

# Ralston Early Learning and Childcare Class

## Day Care of Children

Ralston Primary School  
School Road  
Paisley  
PA1 3AT

Telephone: 03003 000 175

**Type of inspection:**  
Unannounced

**Completed on:**  
25 November 2022

**Service provided by:**  
Renfrewshire Council

**Service provider number:**  
SP2003003388

**Service no:**  
CS2003014762

## About the service

Ralston Nursery was provided by Renfrewshire Council to provide early learning and childcare to a maximum of 56 children at any one time. Children attended various patterns.

The service was based within purpose built accommodation alongside Ralston primary school. The service had very good links with Ralston primary school.

Children had access to two large playrooms along with various outdoor play spaces around the nursery grounds.

## About the inspection

This was an unannounced inspection which took place on 21 November 2022 between 09:30 and 15:15. 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.

In making our evaluations of the service we:

- spoke with two people using the service and nine of their family members
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Parents told us communication was a strength within the nursery.
- Children and staff had developed close relationships and as a result children were happy and appeared confident.
- We highlighted some concerns to the management team in relation to the cleanliness and clutter of some of the indoor and outdoor play spaces.
- Staff and children had worked together to develop nursery values for the service.

## 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? | 3 - Adequate |
| How good is our setting?                 | 3 - Adequate |
| How good is our leadership?              | 4 - Good     |
| How good is our staff team?              | 4 - Good     |

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

## How good is our care, play and learning?

## 3 - Adequate

Evaluation of evidence:

We made an evaluation of adequate for this quality indicator, as several important strengths taken together outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant impact on children's experiences

### 1.1 - Nurturing care and support

Staff were warm and nurturing in their approach. Children and staff had developed close relationships and as a result children were happy and appeared confident.

Staff spoke confidently about children's individual care and wellbeing needs and how staff supported them. Personal plans were in place however, of the personal plans we sampled, we found most lacked evidence of detailed strategies required to support children. Personal plans had also not been completed in consultation with parents or shared with parents when updated by staff. Whilst staff had knowledge of children's care needs, interests and stages of development, a clear, detailed personal plan, completed in consultation with parents, would enable all staff to continue to support individual children. This will ensure children continue to receive care that is appropriate for them. The service should implement meaningful personal plans that identify strategies of support, and record children's progress. (See area for improvement 1)

Parents told us communication was a strength within the nursery. One parent commented, "Information is shared via seesaw and the newsletter, we also get regular communication during drop off and home time. It is well communicated, and not overwhelming, which I greatly appreciate if I am honest!!". This supported parents to be involved in their children's care and learning.

Children's meal time experience was calm and unhurried. During lunch, children had the opportunity to select their meal choice and self-service was promoted. Staff told us they were trialling a new approach to support them in the delivery of a quality mealtime experience for children. Some children benefitted from staff sitting with them, role modelling positive attitudes to mealtimes, however, due to staffing levels, this was not consistent for all children. At snack time children were able to choose their snack, however they were not provided with plates and snack was placed directly on to the table top. We discussed with staff the impact of this practice around potential infection control issues. The management team should continue to monitor the lunch time experience to ensure positive outcomes for all children.

We found that the Child Protection policy did not indicate that when a referral is made to social work a notification should be made to the Care Inspectorate. We asked the manager to review this. This will support staff to ensure the children are safe and protected from harm.

Improvements were required to ensure medication processes and procedures are in line with the Care Inspectorate best practice guidance 'Management of medication in daycare of children and childminders'.

For example, we found that medication forms had not been consistently completed correctly, records did not reflect medication stored on the premises and medication was not always stored appropriately. (See requirement 1)

### 1.3 - Play and Learning

There were some examples of staff extending children's play through learning conversations. For example during an activity in the creative area staff could be heard asking the children "how could we make this glitter stick to our painting"? We discussed with management how the use of effective peer support and monitoring would further support staff to routinely use effective questioning to support children to lead their own play and learning.

Through sampling planning documentation, floor books and learning journals we could see that children had access to a variety of planned activities. However, planning approaches required some improvement to ensure they are consistently responsive to children's interests and stage of development. Some activities shared with parents appeared staged and adult-directed and did not consistently promote children's choice or reflect individual children's ideas and interests. High quality observations of children should be used to inform and guide robust observation, planning and assessment cycles for children. (See area for improvement 2)

We saw some evidence of children's views being used to shape the environment and some spaces reflected some children's current interest. For example staff and children in the block area had introduced superhero action figures into their play as they were currently interested in things that could transform.

Staff spoke positively about a number of initiatives children were involved in within their local community. Children saved and donated bottles to a local supermarket, who in turn gave vouchers. These vouchers were used to buy Easter eggs which children then donated to their neighbours and local group 'Roar - Connections for life'. This enhanced children's opportunities for play and learning in their own and wider communities.

### Requirements

1. By 6 January 2023, the provider must ensure that medication is stored and administered safely, in line with Care Inspectorate's guidance, 'Management of medication in daycare of children and childminding services'. To do this, the provider must, at a minimum:

- a) ensure that medication is stored safely in line with Care Inspectorate's guidance.
- b) ensure medication forms are completed consistently.
- c) medication records are accurate and reflect medication currently stored on the premises.

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

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

## Areas for improvement

1.

To ensure children's individual health and wellbeing needs are met, the service should further develop children's personal plans. This should include but not be limited to, documenting strategies that identify how staff will meet children's individual needs and reviewing these plans in consultation with parents.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. To ensure planning approaches are effective and support children's overall development, the management team should ensure staff observations of children are of high quality. These observations should be used to inform robust planning and assessment cycles for children.

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

## How good is our setting?

## 3 - Adequate

### 2.2 - Children experience high quality facilities

We made an evaluation of adequate for this quality indicator, as several important strengths taken together outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant impact on children's experiences

The setting was bright, and spaces were available for children to rest and relax. Children were able to move freely between the indoors and outdoors. Evidence of children's artwork and learning was available on the playroom walls. This supported children to feel valued.

Appropriate risk assessments were in place and reviewed regularly with staff. We saw some evidence of children being involved in managing and assessing their own risk. For example, children completed daily pictorial outdoor risk assessments and discussed with staff what hazards may be outdoors. This supported staff and children to work together to provide a safe environment.

We highlighted some concerns to the management team in relation to the cleanliness and clutter in some of the indoor and outdoor play spaces. For example, some furniture and storage units were visibly marked with paint stains, sink areas were cluttered with unnecessary items and the water in the outdoor water trough appeared dirty and filled with leaves. We found that soft furnishings throughout the service were visibly unclean. Within the children's changing area we noted that nappies, gloves and nappy sacks were not stored in line with current guidance; 'Infection prevention and control in childcare settings' and doors were ajar. We noted during a further visit to the service, prior to the conclusion of the inspection, that some measures had already been taken to improve the cleanliness and clutter within the environment. To continue to support children's health and wellbeing, the service should ensure effective systems are in place to consistently monitor infection control practice across the setting. (See area for improvement 1)

Registers were in place, however these did not always correctly reflect children's attendance patterns, for example, a child who was in attendance had been marked as absent. To ensure children are cared for safely,

we discussed with staff the importance of accurate record keeping and asked that a more robust system be put in place.

We raised concerns regarding safe evacuation procedure. We found that one fire evacuation door was restricted on both sides by a sofa and soft furnishing and the other evacuation door was restricted by outdoor clothing. We would ask that an audit of the fire safety practice is carried out to ensure the premises comply with fire safety regulations. (See requirement 1).

## Requirements

1. By 9 December 2022 the provider must ensure that children are cared for in a safe environment. To do this, the provider must, at a minimum;

a) ensure that all emergency exits are free from obstruction to allow emergency evacuation procedures to be followed safely; and

b) ensure that fire extinguishers are stored safely and in line with guidance from Scottish Fire and Rescue Service.

This is in order to comply with Regulation 4(1)(d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

This is also to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11) and 'My environment is safe and secure' (HSCS 5.17).

## Areas for improvement

1. To continue to support children's health and wellbeing, the service should ensure effective systems are in place to consistently monitor infection control practice across the setting.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

## How good is our leadership?

**4 - Good**

### 3.1 - Quality assurance and improvement are led well

We evaluated this key question as good as several strengths, taken together, clearly outweighed areas for improvement.

Staff and children had worked together to develop nursery values for the service. Children had shared their opinions on what the values of respect and kindness meant to them. This supported children to feel valued and included.

Management and staff were keen to engage parents in the service and the management team told us they were in the process of reintroducing regular stay and play sessions. Whilst we saw some evidence of

consultation, more opportunities were needed for the service to gather the views of the families. We spoke with the manager about developing their approach to further engage parents more in meaningfully evaluating the service. This information could be used to inform future improvements and celebrate current successes and achievements. This would support families to feel included and influence change.

We saw examples of regular mentoring of staff practice and documentation throughout the service. This was carried out by the deputy head and influenced improvements for children and families, for example planned support for staff's planning and learning journals ensured a consistent approach for all children.

The deputy head demonstrated an awareness of the service's strengths and areas for improvement. Staff had been consulted in the development of an improvement plan, however this could be strengthened further by involving children and families to inform the starting point for future improvements.

Staff had opportunities to reflect on their practice through regular team meetings and by using in-service days to focus on self-evaluation. The use of the Education Scotland self evaluation framework 'How good is our early learning and childcare', supported staff to recognise and celebrate success and achievements and identify areas requiring further improvement. Our evidence demonstrated this was an ongoing cycle of improvement and regularly revisited by the deputy head teacher.

## How good is our staff team?

4 - Good

### 4.3 - Staff deployment

We evaluated this key question as good as several strengths, taken together, clearly outweighed areas for improvement.

Appropriate staffing levels across the service ensured that children were cared for safely during their day. Key transition throughout the day, for example, lunch time had minimal impact on children's play experiences. Staff communicated well with each other when a task may take them away from the children.

Staff demonstrated a commitment to their continuous professional development with some staff achieving degree level qualifications and some staff proactively sourcing training experiences to support children in their care. For example, some staff completed complex additional support needs training to support individual children. To support the management team in measuring the impact of staff training, staff should undertake detailed post training evaluations.

Transitions from home to the service and from the service to school were planned to take into consideration children's individual needs and circumstances. Most staff sensitively prepared children for transitions throughout the day allowing children time to prepare for changes to their routine.

We found that the process for undertaking staff professional development reviews was in place but could be further improved. Staff told us they did not have regular opportunities to review with their senior management team, their progress, celebrate their success or identify areas of practice for further improvement. This had resulted in missed opportunities to support staff to improve their skills.

Some staff engaged with leadership tasks through champion roles within the service. We would encourage the management team to continue with their plans to re-establish champion roles and to monitor the impact of these for children and families. Feedback from staff highlighted that staff would encourage leadership opportunities. We would ask the management team to ensure staff have received appropriate



training in play areas they were assigned to, this would support staff to provide depth to children's learning and ensure the impact of staff consistency is captured.

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

### Areas for improvement

#### Previous area for improvement 1

As a matter of best practice the service should review the facilities and procedures for changing children. This is to minimise the spread of infection and ensure children's privacy and dignity.

National Care Standards early education and childcare up to the age of 16 Standard 3 Health and wellbeing.

**This area for improvement was made on 14 December 2017.**

#### Action taken since then

Children are changed in an enclosed area to protect their dignity.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

|  |              |
|--|--------------|
| 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     |

|   |              |
|---|--------------|
| How good is our setting?                        | 3 - Adequate |
| 2.2 Children experience high quality facilities | 3 - Adequate |

|  |          |
|--|----------|
| How good is our leadership?                        | 4 - Good |
| 3.1 Quality assurance and improvement are led well | 4 - Good |

|                             |          |
|-----------------------------|----------|
| How good is our staff team? | 4 - Good |
| 4.3 Staff deployment        | 4 - Good |

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