

# St. Teresas Nursery Day Care of Children

St. Teresa's Primary School  
Lochside Road  
Dumfries  
DG2 0DY

Telephone: 01387 255 732

**Type of inspection:**  
Unannounced

**Completed on:**  
9 October 2023

**Service provided by:**  
Dumfries & Galloway Council

**Service provider number:**  
SP2003003501

**Service no:**  
CS2003015539

## About the service

St Teresa's Nursery is located within St Teresa's Primary School, Lochside, Dumfries. The service is provided by Dumfries and Galloway Council.

The service is based within a large room within St Teresa's Primary School. Children can access a garden area for outdoor play and learning. Children also have opportunities to use other areas of St Teresa's Primary School campus, including the gym hall and grounds.

It is registered to provide a care service to a maximum of 36 children aged three years to those not yet attending primary school. During the operating times, the service will have the exclusive use of the nursery room on the premises of St Teresa's Primary School and the adjacent outdoor play area.

The service is based in Newbridge, Dumfries and is easily accessible by foot and car and is near to local bus routes.

## About the inspection

This was an unannounced inspection which took place on Tuesday 3 October 2023. The inspection was carried out by one inspector 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:

- Observed and spoke with several children using the service.
- Sent out a family questionnaire and received seven responses.
- Spoke with staff and management.
- Observed practice and daily life.
- Reviewed documents.

## Key messages

- Children and their families experienced a warm and nurturing environment, with caring staff who were sensitive to their needs.
- Staff worked well as a team and supported each other in providing positive experiences for children.
- We found staff and families worked in partnership with other healthcare professionals to support children who required additional support.
- We did highlight to staff the benefit of introducing additional resources which reflected children's stage of development.
- While we noted that adult-to-child ratios were consistently met; we asked that the provider Dumfries and Galloway Council review staffing levels and toileting procedures to ensure each child's needs are met.

## 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?	4 - Good
How good is our leadership?	4 - Good
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?

4 - Good

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

### Quality Indicator 1.1 Nurturing Care and Support.

We observed caring and nurturing interactions between children and staff. Staff knew children extremely well and responded to their needs and wishes with care and sensitivity. This helps children feel secure and safe. Families told us that they were confident that staff were responsive and nurturing to their children's needs, one parent commented, "The nursery staff genuinely care about your child and want the best for them".

Children's health, safety and wellbeing were supported through effective use of personal planning and individualised care. Reflections by staff outlined children's journeys from starting nursery, they included their achievements; WOW moments. We found one child had developed an understanding of light and darkness by exploring torches. Plans also contained 'All about me' information which detailed key people in children's lives, their likes, dislikes and specific dietary and medical requirements. These were completed in partnership with parents and reviewed regularly, ensuring information was reflective of children's and families' current needs.

We found staff and families worked in partnership with other healthcare professionals to support children who required additional support. They included speech and language practitioners. Regular meetings took place to identify children's successes and areas for further development, this enabled specific supports to be introduced to encourage children in their wellbeing and learning journeys. This information was reflected in the children's care plans and known to all staff.

To maintain the consistency and continuity of care between home and the setting, families and staff shared information about the health and wellbeing of children. We spoke with families who told us they received regular updates about their children's nursery experiences via a secure social media page, conversations at drop off and pick up and nursery events.

Lunchtimes offered a calm and unhurried lunch experience for children. Children helped set the table and were part of the setting up process; one child told us he was the lunch helper and shouted some children in from outside. We saw staff and children eat together, they enjoyed a sociable and enjoyable lunch experience. Children were encouraged to be independent by self-serving and clearing their dishes away. We observed staff were engaging and nurturing during these experiences. Staff told us they took these opportunities to support children in developing healthy eating habits and enjoy conversations with the children.

Where children required personal care, we found staff were respectful, nurturing and caring. However, we did identify occasions where children's immediate personal care needs could not be met. We discussed with staff the impact this could have on children's care and wellbeing.

Effective arrangements were in place to ensure all staff knew about children's dietary and health needs. Procedures for the safe storage and administration of medication were in place and we confirmed that these had been followed to keep children safe.

Staff were confident and well-trained in their roles and responsibilities for safeguarding children.

### **Quality Indicator 1.3: Play and learning.**

On the day of our visit, children were playing with their friends and having fun in the garden. We found staff responded to children's requests for specific resources, this included bikes and toy aeroplanes. We saw staff participate in children's imaginary play, they suggested ideas to enhance children's play and learning experiences by pretending to be aeroplanes and marking out runways. This approach is a fun way to introduce children to new ideas and develop their language, independence and creativity skills.

To support children's play and learning journeys, staff regularly observed children's interests and planned play and learning experiences around them. These learning experiences and achievements were tracked against outcomes from the Curriculum for Excellence. Staff highlighted to us that they had recently identified that the Curriculum for Excellence guidance may not be best suited for children at an earlier stage of development who had recently started at the nursery. They advised that they were in the process of introducing documentation which instead documented children's developmental milestones for those children who require this.

We found children had a range of areas and resources available to them to explore and investigate. They included a home corner, arts and crafts area, jigsaws, trains and some sensory materials. We did observe some open-ended resources including shells, pinecones and bottle lids. We saw children freely transport these resources to support their imaginary play.

## **How good is our setting?**

**4 - Good**

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

### **Quality Indicator 2.2: Children experience high quality facilities.**

The setting was welcoming, clean and well maintained with plenty of natural light and ventilation. A secure door entry system limited access to and from the nursery which helped keep children safe.

We found children had ample space for their needs, the large playroom was arranged to enable children to move between play areas; home corner, arts and crafts and book corner. We observed children easily access the available resources and choose where they wanted to play and what they wanted to play with. The design of the building allowed children to move freely between indoors and out, we observed children confidently moving between these areas.

While there was a range of resources available for children to play and learn, we did highlight to staff the benefit of introducing additional resources which reflected children's stage of development and supported all children in their exploration of schematic play (when children repeat the same actions, concepts or ideas in their play). Resources could include materials, assorted balls, blocks and treasure baskets which hold everyday objects.

We also discussed with staff the current layout of the playroom, although children could move freely between play spaces, the layout could be further developed to meet their needs; including expanding the cosy area, introducing additional soft furnishings, removing some furniture to enable space for floor play and introducing sensory areas (see area for improvement 1).

There were effective arrangements in place to prevent and control the spread of infection within the service to protect staff and children. Children and staff washed their hands regularly. Handwashing was modelled and supervised by staff who helped children understand the importance of good hand hygiene.

We found appropriate arrangements were in place to record details of any accidents and incidents occurring and to pass this information on to families. Some staff were trained in first aid to ensure they had the skills and confidence to react to any accidents or children's health issues. Accident and incident reports were audited monthly to ensure patterns and hazards could be identified and addressed promptly.

## Areas for improvement

1. To support children to have high quality play and learning experiences, the staff team should review the layout of the playroom and its resources to ensure they reflect the needs and stage of development of all children.

This is to ensure that the environment is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21).

## How good is our leadership?

**4 - Good**

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

### Quality Indicator 3.1: Quality assurance and improvement are led well

We found well-organised and up-to-date policies and procedures in place which supported the health, safety and wellbeing of children in the setting. They included risk assessments, child protection and accident and incident procedures. A service improvement plan had been developed which was underpinned by relevant local and national guidance and legislative frameworks and outlined clear points for action, responsibilities and timescales. Staff told us they had contributed to the plan.

The manager and staff worked closely with families and were keen to involve them in the life of the service, we found families were regularly asked for feedback and suggestions. The manager told us that as a result of this feedback they had introduced further opportunities for families to spend time in the nursery, this included organising "brew and blether" sessions to help families feel part of the nursery and wider community. Families told us they were very happy with the service they received and appreciated the accessibility of the manager and staff. Their comments included, "The nursery staff genuinely care about your child and want the best for them".

Staff performance was reviewed by the manager at personal development meetings, these supported the ongoing development of their early learning and childhood practice and the wellbeing of staff. We found the staff team attended regular meetings with local nurseries which enabled them to "share best practices". They told us they valued these opportunities to come together and discuss their achievements, areas of development and training. One staff member commented, "I feel very valued within this setting by my colleagues and in particular my manager. We all support each other and work with each other's strengths and abilities."

**How good is our staff team?****3 - Adequate**

We evaluated this key question as adequate, an evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses.

**Quality Indicator 4.3: Staff deployment.**

We observed nurturing, loving, respectful care and support by staff. Children's wellbeing was at the forefront of their practice and interactions. Staff communicated effectively and supported each other to meet the needs of the children. However, during our visit, we noted that children's opportunities to play and learn were interrupted due to staff leaving the playroom to support children with toileting and nappy changing. While we noted that adult-to-child ratios were consistently met; we asked that the provider review staffing levels and toileting procedures to ensure each child's needs are met (see area for improvement 1).

Staff were very aware and knowledgeable of children's unique needs. We found all staff demonstrated the nurturing approaches in place for children who required additional support, these included strategies to calm and engage children. Staff confidently shared this information between themselves which led to continuity of care and support across the day.

We found the staff team used their differing knowledge, experience, and skills to support children and families. Staff led in different areas of the service which included outdoors and home links with families. The staff team was well-established and told us they used their differing experiences and backgrounds to improve outcomes for children and families. One staff member commented. "We all have our strengths within the setting which allows us to work to the best of our ability. This allows us to form a strong working team".

All staff were registered to practice with the Scottish Social Services Council (SSSC), had undertaken qualifications relevant to their roles and engaged in continuous professional learning to support positive outcomes for children.

**Areas for improvement**

1. To support children's health and wellbeing, the provider should ensure that staffing levels and personal care procedures are sufficient to meet the needs of children.

This is to ensure that the environment is consistent with the Health and Social Care Standards (HSCS) which states that: 3.15 'My needs are met by the right number of people' and 4.11 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

**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?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate



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