

# Castlebay Primary Nursery Day Care of Children

Castlebay Children's Centre  
Castlebay  
Isle of Barra  
HS9 5XL

Telephone: 01871 810 983

**Type of inspection:**  
Unannounced

**Completed on:**  
26 April 2023

**Service provided by:**  
Comhairle Nan Eilean Siar

**Service provider number:**  
SP2003002104

**Service no:**  
CS2005106314

## About the service

Castlebay Primary Nursery is a Day Care of Children service and is registered to provide care and education to a maximum of 37 children from the age of two years to primary school age. The service is on the island of Barra.

Parents had a choice of placing children in Gaelic Medium or English Medium in the centre. The service provides pre-school education in partnership with Comhairle nan Eilean Siar.

The service is provided in the purpose-built Children's Centre which was on the opposite side of the road to the school. There were two playrooms, children's toilet area and a dedicated kitchen.

## About the inspection

This was an unannounced inspection which took place on 25 and 26 April 2023. 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.

During the inspection we:

- spoke with children using the service
- received electronic feedback from 16 parents/carers
- spoke with staff and the management team
- received electronic feedback from 6 staff
- observed practice and daily life
- reviewed documents.

## Key messages

- Children were happy and settled in their nursery environment.
- Children were cared for by a nurturing and responsive staff team.
- 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.
- Systems for the safe storage, recording and administration of medicine need to be reviewed and improved.
- Children had lots of opportunities to play, explore and be creative outdoors and indoors.
- Children were benefiting from opportunities they had to lead and develop their own learning.

## 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?	4 - Good
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?

4 - Good

### 1.1 Nurturing care and support

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children experienced warmth, caring and nurturing approaches to support their overall wellbeing. Staff, including relief staff knew children well and responded sensitively to their needs and interests. This led to children feeling confident and emotionally secure. One parent who provided feedback to us "Staff give kids a warm welcome every day on arrival making sure they greet both of them and of course parents. Always happy to answer any questions and listen to any information needed to be passed on."

Staff and management are knowledgeable about the impact on children and their families of adverse childhood experiences and spoke confidently of what supports they have put in place to build children and family resilience where needed.

Children who required additional support received the right kind of support. Staff worked closely with other professionals involved in children's care and shared information regarding strategies and progress. This meant that children were receiving the right kind of care by the right person at the right time.

Although we have acknowledged how well staff knew and responded to children and their individual needs, we noted that children's personal plans did not fully reflect staff's knowledge of children or the strategies they used to support children. (**see area for improvement 1**).

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 sampled medication records for children and found that they lacked important information to support safe administration of medication; for example, we found prescribed medication that did not have the child's name or dispensing label attached. In addition to this signs and symptoms of when a child would require medication were not always clearly recorded. The manager should ensure that procedures for accepting, storing, gathering consent and administration of medication is robust. This is to ensure the health and safety of children using the service. (**see area for improvement 2**).

### 1.3 Play and Learning

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

Children make informed choices about leading their play and learning within a stimulating, creative setting. Staff joined in on play in a fun way. This was helping to strengthen relationships and making learning fun. Staff recognised the value of play, as an opportunity for developing life skills and learning. Consequently children were having fun and enjoying their learning and development opportunities. Effective use of questioning extended children's thinking, widens their skills, and consolidated their learning through play.

There was a balance of planned and spontaneous activities/experiences available in order that children try new experiences, test boundaries and attempt new challenges.

Children were showing an interest in literacy and this was supported by opportunities to explore sound, environmental print and resources to write, paint and explore books. Children's names were seen along with environmental print in all areas indoors and out. Numeracy was seen in all areas of play indoors and out including on paint pots, plant pots, loose parts and small world experiences.

Creativity and curiosity was a strength in this service. On the day of the inspection we seen children painting a small hut using a variety of brushes and stain. Children told us that they wanted to paint the hut, just like one of their family member does and a staff member took them to the shop to buy paint and brushes. A wide range of junk modelling, painting and creative materials that had signage on them allowed children to easily make choices of the materials they wanted to use to develop their creativity and curiosity. Some children were also exploring the various seeds available to plant and grow vegetables and herbs. Staff knew when to step in and support children in this experience and when to step out, allowing them to problem solve.

Staff were committed to Planning in the Moment, believing passionately that children were experiencing a richer experience in nursery. By staff recording meaningful observations, they felt that children had a more effective session in nursery as their interests were being supported and developed by staff on a daily basis. Staff also told us that, this new planning process had ensured that parents were actively involved in their child's learning at home and in nursery. We discussed how these observations could be used to ensure that children were developing strong skills, for their future learning. Parents welcomed the opportunity to come into Play and Stay sessions rather than formal Parents Evening and we discussed during the inspection, how this opportunity could be used more to better inform parents, how children were using play to enhance their learning styles. Staff should now develop a process to Self-Evaluate the effectiveness of this planning and experience for staff and children in order to establish if it ensured better outcomes for children.

Children's opportunities for play and learning were enhanced through strong connections to their own and wider communities. Their access included trips to the local swimming pool, beaches and childcare centre. The service had access to a mini bus, which at the moment is being repaired and not in use. Staff told us that children were consulted once a week on where they would like to visit as part of their trips locally. Children regularly visited the local care home and staff there told the staff that the residents really enjoyed the children being there. There are plans in place for children to do jigsaws and arts and crafts, with those residents, who wish to join in at the care home, at future visits.

## Areas for improvement

1. To support children's health, welfare and safety needs the manager and staff should ensure individualised personal plans are sufficiently detailed to include but not be limited to identified next steps in learning and strategies to support individual children. They should ensure plans are relevant and updated at least every six months or before if required along with children and parents' views.

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)

2. The management team should review, update and implement the service's medication procedures, ensuring these reflect best practice guidance. This should include:

- recording clear information about children's medical conditions and how medication has to be administered. This should include any triggers, signs, symptoms and actions to be taken by staff.
- ensuring prescribed medication has the appropriate dispensing labels.
- ensuring staff clarify the dose of medication with parents/carers, where this differs from the instructions.

Health and Social Care Standards - 4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

Health and Social Care Standards - 1.24 Any treatment or intervention that I experience is safe and effective.

## How good is our setting?

## 3 - Adequate

### 2.2 Children experience high quality facilities

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children benefitted from a setting where they had plenty of space to play indoors and outdoors. The setting's indoor and outdoor environments are developmentally appropriate spaces. We observed children leading their own play and learning both indoors and outdoors. Children were naturally curious and enjoyed exploring their environments.

The outdoor environment provided good play opportunities to promote curiosity and enquiry. Effective use of open-ended materials provided children with opportunities to develop their skills in understanding, investigation and problem solving. For example, we saw children investigating with mud, water, sand and paint. This encouraged opportunities for children to develop fine motor skills and hand-eye co-ordination. Physical, energetic play was well supported to keep children active and healthy. Children had access to materials for mark making outdoors which supported them to develop skills in early literacy.

The service recently informed us of an incident when a child was able to leave the garden area unsupervised. We noted that some mitigations had been put in place to support children's safety outdoors, however there were still potential risks to children's safety outdoors. Although large bedding troughs had been used to block off the area this did not fully mitigate the risk of children leaving the premises, and in fact presented more of an appeal as children may have been more curious about the area. We have asked the provider to provide reassurance to the care inspectorate that this area will be made safe (**See requirement 1**).

Since our inspection and before receipt of this report we received some assurance from the local authority that a plan was in place to improve safety in the outdoor areas.

On the whole parents who provided feedback liked the environment and the variety of resources and activities that were available, some said there were areas which need to be improved. Some of their comments included:

"I think parts of the garden are dangerous. Some areas are in need for repair/upgrade."

"Inside is perfect. Outside has been pretty rough the last year but works are in place and garden is being worked on."

"The staff ensure there is greenery, soft lighting and clearly defined spaces for different types of play. My child loves attending and is happy both indoors and outdoors due to the cosy, safe environment."

## Requirements

1. By 10 June 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. 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)

## How good is our leadership?

**4 - Good**

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

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

A strong focus on improvement and capacity to improve was evident. The manager worked effectively with management staff in the school campus to lead the nursery staff team well and together they had a clear vision for the development of the service. Staff told us that they felt their views mattered, and that they felt involved in decision making processes.

The manager was promoting family involvement through a range of ways. This included the use of information technology and proactive approaches to consult with parents. Some parents who provided feedback felt that we were not as involved in the setting as they would like to be. Some of their comments included;

"Better communication between staff and parents. Flagging up any concerns directly with parents in appropriate manner. Respecting confidentiality."

"More feedback on child's day at the end of each day."

"More information on what your child has done, eaten or not eaten, had accidents, hurt themselves etc at nursery as currently there is none of this unless the child tells you. Could maybe introduce bump notes or similar as I've experienced previously."

The manager should ensure that parents are aware of all opportunities to be involved in the setting and the different medium used to share information. This will help to ensure that all parents have the same opportunities and access to information.

Staff were also involved in improving aspects of the service that included the development of the outdoor area and use of community resources. These developments enhanced children's opportunities for rich learning experiences.

The service improvement plan was underpinned by relevant local and national guidance and legislative frameworks, and was a useful tool for improvement. The plan outlined clear points for action, responsibilities and timescales. We were able to see the progress made to date in achieving these. The commitment demonstrated by the manager and staff team will support sustained improvement in outcomes for children and families. Staff were using peer assessment to help evaluate the effectiveness of staff's practice in the service. We saw evidence of staff observing each other and assessing if staff were using good questioning skills to enrich children's play and learning. The outcomes of these peer assessments, helped staff to learn from each and self-reflect on their practice.

Staff had various levels of experiences, skills and knowledge of current best practice and theory. Some were at the early stages of becoming familiar with quality assurance frameworks and were not yet routinely involved in self-evaluation using these. Other staff had used these documents to improve the environment of the service and ensured that children had ownership of the spaces that they played in. We identified examples where quality assurance processes could be improved to ensure children's care and health and wellbeing is effectively supported by procedures. For example, more robust audits of personal plans would ensure next steps were consistently appropriate, to children's needs and wishes.

## How good is our staff team?

4 – Good

### 4.3 Staff Deployment

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

Staff engaged warmly with children individually and in small groups. This helped children feel valued and loved. Staff set good examples through their own behaviours, modelling positive interactions and remaining responsive when dealing with any challenging behaviours. They worked together to ensure effective supervision and quality engagement with the children across the day. Parents who provided feedback praised the staff team, some of their comments included :

"Staff team are all approachable, friendly, warm and most of all, very caring."

"I know that his needs are well catered for and I feel safe in the knowledge that all the staff are professional and at the top of their game in terms of pre-school education."

The service was appropriately staffed during the day of inspection. Deployment and levels of staff were effective in ensuring quality outcomes for children. Staff were delegated well throughout the areas to encourage skilled and responsive interactions and when needed to reinforce positive behaviour. Staff focused on children in strengths whilst encouraging them to continuously achieve and grow.

Staff were proactive in recognising where gaps may exist, and these were soon remedied.



They told us how they had embraced the opportunity to extend the use of the outdoor play space, to be support children's experiences. They told us how they had asked children how they wanted this area to be used and children were in the process of moving resources around to meet their needs. Staff communicated very well with their colleagues when a task may take them away from their responsibilities. This ensured children were supervised and safe.

Staff were happy at their work and felt well supported and valued by management. The use of local and national best practice guidance helped staff to develop and grow in their role, and the general development of the staff team. Staff were clear about their roles and responsibilities which in turn ensured good children's experiences. Meaningful support for staff's wellbeing promoted positive attendance and meant that staff felt valued and respected.

Staff caring for children were registered with the Scottish Social Services Council. They are the regulatory body responsible for registering the social services workforce. They provide public protection by promoting high standards of conduct and practice and support the professional development of those registered with them.

## 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

The management team should review, update and implement the service's medication procedures, ensuring these reflect best practice guidance. This should include:

Recording clear information about children's medical conditions and how medication has to be administered. This should include:

- any triggers, signs, symptoms and actions to be taken by staff.
- ensuring prescribed medication has the appropriate dispensing labels.
- ensuring staff clarify the dose of medication with parents/carers, where this differs from the instructions.

Health and Social Care Standards - 4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

Health and Social Care Standards - 1.24 Any treatment or intervention that I experience is safe and effective.

**This area for improvement was made on 17 September 2018.**

#### Action taken since then

This area for improvement had not been met and has been repeated under key question 1.1 of this report.

## 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?	4 - Good
1.1 Nurturing care and support	4 - Good
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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