

Oganan Dhun Eideann

Day Care of Children

Bun-sgoil Taobh na Pairce
139B Bonnington Road
Edinburgh
EH6 5NQ

Telephone: 07985 326 110

Type of inspection:
Unannounced

Completed on:
4 December 2024

Service provided by:
Oganan Dhun Eideann Limited

Service provider number:
SP2013012029

Service no:
CS2013315937

About the service

Oganan Dhun Eideann is registered to provide a care service to a maximum of 129 children at any one time aged from three years up to and including primary seven children.

Oganan Dhun Eideann provides Edinburgh and the Lothians with a unique Gaelic-medium provision for early learning and childcare and primary school aged childcare within the Gaelic school, Bun-sgoil Taobh na Pairce. The service is near local shops, amenities, travel links and green spaces. The service has access to one large playroom, toilet and changing facilities, the gym hall within the school, dining hall within the school and the playground. Other rooms are sometimes used within the school for various activities. During the inspection, 103 children attended the service.

About the inspection

This was an unannounced inspection which took place on 3 and 4 December 2024. 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 children using the service
- spoke with staff and management
- reviewed 14 completed questionnaires from staff and families
- observed practice and daily life
- reviewed documents.

Key messages

- Children were nurtured, engaged in good experiences and having fun.
- Children experienced care within a service where they were fully immersed in Gaelic medium.
- Children experienced supportive and nurturing mealtimes.
- The provider had invested in staff, by providing quality professional learning.
- Staff worked well together to meet children's needs.
- The approach to quality assurance, self-evaluation and improvement planning was developing, and having a positive impact on the outcomes for children and families.
- The provider and management team should continue to develop the after school club facilities to be more homely and comfortable for all children.
- The provider and staff team should work towards inviting all parents into the service to strengthen communication and relationships.

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

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| 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.

Quality indicator 1.1: Nurturing care and support

Staff had a nurturing and inclusive approach. They were compassionate, friendly and had built meaningful relationships with children. This enabled them to foster positive attachments with the children which supported them to feel loved, valued, safe and respected. Parents told us the staff cared and supported their children well. Comments we received included:

"The staff are fun and friendly. There are lots of other children there for our child to engage with and the staff do care about the children they are working with."

"The care and support my child has received since starting in Oganan has been outstanding."

We received mixed feedback about the relationships staff had with families, and the effectiveness of communication. Most staff agreed or strongly agreed with the following statement; "I feel connected with families". One staff member said, "I enjoy speaking to parents, especially sharing with them all the good things the children have done". Comments we received from families included:

"I know the staff by name, they are very approachable and great at communicating how my child's day has been and anything else that I need to know."

"The staff are friendly but at times they seem too busy to talk to us. This can make the relationship feel a bit strained."

At times, families were welcomed into the service to discuss their child's needs. The manager told us that in addition to parents and carers receiving feedback from staff at collection time, parents were welcome to come into the service if they needed a longer chat. Whilst this was a positive step to develop relationships with families, more routine and regular opportunities to come into the service would be beneficial. Where families are welcomed into settings there are increased opportunities to strengthen connections with staff, improve communication and support positive attachments for children. We have signposted the management to the Care Inspectorate guidance 'Me, my family and my childcare setting: A practice note for building stronger connections and meaningful relationships' to support them with this improvement.

Staff and management had made improvements to the personal planning process for children. Personal plans were in place for all children. They were reviewed and updated in partnership with children and families when information changed. Plans took account of the wellbeing indicators safe, healthy, achieving, nurtured, active, respected, responsible and included (SHANARRI). This meant staff could use the information recorded to respond quickly and sensitively to changes in children's lives.

Lunch and snack time was an unhurried and sociable experience for children. Children had the opportunity to develop independence and life skills through self-serving. Staff sat with younger children throughout the lunch experience engaging them in conversation and supporting their safety. The children attending the after school club enjoyed a free flow snack outdoors or in the hall with their peers and staff. This meant they could come to a natural pause in their play when they chose to have a snack. Staff were aware of children's personal preferences and respected these. We concluded mealtimes were nurturing and supported children's skills.

Children's safety, emotional security and wellbeing were supported through sensitive arrangements for sleep and rest. Blankets and beds were available for children to sleep and rest in a calm and cosy area. A safe sleep policy was in place and all staff had taken part in safe sleep learning. This meant children could sleep or rest safely in line with their routines and preferences.

Staff and management had made significant improvements to the storing and administering of medication. The medication policy and procedures were in line with best practice guidance. Staff knew the procedure well and were confident in administering medication safely. This meant when children needed medication it was administered to them safely.

Quality indicator 1.3: Play and learning

Children were having fun and engaged in a variety of experiences. They had good opportunities to lead their own play and learning which impacted positively on their development and wellbeing.

Children in both the nursery and after school club chose to spend a lot of time playing outdoors which was facilitated well by staff. Although the access to the playground was limited, staff invited children out at the times the play space was available. Children made good use of all the space in the outdoor areas. They were fully engaged and confident in leading their own play outdoors. For example, they used tyres and logs to create balance beams and played imagination café games in the mud kitchen. The play experiences supported children to develop their physical skills and movement as well as their curiosity and imagination.

Children had access to resources which promoted their curiosity, imagination and problem-solving skills. These included water play, junk modelling and large block play. Some play opportunities supported children's development of literacy and numeracy skills. For example, one child used rulers to measure the length of a variety of objects.

Staff shared their observations of children at play with families using an online platform. They shared regular inputs containing photographs of children's play, along with some basic observations. We found staff skills in recording observations were mixed, some observations lacked depth and analysis of learning. Additionally, parents' feedback suggested they would like to see more inputs on the app. The management team should continue with their plan to further support staff with time to reflect and develop their observation skills, and increase inputs on the app. This will support staff to gather evidence of children's progress, plan next steps and share achievements.

Children in the nursery were consulted about their interests. Plans were responsive to their interests, and their ideas and thoughts were being taken forward by staff to support children's play and learning. Staff were using floor books to record and capture the experiences and learning. We discussed how evaluating learning would support staff to gather children's progress and plan next steps. Staff agreed it would be beneficial to further enhance their planning processes.

Children within the after school club were also consulted about their interests. Staff planned experiences and play projects that supported children to lead their play. For example, they had developed a wellbeing group to support their understanding of SHANARRI. This led to them taking part in first aid training and creating words of kindness jars. This approach supported children's rights and provided opportunities for children to develop a broad range of lifelong skills.

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.

Quality indicator 2.2: Children experience high quality facilities

Overall, the setting was comfortable and welcoming with plenty of light and ventilation through open doors and windows. Children had lots of space for their needs. The paintwork had been freshly decorated. The nursery play space had been reorganised to support children to access resources that supported their play. In contrast, we found the after school service furniture could be further developed for older children. For example, adding more tables and seated areas to play games and sit with their peers comfortably. When we highlighted this to management, they began to source furniture that supported children. To support children's wellbeing, they should continue with their plans to further develop the after school club space in consultation with children.

Children's information was stored safely in files or within password protected online apps. Staff had access to information needed to keep children safe and care for them well.

There was a well-functioning arrangement for monitoring, recording and reporting maintenance. The provider reported maintenance issues to the local authority or their own maintenance person to arrange swift repairs. Repairs were reported and carried out quickly. For example, during the inspection a toilet was out of access as it needed repaired. Staff had put in place a contingency plan where children used a toilet within the primary school, as they awaited the repairs. This meant children were cared for in a safe and well-maintained environment.

Staff worked together to identify risks and remove these to keep children safe. Risk assessments were in place that highlighted the control measures. Accident forms were shared with families to ensure they had all the appropriate information. Risk assessments and accidents/incidents were monitored monthly to establish any patterns and agree actions that supported children's safety.

Infection prevention and control policies and procedures were in place. For example, we observed staff and children practice effective hand washing, laundry was managed well and the building was visibly clean. A new changing area had been implemented that supported children's personal care to be carried out safely while supporting their privacy and dignity. We noted that some children's bags and jackets were stored in this area. This was a cross-contamination risk. When we discussed with management, they agreed and planned to find a new space for children belongings. We concluded that overall infection prevention and control was managed well to prevent the spread of infection.

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.

Quality indicator 3.1: Quality assurance and improvement are led well

Staff and management were proud of the language support they offered to children. Part of the service's vision was to support full Gaelic immersion for children. We observed children were completely exposed to Gaelic language during their play experiences. One parent told us, "Our child is hearing Gaelic being spoken out with the home." This supported everyone to work towards shared goals and aspirations for children.

A meaningful improvement plan was in place, and had been created in partnership with staff, families and children. A whole team approach to improvement was developing. Leadership roles were being developed to support and improve practice, and staff had a key role in gathering evidence to support self-evaluation. This meant children benefited from a team who were reflective and keen to provide a quality service.

The management team understood the value of family's contributions to the self-evaluation and quality assurance process. A parent council and parent review group were in place where information about the service developments were shared. The meetings offered the parents the opportunity to reflect on the service and discuss any suggestions for improvements.

Children's voices were gathered through questionnaires and discussions. Children had put forward many suggestions. Some of these had been actioned while some were not possible. For example, one child had asked for a swimming pool in the outdoor play space. The management and staff should continue with their plan to develop methods for feeding back to children on their views. Staff should discuss the views, possibilities and agree actions with children. This will further support children to feel listened to and valued.

There were positive working relationships between managers and the provider across the provider group. This included support from a training and development manager. The management team of the service was visible and supported the daily practice. They had developed strong relationships with children and staff. Staff commented on the support from the management team positively. Comments we received included:

"Management check in with me regularly, whether that's through support and supervisions, team meetings, check-ins, or the 'open door' policy. I always feel like my needs are listened to and that they really care. I love working for this organisation as people really care about what they do."

"Management is responsive. Any issue is always dealt with."

The management and staff team were carrying out quality assurance activities to successfully self-evaluate the service. Staff meetings, manager meetings, workshops, training, management monitoring, auditing and staff appraisals were used to support staff to reflect on practice and plan improvements. These were having a positive impact on practice. For example, improvements had been made to the nursery environment. It was resourced well with a range of resources to support children's play and learning. We concluded staff, children and families benefited from self-evaluation and improvement planning that was leading to improvements.

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.

Quality indicator 4.3: Staff deployment

The management team recognised and valued the importance of ensuring the service was always appropriately staffed. The staffing rota ensured enough staff were in place across the full day to meet children's needs, provide quality care and learning for children, and allow for staff to get a break.

The service had a bank of staff who worked part-time and were available for additional hours where needed. This meant children knew the staff well, and they knew the children well. This supported continuity of care for children.

There was a consistent staff team. There was a mix of staff's skills and knowledge across the playrooms. Some staff had been employed with the service for an extensive period, while others had recently joined. Staff were deployed across the service in line with their skills and experience. Staff worked in the same teams with the same groups of children. Management roles and responsibilities were clear. Staff reported to different management depending on the area they worked. This created a flexible and supportive ethos where staff supported each other, working together as a team to benefit the children. Additionally, it offered continuity of care for children.

Staff caring for children were registered with the Scottish Social Services Council (SSSC). We sampled staff recruitment files and found staff were recruited safely. This included an induction where staff met with management to review their progress and ask any questions. The manager was planning to develop the induction process further using Scottish Government's 'Early learning and childcare: national induction resource'. We agreed this would be beneficial to staff and children. This meant staff were recruited and inducted well. This supported them to provide quality care play and learning to children.

We observed examples of good communication and team working taking place. For example, staff made good use of walkie talkies to share when children were moving around the service from inside to outdoors. Staff told us they worked well as a team. Almost all parents' feedback about the staff team was positive. Comments we received included:

"They are always extremely friendly, informative and caring to the children. They have noticeably become more visible over the last few months."

"They're all lovely with great Gaelic skills!"

"I know the staff by name, they are very approachable and great at communicating how my child's day has been and anything else that I need to know."

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

Requirements

Requirement 1

By 31 March 2024, the provider must ensure children experience positive and varied play and learning opportunities that promote their wellbeing and development.

To do this, the provider must, at a minimum, ensure:

- a) Children have opportunities to engage in a range of interesting and stimulating play experiences throughout the day.
- b) Environments are enabling and consistently well-resourced.
- c) Staff interactions are nurturing and consistently promote children's play and learning.
- d) Staff are supported to develop an understanding of relevant child development theory.

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 to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25) and 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS 1.31).

This requirement was made on 11 March 2024.

Action taken on previous requirement

All children had opportunities to engage in a range of interesting and stimulating play experiences linked to their interests. Play areas were set out attractively to invite children to play and learn. For example, children in the nursery showed a great interest in water play, and spent a long period of time playing a fishing game in the water tray. Overall, play spaces were well-resourced. The nursery environment had been reorganised to make it easy for children to self-select a range of resources to support their play. We discussed with management how they could further develop the after school club environments to be more homely and inviting for children. They agreed and added tables for children to enjoy board games more comfortably. The provider had invested in staff skills by offering a wide range of training and opportunities for staff to reflect and develop their skills. As a result, staff were nurturing and confident in facilitating good play and learning experiences for children.

Met - within timescales

Requirement 2

By 31 March 2024, the provider must ensure that each child has an effective and complete personal plan which is reflective of their interests, needs, wishes and any strategies to support them.

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To do this, the provider must, at a minimum:

- a) Have a full plan for each child which identifies their wishes and preferences, and any needs are clearly documented.
- b) Ensure plans identify strategies and next steps that support children to make progress and highlight achievement.

This is to comply with Regulation 5(1)(2) 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 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) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This requirement was made on 11 March 2024.

Action taken on previous requirement

Staff and management had made improvements to the personal planning process for children. Personal plans were in place for all children. They were reviewed and updated in partnership with children and families when information changed. They contained strategies and some next steps that supported staff to gather progress and celebrate achievements. This meant staff could use the information recorded to respond quickly and sensitively to changes in children's lives.

Met - within timescales

Requirement 3

By 31 March 2024, the provider must ensure that every child is cared for in a way that reflects their individual needs and rights.

To do this, the provider must, at a minimum ensure:

- a) Emergency medication is easily accessible.
- b) Signs and symptoms of when a child requires medication are clearly recorded.
- c) Consent and administering records are completed accurately for all medication.
- d) Medication is reviewed in line with best practice guidance.
- e) A robust system is in place to ensure that medication is being effectively monitored, audited, and stored safely.

This is to comply with Regulation 4(1)(a)(b) (Welfare of users) and Regulation 5(1), (2) and (4) (Personal plans) 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 state that:

'My care and support meets my needs and is right for me' (HSCS 1.19) and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 11 March 2024.

Action taken on previous requirement

Staff and management had made significant improvements to the storing and administering of medication. The medication policy and procedures were in line with best practice guidance. Staff knew the procedure well and were confident in administering medication safely. Emergency medication was easily accessible. Forms were completed accurately for all medication. Additionally, a robust system was in place to ensure that medication was being effectively monitored, audited and stored safely. This meant when children needed medication it was administered to them safely.

Met - within timescales

Requirement 4

By 31 March 2024, the provider must ensure that children are cared for in a safe and hygienic environment and sufficient measures are in place to protect children in line with current government guidance.

To do this, the provider must, as a minimum ensure:

- a) Staff understand and carry out current infection prevention and control practices.
- b) Staff revisit infection prevention and control training.
- c) Play spaces have designated handwashing sinks.
- d) An effective system for monitoring cleaning and infection prevention and control practices is introduced and used effectively.

This is 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 to ensure that 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 organisational codes' (HSCS 3.14) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This requirement was made on 11 March 2024.

Action taken on previous requirement

Overall, infection prevention and control (IPC) was managed well in the setting. For example, staff and children practised effective handwashing in designated handwashing sinks. The play spaces and toilets were visibly clean. All staff had taken part in IPC training. An IPC audit and monitoring had taken place. This all helped to protect children and staff from the spread of infection.

Met - within timescales

Requirement 5

By 31 March 2024, the provider must implement robust quality assurance processes covering key areas of practice.

To do this, the provider must, at a minimum:

- a) Ensure that the service delivers experiences to children based on current best practice.
- b) Carry out monitoring of key processes including storing and administering of medication and infection prevention and control practices.

- c) Carry out monitoring of staff deployment.
- d) Carry out monitoring of children's care, play and learning experiences.

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 to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 11 March 2024.

Action taken on previous requirement

The provider and management team had implemented quality assurance processes alongside improvement planning and self-evaluation. This included the monitoring of key processes including storage and administration of medication, personal planning, staff deployment, infection prevention and control and children's play and learning experiences. This had a positive impact on the outcomes for children and families. Please see How good is our leadership? for more information.

Met - within timescales

Requirement 6

By 31 March 2024, the provider must ensure that improvements are made to the deployment of staff.

To do this, the provider must, at a minimum:

- a) Ensure sufficient staff are deployed each day to always account for and supervise children.
- b) Ensure robust processes are in place so staff welcome children at the start of the sessions.
- b) Ensure staff communicate with each other to support the deployment of staff through the whole day.

This is to comply with Regulation 4(1)(a)(b) (Welfare of users) and Regulation (15)(a) (Staffing) 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 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).

This requirement was made on 11 March 2024.

Action taken on previous requirement

The provider made significant improvements to the deployment of staffing at the service. We observed sufficient staff to be deployed each day. Staff accounted for and supervised children well. Processes were in place to ensure children were welcomed safely and warmly at the start of each session. Additionally, staff communicated well with each other as children moved around the setting. This meant staff deployment supported staff to care for children safely and meet their individual needs.

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

The provider and manager should review the approach to outdoor learning in and beyond the setting. To ensure that children have access to quality outdoor physical play in the fresh air throughout their session.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'As a child, I play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

This area for improvement was made on 11 March 2024.

Action taken since then

Children in both the nursery and after school club chose to spend a lot of time playing outdoors which was facilitated well by staff. Outdoor areas were being developed to support imaginative play. For example, children benefited from a new mud kitchen. The play experiences supported children's wellbeing, skills and physical development.

This area for improvement has been met.

Complaints

Please see our website for details of complaints about the service which have been upheld.
www.careinspectorate.com

Detailed evaluations

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| 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? | 4 - Good |
| 4.3 Staff deployment | 4 - Good |

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