

Cranstonhill Nursery School Day Care of Children

3 Little Street
Glasgow
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Type of inspection:
Unannounced

Completed on:
17 November 2022

Service provided by:
Glasgow City Council

Service provider number:
SP2003003390

Service no:
CS2003014870

About the service

Cranstonhill Nursery School is a service provided by Glasgow City Council. The service operates from accommodation in the Anderston area of Glasgow. The service has sole occupancy of the building including an outdoor play area. The accommodation comprises of three playrooms each with direct access to outdoors. The service is conveniently located close to schools, shops and other amenities.

The service is registered to provide a care service to a maximum of 65 children aged two years to those not yet attending primary school.

About the inspection

This was an unannounced inspection which took place on 9th, 10th and 17th November 2022. 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 since the last inspection. We carried out this inspection following an incident where a child left the service unobserved by staff. The parents/carers of the child have been informed. As part of our inspection, we assessed the actions taken by the service which led to the incident and what they have done since. In making our evaluations of the service we:

- spoke with children using the service
- received feedback from 10 parents/carers
- spoke with 10 staff and management
- spoke with a Glasgow City Council area manager
- received electronic feedback from 10 staff
- observed practice and daily life
- reviewed documents.

Key messages

- Children were happy and settled in their nursery environment.
- The provider had not taken appropriate action to ensure the safety of children following an incident where a child left the service unobserved by staff. As a result, we have made requirements to ensure the safety and wellbeing of children.
- Lunches should be reviewed and improved to ensure that children have more opportunity to be independent and experience a more positive mealtime experience.
- Systems for the safe storage, recording and administration of medicine need to be reviewed and improved.
- The outdoor play space needs to be improved to ensure that children have daily access to physical activity outdoors.

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

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| How good is our care, play and learning? | 3 - Adequate |
| How good is our setting? | 2 - Weak |
| How good is our leadership? | 3 - Adequate |
| How good is our staff team? | 3 - Adequate |

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

3 - Adequate

We made an evaluation of adequate for this key question. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 1.1 Nurturing care and support

Throughout our inspection it was clear children experienced respectful and nurturing care. We observed staff interactions to be warm and supportive. Almost all staff demonstrated they knew children well. A keyworker system was in place, this supported staff to know about their own key children and respond effectively to their needs and interests. Staff shared with us that they had recently adapted their key worker approach to include a buddy system where all children have two keyworkers. Management told us that this supported staff to gather observations on children's learning, plan next steps and record children's progress and achievements. One parent told us "My child is very happy attending nursery, and she looks forward for it each day so I am sure she is well taken care off and I can see major improvements in her speech and learning as well".

Personal plans were in place for all children. They included key information about children's health, wellbeing, safety and learning needs. We sampled personal plans and found that there were inconsistencies in the style and quality of the recording. We discussed with the manager the importance of dating information within plans including the children's learning logs. This would demonstrate children's progression and help to identify strategies required for individual children to achieve success in their learning and development.

Staff were confident about child protection procedures. They had attended training and knew what their responsibilities were in terms of reporting concerns. Staff knew who to report any concerns to in the absence of the child protection coordinator. This helped to ensure that children were monitored and kept safe.

We observed the lunchtime experience for all children. We noted that opportunities for children to be independent were hindered and that the lunchtime experience was not as pleasurable or nurturing as it could have been. In the 3-5 room children lined up at a lunch hatch to receive their lunch. This meant that they had little opportunity to be independent and self serve. We spoke with staff about the lunch time experience for children and how this should be an important social learning experience signposting them to "Food Matters" best practice guidance. On the second day of inspection the 2-3 playroom had made some changes following suggestions made by inspectors. They had moved tables around to give children more space and opportunities to interact with their peers and staff during the lunch time experience. The manager should support staff to revisit the lunchtime experience to provide a more nurturing experience where children's independence and choice is focused upon. See area for improvement 1.

We sampled medication records for children and found that they lacked important information to support safe administration of medication; for example, signs and symptoms of when a child would require medication were not clearly recorded. Additionally we noted that all medication was stored in the manager's office meaning that emergency medication was not easily accessible for staff to administer. We signposted the manager to the Care Inspectorate Guidance "The management of medication in daycare and childminding settings". See requirement 1.

Quality Indicator 1.3 Play and learning

Children in the 3-5 room appeared happy and to be having fun at nursery. Children were able to choose from a range of experiences in all age groups including, water, sand, creative experiences and table top games. This gave children some opportunity to be creative, use their imagination and explore new experiences.

Staff planned activities for children which reflected their ideas and interests. Staff explained how they gathered observations to inform how they planned for children's learning. Staff acknowledged putting children's interests first and were seen capturing observations to pass on to children's keyworkers. Children's voices were heard and respected. This was evident in floor books through recorded comments. Both staff and management explained how they captured children's individual learning within their personal learning journals. Having sampled some children's learning journals we could see that observations and tracking linked to individual children's learning and progress.

We observed the pace and balance of the day to be fast and task focussed leading to hurried and stressful experiences for children. Experiences and resources were changed too frequently. This meant that staff missed opportunities to extend learning. For example, children's play experiences were regularly interrupted for them to be taken to group experiences. When children returned resources they had been using were not always available for children to revisit and extend their learning. The management and staff team should review the pace and balance of the day, to monitor the sound levels in the room, to increase children's independence and choices

We also observed missed opportunities for children to choose and be creative for example: most creative experiences on offer were adult led and involved children decorating pre-cut shapes. We discussed this with staff and signposted to "My Creative Journey" best practice guidance. During our observations we noticed that a few children were requiring support to engage in experiences and to play with their peers safely. Although staff were positioned throughout the playroom, the room was so busy and loud, that they did not always notice when children required support to engage or regulate their emotions. This meant that children's wellbeing and engagement was not being supported effectively.

In the 2-3 room the pace and balance of the day was less rushed. All children were fully engaged in a variety of good experiences. Staff supported numeracy and literacy through play in a meaningful way for example: rhymes and stories in book corner, loose parts play counting and bubble play. We discussed with staff how they could further develop the open-ended resources on offer to enhance the opportunities to develop children's creativity and schematic development.

Requirements

1. By 5 January 2023, the provider must ensure that every child is cared for in a way that reflects their individual needs and rights. To do this, the provider must, at a minimum ensure:

- a) Emergency medication is stored safely
- b) Signs and symptoms of when a child requires medication are clearly recorded
- c) A robust system is in place to ensure that medication is being effectively monitored, audited and stored safely.

This is to comply with Regulation 4(1)(a)(b) (welfare of users) and Regulation 5(1), (2) and (4) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

"My care and support meets my needs and is right for me." HSCS 1.19 and

"Any treatment or intervention that I experience is safe and effective." HSCS 1.24

Areas for improvement

1. To support children's health and wellbeing, whilst promoting enjoyment of healthy eating, the manager and staff should improve mealtime experiences. This should include improved systems to monitor routines so that all children are encouraged to be independent and enjoy relaxed mealtimes.

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

"I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning" (HSCS 1.33); and "I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible" (HSCS 1.35).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality indicator 2.2 Children experience high quality facilities

The indoor environment was warm, bright, and well ventilated. When we observed children indoors, we found they had access to a range of experiences and resources that supported their stage of development and learning.

We had concerns around how the environment was used to support children's health and wellbeing. We found that the service did not use their registered space fully to support children. As a result children's experiences were compromised. During our observations we noticed that a few children were requiring support to engage in experiences and to play with their peers safely. Because the room was so busy and loud staff did not always notice when children required support to engage or regulate their emotions. This meant that children's wellbeing and engagement was not being supported effectively. See requirement 1

We observed a lack of quality outdoor provision for children. Most staff we spoke to told us that the outdoor area was a risk and they were anxious about taking children outdoors. One staff member stated "Outdoors needs improvements, major hazards that could cause injury and unsafe areas, slippery surfaces." In addition to this we found unsafe resources and equipment such as an unused piece of physical equipment which presented a hazard to children. As a result children were not benefitting for outdoor physical activities daily. See area for improvement 1.

Although staff told us that risk assessments of the outdoor area had been carried out, we found that large logs had been left around the boundary fence which could have presented as a step to help children climb over the boundary. Staff should ensure that effective risk assessments are carried out to safeguard and protect children from harm. See requirement 2

The service recently had a serious incident where a child was able to leave the service unsupervised. We noted that some positive mitigations had been put in place to support children's safety outdoors, however there were still potential risks to children's safety outdoors. Although the local authority had installed additional fencing this did not fully mitigate the risk of children leaving the premises. See requirement 2

Arrangements for security within the setting were not well managed, for example staff relied on parents signing children in and out of service. There was no official registers taken to record children in the building. Staff marked on a white board the numbers of children they thought were in attendance however on one occasion during our inspection we noted that there were more children in attendance than was stated on the white board. This had the potential to expose children to the risk of harm. See requirement 2

To assist staff to keep children safe and support improvement, we signposted them to the Care Inspectorate website, and in particular to the Simoa Keeping Children Safe - Look, Think, Act campaign.

Requirements

1. By 5 January 2023, the provider must ensure that children are cared for in an environment that is safe and secure.

To do this, the provider must, at a minimum, ensure:

- a. all areas of registered space are used throughout the day
- b. noise levels within the playrooms are monitored.

This is to comply with Regulation 4(1) (a) (Welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

"I have enough physical space to meet my needs and wishes." (HSCS5.22) and "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells." (HSCS 5.20)

2. By 5 January 2023, the provider must ensure that children are cared for in an environment that is safe and secure.

To do this, the provider must, at a minimum, ensure:

- a. Risks posed by opportunities to leave the garden area unaccompanied are removed.
- b. Staff are aware of where children are at all times.
- c. Staff within playrooms are accountable for the children. They should do this by ensuring that robust daily registers are taken.
- d. Staff regularly assess and take action to improve the safety and security of their setting.

e. Robust risk assessments of the outdoor area are carried out and used effectively.

This is to comply with Regulation 10 (1) and 10 (2) (a) (b) (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

"My environment is secure and safe" (HSCS 5.17)

Areas for improvement

1. The service should ensure that children have access to outdoor physical play in the fresh air daily.

This is to ensure the service complies with the Health and Social Care Standards (HSCS) which states that; "As a child, I play outdoors every day and regularly explore a natural environment". (HSCS 1.32)

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question. While the strengths had a positive impact, key areas need to improve.

Quality indicator 3.1 Quality assurance and improvement are led well

Staff told us that the manager operated an open-door policy and had a visible presence within the setting. They valued the opportunity to meet with the management team annually to discuss their professional review and development. Staff shared they were encouraged to take part in training and core groups to enhance their skills, knowledge and confidence in delivering the best care and learning for children. The lead practitioner for attainment shared with us how children were making progress and how she shared and cascaded information with staff about raising attainment through literacy.

The service's improvement plan highlighted the three main priorities of the service. Most staff told us that they felt involved in identifying improvement priorities. The manager provided the staff team with the opportunity to be part of improvement groups. Staff valued the opportunity to be part of these groups, although they raised concerns about how attending such regular meetings impacted on the quality of care and experiences children received. This was because rooms joined together and staff at times worked outwith ratios. One staff member stated "Sometimes children are at the forefront, sometimes paperwork and meetings are put first."

We found that parents were communicated with and involved in a variety of ways. Parents were kept up to date through methods such as see saw, newsletters and noticeboards. Feedback demonstrated this could be enhanced. Parents who provided feedback commented :

"Just more information if possible to be provided on what the kid ate during the day will be helpful as she can't speak for herself if she ate well."

"Stay and play, parents meeting, from time to time I would like to hear about my child progress."

"More updates on what they are doing, how my son is doing. Even a quick 1-2-1 once every 2 months would be appreciated."

We found gaps in the areas covered by the quality assurance system in place. This resulted in management being unable to fully identify inconsistencies in practice or highlight areas for improvement. The manager should continue to develop and improve quality assurance processes, including self-evaluation. The management team would benefit from introducing and using a monitoring calendar to ensure that all aspects of the service are monitored and audited, in order to make these processes purposeful and support improvements. The manager should refer specifically to the "Health and Social Care Standards" (Scottish Government 2017) and "A quality framework for daycare of children, childminding, and school-aged childcare". See area for improvement 1

Areas for improvement

1. The manager should ensure there is a robust and transparent quality assurance system in place, and that those quality assuring practice and children's experiences are clear about their roles and responsibilities. This is so all children experience high-quality care and learning within a safe environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

How good is our staff team?

3 - Adequate

We made an evaluation of adequate for this key question. While the strengths had a positive impact, key areas need to improve.

4.3 Staff deployment

Parents who provided feedback were positive about the staff team. Comments included:

"The staff is caring and attentive. I know that my son is in great hands."

"Very kind and helpful staff. Always make the parent aware everything that is going on in the nursery."

"The staff is very friendly and my child is very happy while attending."

We spoke to staff about their induction process and how their skills were used to support positive outcomes for children. All staff shared they had had an induction which they felt supported them in their roles. Staff told us that their induction included important opportunities to go through all relevant policies, procedures and processes used within the service. They also told us that they were given protected time to meet with manager to discuss their skills and interests. Some staff told us that they were disappointed that they felt their ideas or skills were not valued by the manager and that their skills were not being used effectively to support children and families. The manager should ensure that lines of communication were clearer with decision making shared with staff so they had an understanding of why certain areas might not be taken forward.

We noted that staff were communicating effectively with each other during our inspection. Most staff told us that they worked well together and were respectful of each other's skills and knowledge. Some staff disagreed and felt that there was a lack of trust amongst the staff team. As a result, communication and team working amongst the staff could be limited at times. The manager should continue to support staff to build relationships. This will support a more positive staff ethos.

During our visit we noted that there were enough staff to meet the adult child ratios. However staff told us that at times they felt that staff ratios were not maintained. Some of their comments included :

"Staff accept working above ratios to the detriment of the provision offered to the children."

"Until recently we were short of staff, staff work hard with what they have."

We were informed that the service was currently recruiting for one additional support for learning workers. Staff told us that staff shortages over recent months had created challenges.

Most children were settled and comfortable with the staff caring for them. Staff supported the basic care needs of the children and we saw some examples of kind interactions. Through our discussions with staff, we could tell that staff knew children well and were keen to do the best for them. One staff member told us "Staff work hard with what they have staff are dedicated to the young people and families."

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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| How good is our care, play and learning? | 3 - Adequate |
| 1.1 Nurturing care and support | 3 - Adequate |
| 1.3 Play and learning | 4 - Good |

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|---|----------|
| How good is our setting? | 2 - Weak |
| 2.2 Children experience high quality facilities | 2 - Weak |

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|--|--------------|
| How good is our leadership? | 3 - Adequate |
| 3.1 Quality assurance and improvement are led well | 3 - Adequate |

| | |
|-----------------------------|--------------|
| How good is our staff team? | 3 - Adequate |
| 4.3 Staff deployment | 3 - Adequate |

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