.

About the inspection

This was an unannounced inspection which took place on 23 June 2025 between 09:10 and 16:00 and 24 June 2025 between 08:20 and 14:30. 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:

- spent time with children using the service
- spoke with four of their parents/carers
- received eight responses to our request for feedback from parents and staff through our online questionnaire
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

As part of this inspection we undertook a focus area. We have gathered specific information to help us understand more about how services support children's safety, wellbeing, and engagement in their play and learning.

This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met
- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

Key messages

- Children were happy and confident in the setting.
- Children experienced warm and nurturing approaches from staff who knew them well.
- Staff promoted meaningful learning experiences for children.
- Children benefitted from valuable connections to their local community.
- Self evaluation and quality assurance procedures led to good quality care and support for children and their families.
- Daily access to outdoors supported children's health and wellbeing.

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? | 5 - Very Good |
| How good is our setting? | 4 - Good |
| How good is our leadership? | 5 - Very 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?

5 - Very Good

We evaluated this key question as **very good**. We identified significant strengths in aspects of the care provided and how these supported positive outcomes for children.

Quality Indicator 1.1: Nurturing care and support

Children experienced warm and nurturing interactions and were very happy and settled within the service. Children were comforted and reassured by staff who were responsive to their individual needs. These interactions supported the development of positive relationships. Families commented positively on the relationships that their children had developed with staff. One parent shared, "My child has an amazing relationship with the staff and they care so much about the children". Another parent commented, "It's such a friendly environment, they listen to your child's needs and help them in anyway needed".

Children's wellbeing was supported through the effective use of personal planning. Plans included individualised information on children's needs and outlined how these would be met. Staff knew children very well and were aware of their individual needs, which supported them in providing tailored care and support for children. Parents strongly agreed they were fully involved in planning for their child's care. One commented, "Regular reviews take place and you can discuss with staff at any time if you have concerns and they will also discuss with you". Staff advised they welcomed regular input from families to plan for children's care through parent meetings. This meant that children benefitted from a collaborative approach to planning for their care.

Children's health and wellbeing was supported through relaxed and nutritious mealtimes. Overall, mealtimes were unhurried with established routines in place to support children. Staff sat and ate with children, which promoted positive eating habits and a sociable experience. Children enjoyed sharing their weekend news and were encouraged to share experiences from beyond the setting. Lunch was provided by the local authority and a rolling menu was in place. Some parents advised they felt their children did not like the meal option which was provided, which resulted in them feeling hungry later in the day. The manager had identified this and was in the process of developing a 'packed lunch policy' for going forward to ensure children had access to foods they enjoyed.

Medication systems were in place to safely meet children's needs. Relevant information was collated which ensured staff were knowledgeable about children's health needs and knew the signs, symptoms, and actions to take where a child may require medication.

Children were well supported during personal care routines. Nappy changing was carried out respectfully and in line with children's needs and preferences. Children were asked first and given reassurance throughout the process. This helped children feel supported and cared for.

Staff demonstrated a clear understanding of their role in identifying, recording, and reporting any safeguarding concerns. All staff had undertaken relevant child protection training and worked closely with external agencies, where required. Chronologies were used to record significant events in a child's life that may impact on their health and wellbeing. This meant children and their families were provided with the support and help they needed.

Quality Indicator 1.3: Play and learning

Children were happy and engaged, both indoors and out, having fun whilst leading their own play.

Experiences included gardening, role play, art and crafts, and construction which helped children use their imagination, curiosity, and creativity. As they explored the resources on offer, one child told us, "I like the home corner but my favourite is the fairy house". Parents commented positively on the play experiences stating, "There are so many opportunities within the nursery and staff get involved to create new ideas for the children".

Staff interactions were very encouraging and helped promote a fun atmosphere. Effective use of questioning by staff helped extend children's learning and develop their skills. For example, when some children were asking questions about the nearby villages, staff supported them to look up further information through digital technology. This meant that children were encouraged to develop their skills and knowledge in a meaningful way.

Opportunities for literacy and numeracy were embedded into the environment and daily experiences. Staff supported children to share their thoughts which promoted the development of their communication skills. The use of environmental print and literacy tools, such as talking buttons placed around the room, supported children's extending vocabulary. Staff encouraged children to count within their play and resources, such as scales and a measuring tape, provided further opportunities to support their progress and development.

Planning approaches supported a balance of spontaneous and planned learning. Children's ongoing learning and development progress was shared through observations and next steps using online Learning Journals. Observations identified significant learning and next steps which were individual to each child. A wall displaying children's 'teddy targets' promoted staff and children to work together towards their individual goals. A newly embedded tracking and monitoring tool supported staff to plan experiences in line with children's interests and stages of development. This meant children were effectively supported to learn and progress.

Children benefitted from strong connections to the local community. Through fundraising, children had opportunities to develop life skills by taking part in bus trips to different areas of their local community. Community groups were welcomed into the setting where children shared their learning experiences, such as gardening. These experiences supported children to build valuable connections and promoted their sense of belonging.

How good is our setting?

4 - Good

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

Quality Indicator 2.2: Children experience high quality facilities

Children were cared for in a welcoming environment. The space was well ventilated and bright from natural light which supported children's health and wellbeing. A variety of children's photographs and artwork were displayed throughout the setting, which promoted a sense of ownership. The layout supported children to move around freely and access a range of resources independently. This meant that children's choice and interests were supported.

Children's health and wellbeing was further promoted through regular access to the outdoor play areas. There was a fully enclosed outdoor space with a gate, which could be opened to allow access to other outdoor spaces, including a choosing shed with different resources, a mud kitchen, and a sensory garden. The outdoor area had recently been developed to provide a wide variety of play experiences. For example, a

group of children spent time transporting water from the outside tap to different areas of the outdoors. One child shared, "I'm making tomato soup for my friends" as they added the water to the mud kitchen. Parents agreed their children had opportunities to play outdoors. One commented, "[My child] loves their outdoor time, spending most of their day outside".

A range of interesting resources encouraged children to use their natural curiosity and creativity. Real life resources were embedded throughout the environment, which acted as provocations for children's play. This meant that children were engaged and stimulated. Some children chose to spend time using the comfortable sofa in the story corner. We identified that there was further scope to develop calm and quiet spaces to give children more opportunities to rest and relax when needed. Staff spoke enthusiastically about continuing to develop the environment and resources on offer to further support children's experiences.

Children were supported to consider and manage risks during their play. For example, children were encouraged to independently assess risk through coloured tags on trees, to support them in identifying the boundaries when using the school field. A wall display, linked to the Care Inspectorate's SIMOA - Keeping Children Safe campaign, had been created to raise awareness for all stakeholders of procedures that were in place to support children's safety. Some risk assessments were due to be reviewed to reflect current guidance. We encouraged the manager to consider involving children in this process to continue to support their understanding of keeping themselves safe.

Infection control procedures mostly supported a safe environment for children and staff. This included staff wearing gloves and an apron during nappy changing and embedded handwashing routines at key times of the day, such as after outdoor play and before and after eating. We identified, on one occasion, children played with stagnant water outside, which created a potential risk for spread of infection. We addressed this with the manager who took immediate action and agreed to monitor this. This would support children to remain safe and well.

How good is our leadership?

5 - Very Good

We evaluated this key question as **very good**. We identified significant strengths in aspects of the care provided and how these supported positive outcomes for children.

Quality Indicator 3.1: Quality assurance and improvement are led well

The service's vision, values, and aims were displayed and reflected their ethos and aspirations for children and families who attended the service. These included, "Children are well cared for, encouraged, and motivated to develop at their own pace" and "Encourage children to have a voice, by showing independence in their own learning". These supported staff and families to understand what to expect from the service.

Children and families had opportunities to be meaningfully involved in developing the service. Parents were asked for feedback regularly through a variety of ways and their thoughts and ideas were used to influence change. These included parent surveys and responses to specific questions which were recorded in a floor book. Parents agreed they were meaningfully involved in the development of the service. One commented, "Included in decisions regarding the setting/activities/trips". Children were encouraged to share their views and these were recorded in a visual improvement diary. One child shared with us, "Things have changed now, it's not like it was before. I really like it". This meant positive relationships were formed and a collaborative approach was in place to promote good outcomes for children.

Positive experiences for children were supported by a realistic and achievable improvement plan. Improvement focuses included enhancing both the indoor and outdoor environments to support children's

learning. Staff were passionate about the development of the service and spoke confidently about the current improvement priorities and their role within these. Clear timescales and ongoing evaluation of progress meant that there was a continuous cycle of improvement to promote positive outcomes for children.

Quality assurance practices contributed to the delivery of high quality care for children. A quality assurance calendar was used as a working document, identifying tasks to be completed, such as audits, support and supervision meetings, and reviewing policies in line with guidance. The management team were keen to include staff in ongoing developments and were supporting this using formal self evaluation approaches. The manager had identified the need to ensure evaluations fully reflected the impact on outcomes for children and their experiences. A new format was in development and staff were enthusiastic about embedding this into their self evaluation processes.

How good is our staff team?

4 - Good

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

Quality Indicator 4.3: Staff deployment

Children benefitted from a motivated and committed staff team. Staff worked well together to create a warm and welcoming atmosphere for children. Parents described staff as "approachable", "caring", and "compassionate". One commented, "The staff have gone above and beyond to ensure my child's time at nursery is a great experience".

Children were allocated a key worker who was a main point of contact for parents. This promoted positive relationships with families. While most parents felt connected to staff, some commented that they would value having daily access to the main playroom to support regular communication and familiarity with the setting. We highlighted the benefits of parents having daily opportunities to come into the main playroom and directed the service to the Care Inspectorate practice note 'Me, my family, and my childcare setting'. This would support the service to consider ways to further involve parents and build stronger connections. The management team agreed to action this.

The service was appropriately staffed and staff were effectively deployed throughout the day to meet children's needs. Staff breaks were carefully planned to minimise impact on the children over busier times of the day, such as children's lunch time. Staff were flexible and communicated clearly with each other in a respectful way to promote continuity of care for children. This helped to ensure that children were safe and well supported.

A range of training and professional learning opportunities supported staff to develop their skills and knowledge to meet the needs of children. Staff understood the benefits of training in furthering outcomes for children and were motivated to further their development. Staff had completed core training, including first aid and child protection, which contributed to keeping children safe and well. The management team had also established links with other settings to share practice and knowledge. Staff were encouraged and supported to develop their leadership skills. They were responsible for developing different areas of the environment and carried out training linked to these. For example, staff had completed professional learning on numeracy in the environment and confidently shared how this had impacted their practice and children's experiences. This meant that training was effective in developing staff skills and improved outcomes for children.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

In order to ensure the health and safety of children, the provider must ensure:

- a) The door to the outdoor area is adequately secured when children are playing outside.
- b) Unpleasant odours are investigated and dealt with timeously.
- c) The toilet areas are kept in a good state of repair.

This is in order to comply with: Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) and Regulation 10.

Timescale: by 16 April 2018.

This requirement was made on 13 March 2018.

Action taken on previous requirement

Since the previous inspection, repair works had been carried out to ensure the toilet areas met current guidance and were well maintained. A window in the nappy changing room was opened to provide suitable ventilation and minimised obtrusive odours. Bells had recently been installed in the children's toilets to promote independence but allow children to receive support, when required.

Children benefitted from free flow access to the outdoor space, where the door remained securely opened and children had choice over where they played and could access the outdoors regularly, which supported their health and wellbeing.

Met - outwith timescales

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

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|--|---------------|
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| 1.1 Nurturing care and support | 5 - Very Good |
| 1.3 Play and learning | 5 - Very Good |
| How good is our setting? | 4 - Good |
| 2.2 Children experience high quality facilities | 4 - Good |
| How good is our leadership? | 5 - Very Good |
| 3.1 Quality assurance and improvement are led well | 5 - Very Good |
| How good is our staff team? | 4 - Good |
| 4.3 Staff deployment | 4 - Good |

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