

Knightswood Early Years Centre Day Care of Children

St. Ninians Primary School
2150 Great Western Road
Glasgow
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Type of inspection:
Unannounced

Completed on:
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Glasgow City Council

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About the service

Knightswood Early Years Centre is provided by Glasgow City Council from a wing of St Ninians Primary School in the west end of Glasgow. The service is registered to provide early learning and childcare to a maximum of 54 children in the following age ranges: 15 children aged from birth to under two years; 15 children aged from two to under three years; 24 children aged from three years to those not yet attending primary school.

About the inspection

This was an unannounced inspection which took place on Monday 29 August 2022 between 08:45 and 17:45. The inspection was carried out by two inspectors 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 throughout the inspection year.

In making our evaluations of the service we:

- spoke with some of the children using the service and reviewed survey responses from 17 parents whose children attend the service.
- reviewed feedback from one of the external services who work with the service to support positive outcomes for children.
- spoke with the service provider, manager, depute, team leader and six staff. We also reviewed survey responses from 12 staff.
- observed practice and staff interactions with children.
- reviewed documents.

Key messages

Children received nurturing support from compassionate staff who knew them very well. This contributed to children feeling valued, safe and secure.

Children of all ages and abilities were developing their curiosity, imagination and problem solving skills through high quality play experiences.

Children's wellbeing and general health were supported through plentiful opportunities to play outdoors, regardless of the weather.

Meaningful communication with families was appreciated by parents, strengthened connections with the nursery and ensured continuity in meeting children's needs.

Staff were flexible and supported each other to work as a team to benefit children.

The management team agreed that auditing processes for children's medication could be strengthened to support children's health and safety.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very 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 both quality indicators as very good, where significant strengths supported positive outcomes for children.

1.1 Nurturing care and support

Children experienced warmth, caring and nurturing approaches from staff who knew their individual needs very well. We reviewed children's personal plans and how staff used the information to support children's overall wellbeing and progress. For example, the 'getting to know me' section outlined children's routines, favourite toys and interests. For younger children, the care plan section was displayed on the playroom wall so that staff could follow families' preferences for their child's personal care, such as naptimes. This ensured consistency in children's care, which contributed to them feeling secure. These plans were regularly reviewed and completed in partnership with parents to ensure information was current and reflected children's individual needs.

Where it was identified that children required additional support, this was planned for in partnership with parents and external professionals. One professional told us that they believed staff had the capacity to support children presenting with a wide variety of sometimes complex needs and spoke highly of joint working with the setting in order to ensure positive outcomes for children.

Children's play, learning and interests were recorded in individual learning portfolios. These contained photographs, artwork and staff observations of children, including significant achievements so that children's progress could be tracked and supported. The management team agreed that providing links between each section of the personal plans would provide an holistic overview for parents and any new staff within the playroom.

Throughout our visit children were effectively supported through intuitive staff responses that supported their emotional wellbeing. For example, children being settled into the baby and two to three playrooms were supported by staff who ensured they interacted at child level with lots of cuddles and reassurance. This helped children build attachments with their keyworkers as well as trusting relationships with their playroom team. Photographs of keyworkers and staff on shift each day ensured families got to know the whole team caring for their child.

Overall, lunchtime was a lovely experience for all children. Lots of mealtime chat where staff encouraged children's social skills and healthy eating habits. Staff showed children the meal options and respected their choices. Within the three to five playroom, the Team Leader knew that lunchtime arrangements could be improved for children now that pandemic restrictions had been lifted. For example, the provision of tablecloths, napkins and table decorations to give a more homely atmosphere. Children could also be more involved in self serving of meals to encourage responsibility and independence. The setting should continue with these plans.

We reviewed the setting's medication procedures and noted that medication was stored securely and out of reach of children. Documents were accurate and reflected children's individual health needs and requirements. Auditing of medication to support children's safety was in place but the management team agreed this would be enhanced by reviewing children's long term medication with parents whenever children made the transition between playrooms. There was already a transition record that helped new keyworkers get to know children's individual personality, needs and preferences.

1.3 Play and learning

There was a very good balance of spontaneous and planned high quality experiences that promoted children's choice and independence. Children could access a variety of toys and natural materials that were suitable for their stage of development and ability, both indoors and outside. Children were very engaged in play of their choice, which included exploring, experimenting, being creative, and problem solving. Staff supported and scaffolded children's learning when needed. For example, we observed staff extending a child's interest in musical instruments by introducing a drum into their play. Other children joined the activity, tapping out sounds of their name on the drum and focussing on the number of beats. Staff encouraged children to participate, providing opportunities for turn-taking and giving praise for children's achievements.

Staff drew our attention to their focussed planning approach that ensured children were able to express their ideas and be stimulated to want to learn more about topics of interest to them. Staff planning was also individualised so that children felt their perspectives were included and respected. One innovative initiative introduced for older children was a 'fill my bucket' display where children could ask staff to put a note of activities they had enjoyed at nursery or achievements in their individual bucket so that it could be shared and celebrated with their family. This approach helped build children's self esteem as well as enabling parents to continue to engage with children's learning at home.

We were impressed that the nursery manager was encouraging staff professional reading around play-based approaches. Staff had playful dispositions, we observed them engaging in pretend play making snacks with children and using the opportunity to extend children's vocabulary. We spoke to staff who were committed to professional development that deepened their understanding of using play experiences to extend children's learning. For example, some staff had participated in messy maths training and used this knowledge to develop outdoor play resources, which introduced numeracy for children in a fun way.

How good is our setting?

5 - Very Good

We evaluated this key question as very good, where significant strengths supported positive outcomes for children. Playrooms and outdoor play areas were safe and secure, welcoming and stimulating. These high quality facilities contributed to children being safe, active and meaningfully engaged in their play.

Quality indicator 2.2: Children experience high quality facilities

Playrooms were bright with plenty of natural light and ventilation. They were well furnished, comfortable and homely with plenty of high quality resources. We observed developmentally appropriate children's spaces that were organised very well to meet children's needs. Children were able to decide how they wished to spend their day and could freely access toys and resources to extend their play ideas. This contributed to children developing a sense of ownership and respect for their environment.

Staff had created a very positive learning environment with purposeful areas and quiet, nurturing spaces. For example, there were book cosy corners with soft furnishings where children could relax and enjoy quiet time and a very good range of natural play materials in all playrooms. Staff made use of community amenities, such as playparks, nature walks and the canal where children could be energetic in the fresh air. The setting provided all weather suits and wellies so that children could be outdoors regardless of the weather. Outdoor play experiences promoted children's health and well-being.

As an old building the setting had its limitations, for example, children's free flow access from their playroom to outside was not possible.

However, most children understood that they would have a turn during their session and staff told us that potentially children could ask to play outdoors at other times. During our visit, children of all ages thoroughly enjoyed outdoor play where resources and activities were rich in opportunities for exploration, curiosity and investigation. Children had fun using open-ended, loose parts in the nursery outdoor space. There was shelter from inclement weather and plans to further develop shelter for the under threes garden area, which should be continued. The setting had recently gained an eco flag and we could see pride in achievement both from staff and from the reaction from families on social media. Community involvement was demonstrated through a local company sponsoring the flagpole to display the eco flag and a celebration was forthcoming. As a result, children were learning about sustainability and responsibility for their environment.

Children were also kept safe and healthy because of the robust infection control practices that were in place within the setting. The setting had moved on from Covid-19 risk assessments, but we could see that restrictions had been adhered to in the past and staff remained vigilant about cleanliness of the setting, including hand washing for children and themselves.

Children and staff safety was promoted through detailed risk assessments for all environments and activities accessed by them. These were regularly reviewed by the management team and staff were aware of their responsibility to identify and remove any new hazards in the way of children's safety and wellbeing.

How good is our leadership?

5 - Very Good

We evaluated this key question as very good, where significant strengths supported positive outcomes for children. The management team had a clear focus on improving outcomes for children and their families.

Quality indicator: 3.1 Quality assurance and improvement are led well

The child-centred and nurturing ethos was evident throughout the setting and staff practice. Paying attention to everyone's wellbeing was embedded in the service ethos and extended to staff. When staff are respected and cared for, this is reflected in their relationships with children.

The management team had a presence in the playrooms when needed, to cover staff and role model good practice. The management team comprising manager, depute and team leader had well defined individual responsibilities. They had created conditions where everyone felt confident to lead change and share responsibility for the process. Examples of leadership roles across playrooms included numeracy and communication. Similarity in leadership roles between the three playrooms meant that the staff involved had peer support and ensured continuity in approaches to supporting children. Staff holding these roles told us that leadership within the setting was supportive and enabled them to develop their professional practice, following areas of interest and expertise, including accessing training.

Most staff felt very supported by their manager both informally and formally. For example, there was an open-door approach to discussing personal and professional issues. Regular playroom meetings provided opportunities for staff to reflect together and use these reflections to bring about positive change for children. Staff participated in peer evaluations to critically reflect on how they were supporting positive outcomes for children. The management team also met together and notes of their meetings and playroom meetings reflected current service priorities and issues raised by staff.

Clear quality assurance processes included opportunities for the management team and staff to review and monitor various aspects of the service. This helped identify areas for improvement and work toward making positive changes to children's experiences. We have highlighted the example of developing more robust risk assessments under 'How good is our setting'.

The service improvement plan was in progress for this year and staff had also been involved in activities toward this. Staff were familiar with the key priorities and believed they had helped create them so that they were meaningful and achievable but also in keeping with the provider's objectives of literacy and digital learning. This resulted in improved outcomes for children.

The setting was respectful of parents' roles as key partners in their children's care and learning. A range of different communication tools was used to gather parents' thoughts and views. For example staff shared and exchanged information regularly using face to face chats with parents during children's handover times, daily diaries for younger children, engagement with the closed Facebook page, emails and telephone calls. As a result there was continuity in children's care and trusting respectful relationships between staff and families.

Parents mainly confirmed in their survey responses to us that communication with families was transparent and they were able to influence change within the setting, examples of their comments included:

"The leadership team are very engaged with the parents and keep us well informed."

"(The manager) and other senior staff are always on the end of the phone/contactable via email. Communication is very good!"

How good is our staff team?

5 - Very Good

We evaluated this key question as very good, where significant strengths supported positive outcomes for children. Effective staff deployment within the setting meant that children's individual needs were being met by the right number of staff.

Quality indicator 4.3: Staff deployment

We observed and spoke with staff who were skilled, reflective and experienced practitioners. We could see they had helped create an inclusive nurturing ethos where children and families' contributions were valued and encouraged. Staff believed that relationships were a strength within the setting and perceived themselves as a strong team. They recognised that continuity of care was important for children to help them feel safe and secure. During our visit, staff were flexible and supported each other to work as a team to benefit children. Staff naturally called on each other for assistance when needed to support the wellbeing and safety of children.

Staff were deployed in a way that reflected children's needs. For example, the setting was committed to providing outdoor experiences for children therefore staff rotated between indoor and outdoor spaces in a way that enabled this. Room tallies ensured that children were accounted for and kept safe. Staff breaks were planned to minimise the impact on children whilst enabling staff to rest and be refreshed. Staff had protected time off the playroom floor for planning and to work collaboratively with parents and external agencies. This meant staff could meaningfully engage in making improvements to the quality of support offered to children.

We have received positive feedback from 17 parents about the quality of the staff team. All believed there was always enough staff within the setting, comments about their collaborative approach included:

"Outstanding service from caring and supportive staff team. Always happy to help. All work hard to ensure development of all children."

"(My child) has only just moved to the 3-5 room and already I see a positive relationship with his teacher. I also feel I can speak to (his keyworker) and others."

Keyworking arrangements ensured there was consistency in individual children's care across the day, between the setting and the child's home and also when children were ready for transition to the next playroom. When the keyworker was not available, for example, because of annual leave, parents were advised of changes to the staff team so that they were reassured about which staff would be caring for their child.

At the time of our inspection, staff had moved with children from babies to the two to three playroom and from the two to three to the three to five playroom. Having a familiar adult supported children's transitions and emotional wellbeing as well as providing an opportunity for staff professional development.

We have asked that when staff moves are organised, staff should be reminded of the stages and abilities of children within their new playroom, so that appropriate support is given to children. We acknowledged the manager's good practice of providing staff with their own copy of a child development text but suggested more use could be made of the national practice guidance 'Realising the Ambition: Being me' (Scottish Government 2020) at transition times. Realising the Ambition provides helpful vignettes of what children need from staff at different stages of their development.

Complaints

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

Detailed evaluations

How good is our care, play and learning?	5 - Very Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	5 - Very Good

How good is our setting?	5 - Very Good
2.2 Children experience high quality facilities	5 - Very 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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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