Chatelherault Primary School Nursery
Class
Day Care of Children
Silvertonhill Avenue
Hamilton
ML3 7NT
Telephone: 01698 282929

Type of inspection: Announced
Inspection completed on: 17 September 2014
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**Service provided by:**
South Lanarkshire Council

**Service provider number:**
SP2003003481

**Care service number:**
CS2003015285

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at enquiries@careinspectorate.com
Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

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<th>Area</th>
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<tr>
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What the service does well

Chatelherault Primary School Nursery Class is fully integrated into the life of the school and makes good use of shared facilities such as the gym hall, library, IT suite and dining hall. Older primary school children buddy children attending the nursery. These measures ease transitions for nursery children and help make them feel included in the school community.

The nursery class staff, children and parents/carers had been involved in a recent review of the whole school vision, values and aim. This had helped create an inclusive environment where everyone felt their contribution was valued.

What the service could do better

The service had identified the following areas for improvement and should continue with those plans:

* To introduce enhanced processes for children, parents and stakeholders to evaluate the quality of the service, for example using floor books and learning walks;
* To encourage families to be involved in health related learning and initiatives;
* To ensure the environment is safe and service users are protected;
* To introduce an induction programme for new staff and ensure all staff engage in the professional update process;
* To promote distributed leadership within the service;
* To develop ways for external staff to be more involved in the audit process.
The service should take account of other requirements and recommendations identified within this report to make further improvements.

**What the service has done since the last inspection**

The service had met one requirement regarding the safety of children in the outdoor environment. Children were enjoying daily opportunities to play and learn outdoors.

Personal learning plans had been introduced throughout the school however a requirement to implement personal plans for every child in the nursery class remained current. Personal learning plans are one component of the written plan ‘personal plan’ which should set out how the service will meet each child’s health, welfare and safety needs.

A new depute headteacher was supporting the nursery team to progress new formats for children’s personal plans. The approach will help parents/carers share detailed information about their child’s individual needs with the service. In this way staff will be able to plan activities that are responsive to individual children’s all round needs and to support the next steps in their learning and development.

**Conclusion**

Chatelherault Primary School Nursery Class is a happy place for children to learn and play. Children were encouraged to make decisions about their activities at nursery and were beginning to work with staff in deciding the next steps in their learning.

Management should now work together with staff and families to address the areas for improvement identified within this report.
1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website www.careinspectorate.com. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

If we are concerned about some aspect of a service, or think it needs to do more to improve, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service or provider should take to improve or develop the quality of the service based on best practice or the National Care Standards.

- A requirement is a statement, which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or Conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Chatelherault Primary School Nursery Class is a service provided by South Lanarkshire Council. The service is part of Chatelherault Primary School in Hamilton.

The nursery class is located in self-contained accommodation within the ground floor of the school and has a controlled entry door system.

The service operates a morning and afternoon session, Monday to Friday during term time.

The service is registered to provide a care service to a maximum of 50 children aged from 3 years to those not yet attending primary school.

The vision for the whole school is:

‘Aiming high, working together to achieve our potential in a happy, supportive and inclusive school.’

A copy of the nursery class aims and objectives can be obtained from the service.

Based on the findings of this inspection this service has been awarded the following grades:
Quality of Care and Support - Grade 3 - Adequate
Quality of Environment - Grade 4 - Good
Quality of Staffing - Grade 4 - Good
Quality of Management and Leadership - Grade 3 - Adequate

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.
2 How we inspected this service

The level of inspection we carried out
In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection
We wrote this report following an announced inspection which was carried out in tandem with a follow up inspection from Education Scotland. The inspection took place on Tuesday 16 September between 9 am and 4 pm and concluded the following day when we also fed back to the depute headteacher, who is responsible for the day-to-day management of the service.

As part of the inspection, we took account of the completed annual return and self assessment forms that we had asked the provider to complete and submit to us.

We sent 20 Care Standard questionnaires to parents/carers who use the service and ten completed questionnaires were returned to us. We also issued three questionnaires to staff that were completed and returned.

During this inspection process we gathered evidence from various sources, including the following -

We spoke with:

* The Depute Headteacher
* Two members of staff
* Six parents
* Groups of children
* A representative of the provider (Education Manager)

We looked at:

* Registration certificate
* Insurance certificate
* Evidence from the provider’s self assessment
* Policies and procedures
* Risk assessments
* Log of accidents and incidents
* Administration and storage of medication
Grading the service against quality themes and statements

We inspect and grade elements of care that we call ‘quality themes’. For example, one of the quality themes we might look at is ‘Quality of care and support’. Under each quality theme are ‘quality statements’ which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services’ responsibilities for fire safety at www.firelawscotland.org
What the service has done to meet any requirements we made at our last inspection

The requirement
The provider must ensure the nursery implements written plans ‘personal plans’ for every child. The written plan must include how the service plans to meet the children’s health, welfare and safety needs. These must be available to the child or representative. The personal plans should be reviewed at least once every six months or if there is any significant change in the child’s needs.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Service) Regulations 2011 (SSI 2011/210) Regulation 5 (1) personal plans.
Timescale: 6 January 2014

What the service did to meet the requirement
Management and staff were in the process of implementing new formats for children’s personal plans. In addition to the core information provided by parents/carers when they first registered their child with the service, there were personal learning plans being collated for each child. Some children also had specific health care plans that incorporated allergy protocols. There was no clear system in place to ensure a consistent approach to the information collated and also to monitor that the personal plans were reviewed at least every six months or whenever there was a significant change in regarding a child’s individual needs.

This requirement is repeated under Quality Theme One, Statement 1.3 of this report however management should ensure that personal plans are also monitored as part of the quality assurance of the service as a whole. Please refer to Quality Theme Four, Statement 4 of this report.

The requirement is: Not Met

The requirement
The provider must ensure that all outdoor areas accessed by the children are safe and secure. This includes the nursery outdoor play area, forest area and any other areas within the school grounds regularly accessed by the children.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Service) Regulations 2011 (SSI 2011/210) Regulation 4 (1)(a) - Welfare of service users.
Timescales: 3 October 2013

What the service did to meet the requirement

We could see that the provider supplied procedures for risk assessments within their establishments. Staff took this guidance into consideration when risk assessing all areas used by children, for example they checked the outdoor environment for any hazards that could impact on children’s safety and wellbeing before the area was accessed by the children. Specific measures taken following the last inspection was that there were protocols for keeping the gate at the forest secure and some of the stonework within the nursery outdoor play area been removed to prevent any accidents involving service users.

This requirement had been met however at feedback we discussed how risk assessments should continue to be monitored by management to ensure children’s safety and wellbeing. Please refer to Areas for Improvement under Quality Theme 4, Statement 4 of this report.

The requirement is: Met - Outwith Timescales

The annual return

Every year all care services must complete an ‘annual return’ form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a ‘self assessment’ form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self-assessment document from the service. We were satisfied with the way this document had been completed and with the detailed, relevant information included for each heading that we grade services under.

Management and staff had identified what they thought the service did well, some areas for development and any changes they had planned. The provider told us how the people who used the care service had taken part in the self-assessment process.
Taking the views of people using the care service into account

There were 28 children present during the morning session and 13 in the afternoon. We spoke to some of them as they went about their activities and asked what they enjoyed doing at nursery. Children were clearly used to their views being listened to by the adults around them. They told us:

“...I like playing in the sand and the shop. I’m 5 next year - I don’t know what school I’m going to, maybe this one!”

“Sand was wet yesterday maybe someone threw water in it.”

“Look what I’m building! These are the colours.” (Child engaged in play with large building blocks outdoors).

Taking carers’ views into account

Twenty Care Standards Questionnaires were sent out by the Care Inspectorate and ten were returned before the inspection. Overall the parents/carers who responded were happy with the quality of care that their child received from the service. Written comments from parents/carers included:

“Overall a good nursery. Don’t get any info on what they have done that day and a three year old child can forget or make things up.”

“I would like more feedback regarding my child’s development possibly monthly by a report as new and pre-school pupil.”

“Happy with overall service and progression of my child’s development. Better equipment/toys/educational focus and activities could be improved upon.”

We spoke with five parents on the day of the inspection and their comments have been incorporated in the relevant sections of this report.
3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support
Grade awarded for this theme: 3 - Adequate

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths
At the inspection we found the performance of the service was good for this statement. We gathered written evidence from information displayed throughout the nursery, the nursery website, discussions with the parents and children, observations of the children at play and their interaction with staff, discussions with service management and staff. We referred to our analysis of the care standard questionnaires that had been returned to us by parents/carers as well as the findings from the service’s own tools for involvement.

There were noticeboards in the foyer and reception corridor that had information on all aspects of the service, including a copy of the service registration certificate and most recent Inspection Reports from the Care Inspectorate and Education Scotland. There were also advice leaflets from other organisations and initiatives that could support families. We talked to six parents during our inspection about their involvement in the life and work of the service. Most spoke positively about their experiences, for example they had had meetings with their child’s keyworker to talk about their child and had been invited to open days and other events within the service. For some parents it was too early in the term to comment on the outcomes for their child however one parent told us:

“We had meetings to establish his next learning outcome and what the keyworker thinks. We talk (to the keyworker) about his learning at home.....There have been noticeable changes since the last inspection in terms of the look and run of the place. My husband and I both think that they (the service) are clearly working on things. (Our child) is happy and that’s what’s important!”
A keyworker is an identified member of staff who takes a special interest in individual children's care, learning and development as well as monitoring their progress. This approach helped the service ensure that there was a two way flow of information between the family and staff and that there was consistency in the care each child was given. There were a range of other communication methods that encouraged parents and carers to have their say about the quality of care provided. These included:

* Suggestion folder with comment slips and pens easily accessible for people to write their opinions;
* Parents’ Forum held monthly where parents/carers could find out about developments within the service;
* Invitation to the whole school’s Parent Council where parents could participate in the wider decisions about the school community and support fundraising to improve the service provided for children;
* Biannual newsletters that kept everyone informed about developments within the service such as changes to staffing;
* Learning wall and planning boards and daily sheets that summarised children’s routines as well as staff longer term plans to support children’s learning and development;
* Programmes to support home/nursery links such as ‘Play-Along Maths’ ‘Story Sacks’ and the nursery take home bear, which spent time each weekend with the child who had been nominated star of the week;
* Questionnaires that invited parents to evaluate different aspects of the service, such as ‘Play-Along Maths’ and ‘Story Sacks’. We saw the findings from some of these questionnaires displayed on the walls in a you said/we did format;

The above approaches kept families informed of the child’s immediate and wider world however photographs, children’s artwork and comments were also used as a tool for involvement, allowing parents to see what children had been learning, to stimulate discussion and to help children choose what they would like to do. For example we looked at photographs of children being consulted about new resources to purchase for the nursery. Other tools used by the service to promote children’s participation included:

* Picture prompts to help children make decisions and take responsibility, such as self-registering when they arrived for their session and to record when they had chosen and eaten their snack.
* Circle time, floor books and mind maps, which are approaches to planning activities based around children’s own ideas. Individual mind maps had been used within some of the children’s learning stories to help them identify what they would like to learn about next. Encouraging children to talk about their interests made it more likely that staff would plan activities that were enjoyable for children and motivate them to want to find out more.
* Achievement tree and wall which celebrated individual children’s successes whether these were achieved at home or in the nursery. This contributed to children being respected and included by the service.

All of the parents who returned questionnaires to the Care Inspectorate confirmed that they were kept informed about what was happening in the service, for example through the noticeboards and newsletters. Most respondents either agreed or strongly agreed that staff shared information about their child’s learning and development and where appropriate the child. One disagreed with this statement and had explained that it was important to share information about the child’s daily experiences because the child was too young to be a reliable source of information. Overall they were happy with the quality of care that their child received from the service.

**Areas for improvement**

Most of the parents we spoke to were happy to share information with their child’s keyworker and other service staff but were not sure about other ways that they could become involved. This was confirmed by some of the responses to the care standard questionnaires: for example, two disagreed with statements about receiving clear information before their child started the service and one didn’t know whether this was the case. They also disagreed that staff had worked with them and their child to develop an education and support programme. One of the respondents didn’t feel that the service had involved them and their child in developing the service, such as by asking for their ideas and feedback.

At feedback we acknowledged that management and staff had used different approaches to ensuring that the voices of children and their parents/carers were represented within the service. Their commitment to inclusiveness was also explicit in the new vision of the whole school. However, there was no overarching participation strategy that outlined for people how they could become involved and how their ideas would be taken forward. We could not find reference to a participation or partnership policy within the service policy folder. Only one out of the three completed staff questionnaires returned to us believed that the service had a participation policy.

In their self-assessment the management had stated their intention to introduce enhanced processes for children and parents to evaluate the quality of the service. They should continue with these plans. Findings from previous questionnaires and tools for involvement had not been collated in a way that highlighted for families how their views and contributions were taken account of in service improvement. For example, the ‘you said/we did’ display was in the parents’ room which the staff had told us that very few parents currently accessed.
Management agreed that it would be beneficial for the service to have a clear participation strategy that helped children, parents/carers, staff and other stakeholders understand how they could contribute to assessing and improving the quality of the service provided. Please see Recommendation 1.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1

**Recommendations**

1. The service should develop a participation strategy to further involve people in assessing the quality of provision and to monitor outcomes for children using the service. Findings from consultations should be published in a user friendly format.

   This is to ensure that everyone can see their contribution to the life and work of the service.

   National Care Standards Early Education and Childcare up to the age of 16: Standard 1: Being welcomed and valued and Standard 13: Improving the service.
Statement 3
We ensure that service users’ health and wellbeing needs are met.

Service strengths
At the inspection we found the performance of the service was adequate for this statement. We considered the service’s progress in meeting a requirement about children’s personal care plans made under this quality statement at the last inspection. We also looked at the policies and procedures that were in place to help staff promote children’s health, welfare and safety.

We could see from minutes of meetings that Getting It Right for Every Child (GIRFEC) had been discussed within the Learning Community and staff had attended introductory training. There were wall displays about this approach on the playroom wall to raise parents and carers awareness of the importance of everyone working together to meet children’s all round needs. GIRFEC is the framework promoted by Scottish Government to ensure that people work with children in a consistent way. It provides a tool for practitioners to assess children’s individual needs and help improve outcomes for children and families.

Children’s personal plans took the form of registration files, learning story folders and health care plans therefore we looked at these for evidence to support how children’s individual needs were being met by staff. There was personal information, consent forms and observations of children linked to national curriculum guidance. Good practice was followed by involving parents in collating this information, for example some parents had contributed to ‘all about me’ sheets so that staff could get to know children’s unique qualities, their likes/dislikes and routines as well as the important people in their life. We saw that there were comments about children’s learning journey from both parents/carers and the keyworker.

We observed circle time being used for staff to talk about planning with children and also for children to share their learning experiences. In this way children were learning to listen to and respect the views of others. This was in keeping with the service’s newly formed values about supporting children and their families to feel part of the school community.

Children were encouraged to be independent. They had their own coat pegs in the cloakroom area and a shelf in the playroom where they kept personal belongings. Their Learning Story folders were stored in a child height shelf nearby so that children could talk to their family and friend about activities they had been enjoying and their recent achievements.
We saw that there were detailed policies at a provider (local authority) level in addition to policies and procedures specific to the service that would help staff support children’s all round wellbeing, including their health and safety. This included Child Protection, incident and accident reporting, infection prevention and control, and the administration of children’s medication. The new management team were in the process of reviewing some of these policies and procedures to ensure that they were in keeping with local and national guidance as well as relevant to the service context. They were doing so in consultation with staff and families. For example there were health care plans that outlined clear protocols for meeting children’s individual needs, such as where children had severe allergies.

The service was a Health Promoting School and had a Healthy Eating Policy in place to support its implementation. Children’s snacks were prepared using fresh ingredients and on the day of inspection this was fruit and milk or water. Children’s special diets were taken account of. This helped contribute positively to children’s healthy diet.

“We have fruit and milk for a snack - I need to wash my hands.” (Comment from a child who had been playing outside).

Other ways in which the service promoted children’s healthy lifestyles included:

* The service were part of a tooth-brushing scheme and supported children to brush their teeth after snacks.

* Staff modelled good hygiene routines, such as encouraging children to wash their hands after playing outside or using the toilet and before handling food. We saw that there was a hand-washing chart to encourage children to take responsibility for their own health.

* The service provided a secure outdoor play area and we observed children participating in free play in the fresh air that contributed to their sense of wellbeing.

We sent out 20 care standard questionnaires and ten were returned by parents/carers, all of who were happy with the overall quality of care provided by the service. Seven respondents agreed and three strongly agreed that staff encouraged children to form positive relationships with each other. They all believed that the service had a clear code of behaviour for children and worked with children to make sure they understood it. This was confirmed by the parents we spoke to on the day of inspection. For example they commented on the approachability of staff and the positive relationship they had with their child.
Areas for improvement

At feedback we acknowledged that management and staff were in the process of implementing new formats for children’s personal plans and that there were biannual parents’ meetings to ensure that the content was reviewed. However at the time of inspection the depth of information varied across the sample of plans that we looked at and entries were not consistently signed by parents to demonstrate that the information was current and relevant. For example not all children had clear next steps identified that linked to the experiences and outcomes of the Curriculum for Excellence.

There was not always ‘all about me’ information available for individual children. The service was at an early stage of embedding the GIRFEC approach therefore we talked to management about how staff could use some of the wellbeing indicators to encourage both children and their parents to collate ‘all about me’ information. The wellbeing indicators that are essential for children to flourish are: safe, healthy, achieving, nurtured, active, respected, responsible and included (SHANARRI).

The above approach would help the service meet children’s individual needs as well as enabling staff and parents/carers to work together to support children’s learning and development.

We were impressed with the written plans that had been put in place by the new Depute Head Teacher for individual children with specific medical or health needs. For some children this had involved incorporating preventative measures and protocols for dealing with their allergies. However staff needed to be more vigilant in ensuring that this was updated whenever there were changes to the child’s care needs or medication. All elements of children’s personal plans should be reviewed at least six monthly. This was a requirement made at the last inspection that remains current. Please see Requirement 1.

On the day of inspection there were children who had specific health needs that could be life threatening. The support assistant carried emergency medication and all staff had been trained in the use of epipens. However the named First Aider for the service was not on display and senior staff could not tell us who they would approach if any child required emergency treatment, such as in the event of an accident. We acknowledged that the local authority (provider) had circulated procedures for minimum first aid requirements to managers and that a related staff briefing had been circulated at the beginning of the term. However these procedures could be clearer in order to reassure people using the service that children would be appropriately cared for at all times and medical attention sought when needed. Please see Recommendation 1.
We saw that a clear policy was in place for the storage and administration of prescribed medication that was in keeping with Care Inspectorate guidance. The storage of children’s medication and the paperwork related to its administration did not always match the policy guidance. For example one child’s medication was stored in a box without the child’s surname and the associated form advised that the medication should be administered ‘as required’ without detailing the symptoms that the staff should look for. Staff had not been vigilant about completing paperwork such as asking parents to sign to acknowledge that the medication had been given to their child. These measures are to ensure that children receive the appropriate dosage of their medication and are kept safe from being overdosed. At feedback we recommended to management that they review existing procedures in line with their own policy and with good practice. Please refer to the Care Inspectorate’s publication: ‘Management of Medication in Daycare and Childminding Services’ and Recommendation 2.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 1

**Number of recommendations:** 2

**Requirements**

1. The service manager must ensure the nursery implements written plans ‘personal plans’ for every child. The written plan must include how the service plans to meet the children’s health, welfare and safety needs. Parents/carers and, where appropriate, the child should have opportunities to contribute to the plan. The personal plans should be reviewed at least once every six months or if there is any significant change in the child’s needs.

   This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Service) Regulations 2011 (SSI 2011/210) Regulation 5 (1) (2) - personal plans. A requirement that a provider must make proper provision for the health, welfare and safety of service users.

   **Timescale** - within 28 days of publication of this report.
Recommendations

1. The service provider should ensure that staff are well trained in emergency procedures and that clear procedures are in place for staff to follow in the event of accident.

   National Care Standards Early Education and Childcare up to the age of 16: Standard 3: Health and Wellbeing.

2. The service should review the procedures for administration and storage of medication and incorporate best practice. Staff should refer to the Care Inspectorate’s publication: Management of Medication in Daycare and Childminding Services.

   National Care Standards Early Education and Childcare up to the age of 16: Standard 3: Health and Wellbeing.
Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths
Please refer to Quality Theme 1 Statement 1 Service Strengths for approaches used by the service to promote participation.

The whole school participated in the Eco-schools programme. Children were encouraged to take care of their environment and there were displays demonstrating their commitment to recycling.

We also observed staff talking to children about personal safety. For example as part of their topic on ‘people who help us’ the children had been talking about the role of fire officers in risk assessing the environment. During the inspection a group of nursery children were walking round the whole school with clip boards and explained the purpose of their task to us:

“We are firemen and we are going to check everything in the whole school."

“We’ve written everything down.”

Areas for improvement
Please refer to Quality Theme 1 Statement 1 Areas for Improvement and related recommendation.

Grade awarded for this statement: 4 - Good
Number of requirements: 0
Number of recommendations: 0
Statement 2
We make sure that the environment is safe and service users are protected.

Service strengths
At the inspection we found the performance of the service was good for this statement. We considered the provider’s progress in meeting a requirement about ensuring that all outdoor areas accessed by children were safe and secure. Please refer to information in section 2 of this report.

A secure entry system was in place. There was a visitors’ book for the whole school and visitors were required to wear badges to identify themselves to staff and children.

Staff signed in and we also observed children self-registering which helped them to learn about taking responsibility for their own safety. Staff took a written register of children attending at each session and this also formed the basis of the fire register. These measures helped ensure that management were aware who was in the building and to account for children’s presence and safety.

We observed that the service accommodation was bright, attractive and clean. The playrooms and outdoor area were organised in a way that allowed children to move around freely and choose from activities and resources that stimulated their curiosity. Children had accompanied access to other facilities in the school that included the gym hall, dining hall, ICT suite and library. Supporting children to become familiar with the geography of the school and the people in it helped them feel safe and included in the school community as well as easing their transitions to primary one.

The provider had a Health and Safety Policy which made sure that risk assessments were carried out for all areas used by the children. Appropriate maintenance contracts were in place and we spoke to the janitor who explained how any new hazards in the environment were reported to the provider and tracked until the work was completed. These measures ensured that the potential for harm coming to children was minimised. We were able to see that appropriate records were kept for children’s accidents and incidents when they did occur. Parents/carers provided the service with emergency contact details, which included information on their child’s allergies and medication on initial registration. This two way communication helped ensure parents were suitably informed and involved in decisions about their child’s care.

Staff told us that their training on Child Protection was updated on an annual basis. The Child Protection Policy was based on the local authority guidelines and was on display so that parents were aware of staff responsibilities for safeguarding children. Other policies and procedures were in place to prevent the spread of infection and to keep children and staff healthy.
All of the parents/carers who returned questionnaires to the Care Inspectorate strongly agreed or agreed that the service provided an environment that was safe, secure, hygienic, smoke free, pleasant and stimulating. Most of them also confirmed that there was enough space for children to play and get involved in a range of activities. One respondent disagreed and stated that the service needed "... better equipment/toys/educational focus and activities could be improved upon" but overall they were happy with the quality of care that their child received from the service.

**Areas for improvement**

In their self-assessment they had identified the need to continue to ensure the environment was safe and service users protected. They had stated that staff and students should familiarise themselves with policies and procedures and sign to confirm their understanding. They should continue with these plans. At feedback we talked to management about staff being more vigilant in ensuring that paperwork was appropriately signed and dated. As part of this inspection we had focused on how the service had promoted children’s health and wellbeing through infection prevention and control measures. The related examples we discussed were staff signing and dating the cleaning log for the children’s toilet areas and dating when the fridge temperature had been checked. We have made monitoring record keeping a recommendation under Quality Theme 4, Statement 4 of this report.

We acknowledged that staff regularly carried out risk assessments of all areas to ensure there were no hazards that could get in the way of children’s safety. However the system for logging these did not make provision for staff identifying new hazards in the environment. During our inspection we observed that there were long, cord handled bags for the take home story sacks and a similar design used for some of the shoe bags hanging on children’s coat pegs. We discussed the safety implications with the Depute Head during the inspection and she assured us that these would be shortened. This will reduce the likelihood of children choking if they put the strings round their neck. Please see Recommendation 1.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1

**Recommendations**

1. Management should ensure that long cord-handled bags are made safe or removed to ensure the safety of the children.
National Care Standards Early Education and Childcare up to the age of 16:
Standard 2: A safe environment.
Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths
Please refer to Quality Theme 1 Statement 1 Service Strengths for approaches used by the service to promote participation.

Families could get to know who the staff were and their role by looking at the photo boards at the entrance to the service. The parents we spoke to all knew who their child’s keyworker was as well as being able to identify the management team. This meant that they knew who to approach to talk about their child’s learning and development as well as to raise any concerns. In this way everyone was more likely to be working together to support children’s wellbeing.

In the Care Standard questionnaires returned, seven parents/carers agreed and three strongly agreed that staff had the skills and experience to care for their child. They confirmed that their child appeared happy and confident with staff and similarly that the staff treated their child fairly and with respect. Their comments included:

"Excellent and supportive staff who understand and work around my daughter’s needs."

Areas for improvement
Please refer to Quality Theme 1 Statement 1 Areas for Improvement and related recommendation.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0
Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

At this inspection we found that the performance of this service was good for this statement. We made this evaluation based on discussions with management and staff, sampling staff records including their planning for children and observing staff practice. We saw good evidence that the new management team were taking forward improvements.

Both the service manager and the provider’s quality assurance officer undertook regular observations of practice within the service to support best practice and identify areas for improvement. We looked at the other support systems that were in place to support the professional practice of staff:

* Regular staff meetings kept staff up-to-date with current developments within the service, from the provider’s perspective and at a national level.
* Weekly service bulletin to keep staff informed, for example changes in legislation and support their planning for children.
* Provider’s online professional review and development programme, including training calendar.
* Performance and Development Reviews (PDR) and opportunities for additional PDR discussions with line managers to discuss what has gone well and what could have gone better.
* Reciprocal staff visits to similar services within the provider’s Learning Community to share good practice and new ideas for supporting positive outcomes for children.
* Staff Personal Learning Logs to help them to reflect on professional reading and new knowledge.

Staff records showed that Scottish Social Services Council (SSSC) registration was documented. The SSSC is responsible for registering people who work in social services and regulating their education and training. Three members of staff had completed and returned our questionnaires. These confirmed that the service had relevant policies and procedures in place to support the ongoing training and development of staff. Staff also agreed that the service asked for their opinion on how it could improve. The staff we spoke to were motivated under the leadership of the new Depute Headteacher and felt supported in their work with children. They told us that they were given opportunities to lead in different areas of the curriculum and had participated in training to give them confidence in that role and give the staff team ideas for improving their planning. This made it more likely that staff would provide activities that enthused children, took account of their individual interests and supported the next steps in their learning and development.
Staff explained how they involved children in planning what they would like to learn within their keyworker groups. New topics were recorded in children’s individual learning story folders as well as displayed on the playroom wall. We saw from wall displays and sampling children’s individual folders that staff were using the national curriculum guidance - Curriculum for Excellence - to support their planning and offer children appropriate experiences. Parents were provided with information about the curriculum so that they understood the guidance that underpinned staff’s work with children and how parents and carers could work with staff to support children’s learning and development. The parents we spoke to told us the environment and layout of the playrooms had improved since the previous inspection and there was more information about their children’s learning.

Areas for improvement

In their self-assessment the service had identified the need to introduce an induction programme for new staff and to ensure that staff engaged in the professional update process. They should continue with these plans. Staff had told us that while their line manager was very approachable and they were supported as a team, they did not receive formal one-to-one supervision on a regular basis. We saw evidence that previously some of the individual discussions with staff had been informally recorded in their line manager’s file rather than the individual staff file. At feedback we discussed the benefits of individual supervision so that staff could be supported to identify areas for development as well as valuing the strengths in their individual practice. A formalised system of one to one supervision of staff could also assist management in monitoring the links between staff support and service improvement. Please refer to Areas for Improvement under Quality Theme 4, Statement 4.

One of the ten parents who responded to our questionnaire disagreed that there was always enough staff to provide good quality of care. Management confirmed that staffing ratios were maintained at all times within regulations and the service had additional access to support staff, including visiting specialists such as dance and sport instructors. The staffing compliment and rotas confirmed for us that there were appropriate staff ratios.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0
Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths
Please refer to Quality Theme 1 Statement 1 Service Strengths for approaches used by the service to promote participation.

One of the parents that we spoke to during our inspection had attended the whole school Parent Council meetings and therefore had the opportunity to participate in the formation of the new school vision, values and aims. The nursery class also held a monthly Parents’ Forum to talk about specific issues such as outdoor play. Staff told us that invited speakers had included the head of a neighbouring nursery that came to speak to parents about planning. This helped parents understand the life and work of the nursery and how staff set priorities for children’s learning.

Areas for improvement
Please refer to Quality Theme 1 Statement 1 Areas for Improvement and related recommendation.

At feedback we acknowledged that there was information on display about procedures for people to raise any concern that they might have about the service. This included contact details for the Headteacher, the Local Authority (service provider) and the Care Inspectorate’s complaints procedure. However there needed to be consistency in the information supplied elsewhere, such as in the nursery handbook. For example it should be made clear to complainants that they could approach the Care Inspectorate independently with any concerns and a contact address should be given for the local Care Inspectorate base. Any references to the predecessor organisation the ‘Care Commission’ should be updated. At feedback we advised the manager that the complaints procedure should always include a timeline within which complaints would be responded to. This should be a maximum of 20 days. Please see Recommendation 1.
Recommendations

1. The service provider should ensure that the Complaints Policy and associated procedures are easily accessible to users of the service and are in keeping with national and local guidance.

This is to help reassure families that any concerns about how the service is provided will be listened to and taken seriously.

National Care Standards Early Education and Childcare up to the age of 16: Standard 14: Well-managed service.
Statement 4
We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service strengths
At the inspection we found the performance of the service was adequate for this statement. The vision, values and aims for the whole school were clearly on display so that everyone could understand the purpose of the way staff worked with children and families and how they planned to improve the service.

Please refer to Quality Theme 1 Statement 1 and Quality Theme 4 Statement 1 Service Strengths for approaches used by the service to promote participation.

The Deputy Head Teacher of the primary school who had direct management responsibility for the service had been in post for one month but had already made an impact on the quality of the service delivered. For example by supporting staff to implement new formats for planning within the service. She spent time in the playrooms each week to get to know the children and their families as well as to observe staff practice.

The school improvement plan was easily accessible to parents/carers as were the most recent inspection reports from Education Scotland and Care Inspectorate. This helped people understand the systems in place to monitor the quality of the service and improve outcomes for children.

Six of the parents/carers who responded to the Care Standard questionnaires agreed and three strongly agreed that the service had involved them and their child in developing the service, for example asking them for ideas and feedback. One disagreed that this happened although overall was happy with the quality of the service.

Areas for improvement
We acknowledged that the service had been working hard to implement new ideas around planning for children. However an action plan had not been submitted following the previous inspection to explain how the requirements that we had made would be met. This would have provided reassurance that the service evaluated what it did and made improvements.

In their self-assessment management had identified the need to promote distributed leadership within the service and to develop ways for external staff to be more involved in the audit process. They should continue with these plans. The service had made use of Child at the Centre 2, a standardised quality assurance tool that sets out performance indicators to support self-evaluation however we talked about how this could be used more effectively by management.
Partnership with parents is a key component of Child at the Centre 2 therefore its use by staff would help demonstrate that everyone’s contribution was valued and had been taken forward by management. We have already made a recommendation under Quality Theme 1, Statement 1 about involving families in assessing the quality of provision.

Staff needed to be more vigilant in carrying out the procedures linked to the service policies and management should be monitoring these systems as part of the quality assurance of the service as a whole. For example dating and signing records: we have highlighted examples earlier in this report that related to infection prevention and control including dating logs for checking the fridge temperature and cleanliness of children’s toilet areas. Where appropriate, staff should also ask parents/carers to sign and date when they have reviewed documents. For example when reviewing their children’s personal plans, accident/incident forms and medication administration records. We have made a recommendation for management to develop the existing quality assurance system to ensure that it is fit for purpose. This would make people more confident that the service records, plans and policies were properly made and kept in accordance with local and national guidance. Please see Recommendation 1.

We could see from the new vision, values and aims that were in place that the service was committed to demonstrating a more inclusive ethos. In our feedback we talked about how staff could be supported through a period of practice change. We acknowledged the existing good practice of management using staff meetings for training, playroom observations, visits to similar services and annual appraisals for staff. We have recommended that there should be a formal system of 1:1 supervision for staff that would help individual staff to feel confident about sharing their views and enable management to identify and monitor staff development needs. Please see Recommendation 2.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 0

**Number of recommendations:** 2

**Recommendations**

1. Management should continue to develop their quality assurance systems to ensure that they capture areas for improvement within the service and that all stakeholders have been involved in the process.

   This is to make sure that management monitor effectively the quality of work of each member of staff and the service as a whole.
National Care Standards Early Education and Childcare up to the age of 16:

2. The manager should formalise regular support and supervision of individual staff as part of the service improvement plan.

   This is to ensure that staff are involved in regular discussion of their work and that there is an effective system for management to identify and monitor staff development needs.

National Care Standards Early Education and Childcare up to the age of 16:
4 Other information

Complaints
No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements
We have taken no enforcement action against this care service since the last inspection.

Additional Information
n/a

Action Plan
Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).
5  Summary of grades

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6  Inspection and grading history

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<td>Management and Leadership 4 - Good</td>
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