

Rosshall Nursery School Day Care of Children

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Type of inspection:
Unannounced

Completed on:
11 January 2023

Service provided by:
Glasgow City Council

Service provider number:
SP2003003390

Service no:
CS2003014925

About the service

Rosshall Nursery School is registered to provide a care service to a maximum of 85 children, where 60 children are aged three years to not yet attending primary school and 25 children are aged two to under three years. The service is provided by Glasgow City Council and is located within the Crookston area of Glasgow. It operates from single storey premises with enclosed outdoor play areas where children enjoy regular active play in the fresh air.

About the inspection

This was an unannounced inspection which took place on Tuesday 10 January 2023 between 08:30 and 16:45. We concluded the inspection the following morning, when we also gave inspection feedback to the management team. 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 feedback from six parents whose children attend the service.
- Reviewed feedback from one external professional who works with the service to support positive outcomes for children.
- Spoke with a representative of the service provider, the management team and six staff.
- Observed practice and staff interactions with children.
- Reviewed documents.

Key messages

- Children of all ages were engaged in play activities of their choice, developing their creativity and problem solving skills.
- The service should consolidate children's personal plans, ensuring children enjoy appropriate support for their development and progress.
- Risk assessments should be meaningfully implemented to promote children's safety.
- The management team, in partnership with staff, should continue to develop monitoring systems to support sustained improvements across the service.
- The management team should formulate a training plan to build staff capacity for supporting children's play, learning and development.

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? | 3 - Adequate |
| How good is our staff team? | 2 - Weak |

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 evaluated both quality indicators within this key question as adequate, as while some strengths had a positive impact, key areas needed to improve.

1.1 Nurturing care and support

Children were mainly treated with warmth and respect, which ensured their emotional wellbeing was supported. Staff turnover and absence had impacted on continuity in children's care. Nonetheless, staff believed that retaining the keyworker system was a strength of the service that helped them get to know children and their individual needs. Parents told us that communication with the setting had improved and staff were friendly and welcoming towards families. Their comments included:

"I feel that as we have developed a strong bond with (keyworker) her communication is excellent. There is a bit of high sickness within the setting causing slight disruption to consistency of staff however, we feel staff try extremely hard to keep a high level of communication."

Parents also felt that personal planning for children had improved with the introduction of 'Seesaw' online learning journals, although entries could be more frequent. We looked at how staff were supporting parents to access Seesaw and could see that parents were beginning to upload photos of children's experiences at home as well as commenting on staff observations. This contributed to a shared approach to supporting children and continuity in their care. Staff knew where children had progressed but needed support around recording meaningful observations of children. For example there were nice annotated photographs about children's experiences but little "so what" or next steps recorded. Staff were also not vigilant about recording dates to ensure the accuracy in how children's individual needs should be met. Implementing effective personal plans was a previous area for improvement that is now repeated, (see area for improvement one).

Although we identified gaps in personal planning, staff knew children well. They spoke confidently about what strategies they had identified and used to support children's needs. We saw evidence of partnership working with external agencies, such as educational psychologist, speech and language therapist and Quarriers to ensure children's health and wellbeing were supported. One of the visiting professionals confirmed that it was a strength of the the setting that staff had established good contacts with them. They had observed that staff were fairly skilled in providing good support for children with varied needs. These strategies needed to be recorded in children's personal plans.

We observed how care routines were used to nurture children and help them to feel safe and secure. For example, sleep arrangements and personal care including nappy changing were sensitively handled by staff. Staff should be mindful that children's napping arrangements take account of safe sleeping guidance, including the temperature of the room, to maintain children's safety. We have made reviewing risk assessments an area for improvement under How good is our setting?

The setting's child protection policy and procedures were in line with current guidance. Staff were aware of their responsibilities for keeping children safe. They participated in the service provider's annual training updates, which gave them confidence in addressing any concerns for children's welfare. The setting was continuing to engage with Quarriers to develop staff understanding of good practice around safeguarding children.

1.3 Play and learning

Children in both playrooms were engaged in play activities of their choice. Children's perspective was listened to by staff and taken account of in planning. Picture prompts, big books and Makaton were effectively used to help children feel listened to and to express their ideas. We observed some examples of staff using open ended questioning to promote children's further enquiry and curiosity. For example during a chat about the setting's pet fish in the two to three playroom and organisation of snack time in the three to five playroom.

Involvement of the service provider's leader in early learning, accompanied by staff training, meant there had been opportunities for children to develop numeracy and literacy skills in a meaningful way. For example through interactive story telling and counting rhyme games outdoors. Approaches to offering children challenge were shared with families through home links, such as book of the month.

There was not direct access from the playrooms to the outdoors, however children were encouraged to ask to go out to play and staff invited children who might not have had the confidence to do so. This helped ensure children had energetic play experiences outside every day in all weathers. We noted that staff did not always ensure that children were dressed appropriately for the weather. We appreciated that staff might be respecting children's choice however, our visit was on a very wet day and a few children were not wearing weather proof clothes and as a result splashed in puddles wearing training shoes. This could potentially be detrimental to their physical wellbeing. Much of the play outdoors was adult led. Staff had built an obstacle course for children, giving instructions on its use rather than giving children the time and space to problem solve, learn about risk and gain a sense of achievement. Staff also organised a game, which encouraged turn taking and children's respect for each other but left no time for children to explore the natural environment or follow their own play ideas.

Areas for improvement

1. As a matter of best practice, the service should implement a personal plan that includes all relevant information required to care for children. Staff should have a consistent approach to regularly reviewing the plan with parents to ensure they have the right information and it is current to the child's individual needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My personal plan (sometimes referred to as a care 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)

How good is our setting?

3 - Adequate

We evaluated this quality indicator as adequate. While some strengths had a positive impact, key areas needed to improve.

2.2 Children experience high quality facilities

The whole setting was bright and clean with good quality child sized furniture and equipment. There was age and stage appropriate resources, including open ended materials that allowed children to explore their natural curiosity and be creative. There were cosy areas within both two to three and three to five playrooms to help children feel secure and support their emotional wellbeing. However, we observed that these were predominately in the two playrooms that were closed off with limited access to children, for

example for reading stories to groups of children. We assessed that better use could be made of these areas to support positive outcomes for children.

The setting had reviewed the organisation of children's mealtimes with the support of Care Inspectorate's improvement team but this was at an early stage of implementation. Younger children ate in their own playroom to create a homely feel while older children sat in keyworker groups in the hall, supporting the development of friendships. Staff sat and chatted with children over mealtimes, modelling social skills and healthy eating habits. We would have liked children to be afforded more opportunities to be independent and learn life skills through helping set the table and serve lunch. We have made monitoring of practice within the setting an area for improvement under How good is our leadership?

All playrooms had infection prevention and control measures such as hand hygiene and cleaning schedules in place, which meant a previous requirement from during the pandemic had been met. Although Covid-19 risk assessments had been updated in response to our request at the previous inspection, this had not been replaced with meaningful risk assessments when pandemic restrictions were lifted.

For example, following our last inspection, adjustments had been made to the security of the garden perimeter, such as the erection of a side gate with padlock. However, we previously advised that the combination padlock on the main gate would not be able to be released quickly in an emergency. This had been an interim solution that was still to be addressed 15 months later to support everyone's safety. Staff were not intuitively adding to risk assessments if they found new hazards in children's environment. Under How good is our leadership? we have encouraged involvement of staff in all aspects of self evaluation and quality assurance of the setting but made a specific area for improvement here, (see area for improvement one).

We acknowledge that individual risk assessments were in place for children who needed additional measures to support their safety and wellbeing.

Areas for improvement

1. To ensure appropriate arrangements for limiting the risk of harm to children we recommend that the management team should work with staff to implement and monitor risk assessments for all areas accessed by children. These should be shared with children, in a way that is appropriate for their stage of development.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'My environment is secure and safe.' (HSCS 5.17)

How good is our leadership?

3 - Adequate

We evaluated this quality indicator as adequate. While some strengths had a positive impact, key areas needed to improve.

3.1 Quality assurance and improvement are led well

Immediately following the last inspection, the service provider had seconded a temporary depute manager to support improvements within the setting. Since then, a new temporary manager had been in post for less than a month therefore was in the initial phase of auditing quality assurance processes so that they could prioritise necessary changes. We acknowledged that any changes would take time to impact on outcomes for children and staff. A permanent manager had been appointed who may wish to take different approaches and there would be a fine balance in ensuring continuity in practice and nurturing staff morale.

The temporary management team were committed to making improvements to the quality of the service and the experiences for children and staff. They continued engagement with their local authority early learning and childcare team and more recently with the Care Inspectorate improvement team. For example, the leader in early learning (LEL) had introduced planning paperwork to the setting and was working with the setting's own lead practitioner for attainment (LPA) using improvement tools to track children's literacy and numeracy progress. Although they reported positive findings we considered that sustainable impact would be difficult under the current staffing shortages. The service provider had reduced the capacity of the service and its operating hours until staffing issues were resolved. We observed and staff reported that their work often became task orientated with little time for planning, reflection or self evaluation on how to improve the quality of experiences for children and families. There were very few opportunities for staff leadership within the setting other than leading children's learning.

The setting had an improvement plan in place with three priority areas identified. No comments had been added against the checkpoints given for first term. The plan recognised that self evaluation was a work in progress and there had been a few staff meetings to discuss how this could help inform the improvement plan. The approach would make it more likely that staff felt their views were respected and included. There was a little evidence of family involvement in the self evaluation process. For example questionnaires had been distributed to parents to help improve the quality of the lunch experience for their children. Parents intimated to us that while communication had improved they would like more information about changes to service operation, particularly staffing but also practical aspects such as what their child had eaten at lunchtime and how their day had been. This would help them feel more included and to understand better how they could become involved in decision making about the quality of their child's experiences.

We have highlighted elsewhere in this report where practice would have benefitted from more robust monitoring, such as children's personal plans and risk assessments within the setting. The temporary management team agreed that auditing processes for children's medication could also be strengthened to support children's health and safety. The service provider and temporary management team, in partnership with staff and families, should continue to develop quality assurance systems to support sustained improvements across the service, (see area for improvement one).

Areas for improvement

1. The manager should ensure that effective and robust systems are in place to monitor and sustain a quality of service. This will contribute to children and families experiencing consistently positive outcomes. The service provider and manager should refer to the Care Inspectorate publication 'Records that all registered care services (except childminding) must keep and guidance on notification reporting', which can be found on our website.

This is to ensure care and support is consistent with Health and Social Care Standards, which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

2 - Weak

We evaluated this quality indicator as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

4.3 Staff deployment

The service provider's safe recruitment processes helped ensure children were cared for by staff who were fit to work with them. Newer staff told us about the induction process they had participated in and felt they were made to feel welcome and understand the expectations of their role. The service provider had an annual appraisal programme but none of the staff had participated in regular one-to-one meetings to help identify professional development activity or help them feel supported on a personal level. Taking a more strategic approach to staff training was a previous area for improvement that remains outstanding. Limited awareness of staff skill sets effects management ability to deploy staff in a way that maximises their strengths and supports children's individual needs, (see area for improvement one).

We found that the approach to staffing within the setting was not outcome-focused. There were significant staff absences which had had a detrimental impact on staff morale and continuity in practice, including for children's care. We acknowledged that the service provider had cut the capacity of the service from 85 to 40 children, which helped maintain adult to child ratios but staff had little protected time for planning and recording how they were supporting children to achieve.

The service provider's managing absence processes appeared to identify staff stress as a contributory factor yet no explicit support measures had been put in place to help support staff's individual wellbeing needs. There were rarely supply staff available when requested nor did any staffing offered necessarily reflect the needs of the children attending the setting. For example, all three support for learning assistants were currently absent yet nearly all staff we spoke with highlighted how the significant number of children needing additional support impacted on their ability to meet the needs of other children, or to offer them high quality engagement.

The incomplete information within children's personal plans could potentially mean that temporary or new staff work with children without enough guidance to support their individual needs. We have asked that the service provider ensures there are always sufficient staff deployed to meet the individual needs of children present. Effective levels of staff, who are known to children, will contribute to high quality outcomes for them, (see area for improvement two).

During our inspection we observed times where staff activities become task orientated rather than an opportunity for high quality interaction with children. For example the higher proportion of staff in the three to five playroom tidying in preparation for lunch with little involvement of children. One staff described feeling like they spent more time "sweeping sand" than meaningful engagement with children. We did not see evidence of staff taking responsibility for highlighting how gaps in staffing were impacting on the quality of children's experience or making suggestions for ways this could be improved. Their lack of motivation could be attributed to the absence of a culture of self evaluation. However staff were feeling positive about the temporary management team and beginning to feel more supported, summed up in the following staff comment, "(manager) has been brilliant and (depute) is the glue that keeps us together".

Areas for improvement

1. The manager should ensure that training plans are more carefully tailored to the needs of individual staff, children, and the service overall. This will contribute to building the team, their shared values and their capacity to deliver consistently positive outcomes for children.

This is to ensure care and support is consistent with Health and Social Care Standards, 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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. The service provider should ensure that there are sufficient staff deployed each day to meet the individual needs of all children. Effective levels of staff, who are known to children, will contribute to high quality outcomes for them.

This is to ensure care and support is consistent with Health and Social Care Standards, which state that: 'My needs are met by the right number of staff' (HSCS 3.15) and 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

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

Requirements

Requirement 1

By Monday 1 November 2021, children must be cared for in a safe and hygienic environment.

The manager must support staff in implementing the necessary precautions to promote effective infection prevention and control practices within the setting. To achieve this staff should participate in professional development around current guidance on infection prevention and control related to Covid-19.

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

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

This requirement was made on 1 November 2021.

Action taken on previous requirement

The service had begun to address the above issues during our last inspection visit. Some of the pandemic guidance had been lifted but we found that good practice in infection prevention and control measures such as hand hygiene and cleaning schedules had been sustained.

Met - within timescales

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 implement a personal plan that includes all relevant information required to care for children. Staff should have a consistent approach to regularly reviewing the plan with parents to ensure they have the right information and it is current to the child's individual needs.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care 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).

This area for improvement was made on 1 November 2021.

Action taken since then

The children we tracked did not have meaningful personal plans. The temporary management team was in the process of reviewing the format of children's personal plans. We acknowledged that staff had continued to use floor books to ensure children's learning was documented and that children were actively involved in deciding what they wanted to learn about next, however entries in the books were frequently not dated to demonstrate relevance.

The management team recognised that staff require support to ensure consistency in implementation of personal planning for children. They should continue with their plans to review and implement the agreed personal plan format with staff and parents.

We have repeated this area for improvement.

Previous area for improvement 2

The manager should ensure that effective and robust systems are in place to monitor and sustain a quality of service. This will contribute to children and families experiencing consistently positive outcomes.

The service provider and manager should refer to the Care Inspectorate publication 'Records that all registered care services (except childminding) must keep and guidance on notification reporting', which can be found on our website.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 1 November 2021.

Action taken since then

The service provider had not notified us of the further changes to the management team. This was immediately addressed during our inspection visit. Frequent changes in the service management team had

impacted on staff wellbeing and lack of continuity in systems implemented to support positive outcomes for children. We acknowledged that the temporary management team were committed to making improvements to the quality of the service and the experiences for children and staff. They should continue with their plans.

We have repeated this area for improvement.

Previous area for improvement 3

The manager should ensure that training plans are more carefully tailored to the needs of individual staff, children, and the service overall. This will contribute to building the team, their shared values and their capacity to deliver consistently positive outcomes for children.

This is to ensure care and support is consistent with 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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 1 November 2021.

Action taken since then

Staff turnover and absence had resulted in very little training being offered. There was no strategic training plan available partly because there had been no individual one to one meetings with staff to help identify their continued professional development needs.

We have repeated this area for improvement.

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 | 3 - Adequate |
| How good is our setting? | 3 - Adequate |
| 2.2 Children experience high quality facilities | 3 - Adequate |
| How good is our leadership? | 3 - Adequate |
| 3.1 Quality assurance and improvement are led well | 3 - Adequate |
| How good is our staff team? | 2 - Weak |
| 4.3 Staff deployment | 2 - Weak |

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