

St. Bride's Primary Nursery Class (Bothwell) Day Care of Children

Ailsa Road
Bothwell
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Type of inspection:
Unannounced

Completed on:
28 November 2024

Service provided by:
South Lanarkshire Council

Service provider number:
SP2003003481

Service no:
CS2003015342

About the service

St. Brides Nursery Class is a service provided by South Lanarkshire Council. It is a purpose built nursery within the grounds of St. Bride's Primary School in Bothwell.

The service is registered to provide a care service to a maximum of 60 children aged 3 to not yet attending primary school at any one time. At the time of inspection, 48 children were registered with the service.

The building consists of an open plan playroom with direct access to a large outdoor area, toilets, changing area and a cloakroom. Children have access to areas within the school including dining hall, gym and library.

The nursery is situated in a housing estate which is serviced by a regular bus route, it is close to local shops and amenities.

About the inspection

This was an unannounced inspection which took place on Monday 25 November between 09:15 and 14:30, Tuesday 26 November between 08:45 and 16:30, and Thursday 28 November between 08:45 and 10:40.

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 most children using the service
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

Key messages

- Children's health and wellbeing was supported by staff who knew the children in their care well.
- Children's play and learning was supported through a wide range of quality resources.
- Lunch times for children should be improved to ensure a more homely, relaxed experience.
- Auditing practices should be developed to support effective monitoring throughout the service.
- Hand washing and infection prevention and control measures should be efficiently monitored to ensure the safety of all in the setting.
- Children's interests and confidence were supported through varied experiences and staff interactions indoors and outdoors.
- The service benefited from a very active Parent, Teacher Association (PTA) which involved parents in the nursery day with different activities.

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?	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

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

1.1 Nurturing Care and Support

A keyworker system promoted consistent relationships between children, families and the service, resulting in staff who knew the children well and were attuned and responsive to their needs. This provided a sense of security, safety, and confidence in the care provided.

Personal plans were in place, demonstrating clear partnership between the service and families. Children's voices were evident. We discussed how this could be improved to include parent's voices within reviews. Where required, children had an additional support plan ensuring personalised and effective planning. We further discussed ensuring plans were updated at least six monthly, in line with current legislation.

Parents interacted positively with their child's online learning journal, where observations and news were shared with them. Parents told us they used the journal as a communication tool to reach their keyworker when required. This enabled staff to respond quickly, sensitively and compassionately to changes in the children's lives.

Parents participated in nursery life through stay and play sessions, parent's evenings and an active Parent Teacher Association (PTA). We observed opportunities for parents to be involved in selling lavender from the garden and donating to hampers for Christmas. Whilst this provided opportunities for parents to access the nursery environment, some parents would like more opportunities, which would also strengthen relationships with staff and partnership working. The leadership team agreed to give this further consideration.

We spoke with one visiting professional. They told us, the service "have the children at the heart of all they do" and that they always felt welcomed. The advice, guidance and strategies they provided to staff were implemented which supported positive outcomes for children.

Medication was administered safely with appropriate systems in place. However, we found that the management of medication could be improved to reflect best practice guidance, including key information to manage long term conditions such as Asthma, reason for administration and outcome. We were confident this would be actioned as a priority by the leadership team.

Children chose what they would like for lunch from a set menu when they arrived at the setting. At lunch they confidently carried their trays to the tables where they could choose where they sat. This supported children to be in control of some of their lunchtime experience.

Staff provided responsive physical and emotional comfort, ensuring children felt loved and secure in the setting, leading to loving, caring and nurturing relationships being developed. Consideration needs to be given to how these positive interactions happening throughout the day can be replicated during children's lunches, as we found there were limited opportunities for children to develop independence skills, children were not always supported to remain seated when eating, and staff interactions could have been more nurturing. Staff being more physically and emotionally available to children at this time would assist in

providing support to children where needed as well as consistency in how staff interact with children, meaning children experience better continuity of care throughout their day. (see area for improvement).

All staff had completed Child Protection training and annual refresher sessions. There were robust child protection policies and procedures in place. This was included in the staff hand book and displayed across the setting. Staff confidently discussed their role and what action they would take, should they have concerns for a child. Leaders demonstrated a clear understanding of their responsibilities in the protection process. This helped to ensure children were safe and protected.

1.3: Play and learning

We observed children mostly leading their own learning. They were happy and having fun with peers, staff and the environment. The use of effective questioning supported children's learning. Staff used their knowledge of the children to provide creative experiences to encourage children's play and learning, resulting in many opportunities for uninterrupted play. Staff were enthusiastic and responsive with a very good understanding of child development and providing quality play experiences.

We saw children having fun during role play opportunities, such as bathing the babies, and helping prepare snack. Staff followed children's lead and responded to their requests for malleable, sensory play, for example making playdough. We suggested children's independence and opportunities to lead their own play could be further enhanced by ensuring they have access to the ingredients they need to do this independently.

In the moment and intentional planning were effectively used to support the children's development. The service agreed that this could be strengthened by reflecting on learning opportunities and how these could be enhanced.

Monitoring and tracking processes were in place. The setting were moving to a new system which was not yet implemented. We discussed with the service the importance of the new system to clearly reflect children's progress and achievements.

We found some very good examples where children's learning had been supported by staff, for example learning where their food came from. They were provided with opportunities to sow, care and harvest their own food. We heard how staff responded to the children's request to make chips. Staff used this opportunity to promote literacy and numeracy.

Areas for improvement

1.

To support children's wellbeing, learning and development, the provider should ensure meal times are more nurturing. This should include, but is not limited to, ensuring children are supported to make healthy and appropriate choices. This would support them to enjoy the food they are offered, and have positive social interactions and learning experiences associated with eating and drinking together.

We signposted the service to the Scottish Government document, Setting the Table Nutritional Standards and Practical Guidance for Early Learning and Childcare Providers in Scotland (2024) section 5.4 A nurturing meal time environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible (HSCS 1.35)

How good is our setting?

4 - Good

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

2.2 Children experience high quality facilities

The setting was bright, well-ventilated and well-resourced, which allowed children opportunities to access a variety of experiences across their day. Wall displays showcased children's learning along with links to home and family. This helped to create a space in which the children felt valued.

The extensive outdoor area was a strength of the service. The space was divided into two areas offering a natural space and soft surface area. Children could access large climbing equipment, sheltered areas and many opportunities for rich learning experiences. Staff managed this well and children were mostly able to access outdoors throughout the day. We observed many children in the 'SHINE' club, an effectively resourced space in an outdoor cabin. This area had been developed following staff accessing training on nurturing approaches. Children participated in activities relating to their emotional wellbeing when spending time in their cabin.

We observed some effective strategies being used to support children to risk assess activities for themselves, for example, a 'safety circle' drawn around the seesaw supported their understanding of safety and was respected by all children.

Whilst risk assessments were in place, these could be improved to be more specific to their environment. Individual risk assessments also required to be more specific, especially in relation to training for staff. Detailed consideration should be given to accessibility to the outdoor space, allowing all children to have the opportunity to move freely between the indoor and outdoor environment.

Children were encouraged to wash their hands regularly, however this was not always supervised. This resulted in them not doing so effectively. We also noted that there was scope for staff to be more aware of their hand hygiene practices. We discussed this in detail with the leadership team, who agreed to consider ways to improve this.

The service was beginning to redevelop links in the community and had visited the local care home. We offered some suggestions to extend the children's experiences such as going to the shops or visiting a swing park in the community. Staff were keen to reintroduce these experiences and acknowledged the positive impact of children creating links with their community.

Personal information was stored securely, for example, personal plans were stored in a locked cupboard, additional support plans on the secure school system and learning journals required specific log in. This helped to ensure the service complied with data protection laws, and contributed to keeping children safe.

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

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

3.1 Quality assurance and improvement are led well

A clear shared plan was in place to track improvement with relevant priorities for the service. The plan was developed in partnership with parents, children, nursery staff and senior management. Self-evaluation processes had been completed which included gaining parents and children's views both formally and informally. The findings from this influenced the improvements identified.

Positive leadership was evident within the setting with the manager heavily invested. Two lead practitioners supported the team to take ownership of improvement projects and develop areas in which they had a particular interest. Staff told us they had pursued interests in nurture, outdoors, planting and the Froebel approach. We saw how these had been implemented within the service, and how this had impacted on children and families by encouraging children to try new tastes and textures. Strong leadership empowered staff to have high aspirations and confidence in their capacity to support children and families to reach their full potential.

While there were some quality assurance process in place, for example, a quality assurance calendar, we found there were gaps which meant that staff practice and systems such as medication procedures were not reviewed appropriately. We found it challenging to see who was responsible for the improvements, and what they needed to do to achieve the goals set. The leadership team were aware of the need to strengthen in this area and there were plans in place to take this forward. Effective quality assurance will help the service improvement journey, resulting in better outcomes for all.

Staff meetings took place regularly and were recorded. The staff team benefitted from time at the end of each day to come together, reflect on their day and plan learning experiences for the children. Annual staff appraisals were in place, supporting staff development and professionalism. Staff who are knowledgeable and skilled are better placed to support children's care, play and learning. The manager discussed plans to review these in the coming weeks.

There were opportunities to consult with parents using processes already in place, such as through the learning journals, and seeking feedback from stay and play sessions. Involving parents and carers in meaningful consultation helped strengthen relationships and support them to feel part of their child's journey.

How good is our staff team?**4 - Good**

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

4.3 Staff deployment

Staff engaged well with us throughout our visit. We saw a well established team that worked professionally and supported each other. They were kind, caring and affectionate and worked well together. They shared that they felt well supported by leaders and that they embraced opportunities to share practice with colleagues from other establishments. They were enthusiastic about their role and spoke positively about their work.

As stated under 1.1, at key times such as lunch, staff became task focused which impacted on the quality of experiences for children. We acknowledged that staff absences may have impacted on the lunch time routine, however it was agreed that lunch required to be further developed. This would ensure staff were more responsive and flexible to meet children's needs and enable them to engage in meaningful play consistently throughout the day.

Staff absences were being supported by the deployment of familiar relief staff from the local authority. This supported continuity of care for the children, helping families to experience a sense of comfort and security. Leaders also spent time in the nursery which enabled them to provide support and model good practice.

Staff had access to a wide range of training opportunities. Accessing relevant training supported practitioners to ensure practice was up to date. They were encouraged to become champions in their interest, this helped to develop their skills and knowledge and improve the quality of play experiences.

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

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	5 - Very 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?	4 - Good
4.3 Staff deployment	4 - Good

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