

# Rephad Nursery Day Care of Children

Rephad Primary School  
Cairnport Road  
Stranraer  
DG9 8BQ

Telephone: 01776 704 195

**Type of inspection:**  
Unannounced

**Completed on:**  
9 January 2025

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

**Service provider number:**  
SP2003003501

**Service no:**  
CS2003015537

## About the service

Rephad Nursery is located within the grounds of Rephad Primary School in Stranraer. The service is registered to provide a care service to a maximum of 100 children, not yet of an age to attend primary school at any one time. Of those, no more than 20 are aged 2 to under 3 years.

## About the inspection

This was an announced inspection which took place alongside Education Scotland between Tuesday 7 January 2025 and Thursday 9 January 2025. The inspection was carried out by two early learning and childcare 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 and observed children using the service
- contacted families and staff to gather their views
- spoke to families when they brought and collected their children
- spoke with management and staff
- observed practice and daily life
- reviewed documents.

## Key messages

Children and families were warmly welcomed into the nursery by a friendly and caring staff team. Staff had focussed on developing relationships both with families and with one another and these helped children to settle into routines, build trust and have fun.

Management and staff had continued well on their improvement journey. They were much more confident about making suggestions and talking about their work. Improvements had included the way staff planned for children's care and support, the way they involved the local community and their own development as a team and as individual practitioners.

Staff felt listened to and valued. They liked the changes to daily routines and ways of working and felt that these helped them to get to know the children and one another better.

Staff had continued to improve children's mealtime experience so that it was much more sociable for all children. Children were supported to make choices and develop independence and we saw that children enjoyed their meals.

Children were confident and happy. They were offered a variety of play and learning opportunities throughout the day, including outdoors.

Staff should continue on their journey, developing confidence in what they are doing and embed changes in practice so that all children benefit from their experiences.

## 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?	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?

## 3 - Adequate

### Quality Indicator 1.1 Nurturing Care and Support

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

Children and families were warmly welcomed into the nursery by a friendly and caring staff team. Developing relationships had been an important focus for staff and we observed children who had bonded with members of staff and looked forward to seeing them. This meant that children were settled and secure in the nursery.

Staff, generally, knew the children well and could tell us about their likes and interests. They responded to children's needs sensitively and with respect. We observed staff praising children, being there with cuddles and reassurance and sitting with them when they needed to rest. All children had an identified keyworker who was responsible for getting to know them and their families. The structure of the day had changed which meant that children spent more time with their keyworker. This also meant that children's personal care was carried out by somebody they were familiar with and had resulted in children developing skills and confidence better.

Parents told us that "Staff are good at completing personal plans via meetings etc and a drop in was available. Not strongly agree as I feel there could be more communication about achievements".

Children's personal plans contained relevant information about their health, welfare and safety needs. Staff had continued to develop personal plans so that they had the information they needed to meet children's needs. However, we found that the links between different pieces of information were not consistently threaded together, and this meant that support strategies and next steps for individual children were not always clearly recorded and shared. **As a result, some children were not always receiving the care and support they needed to help them develop. This was an area for improvement at the last inspection and will be repeated. (See area for improvement 1).**

The staff team had continued their focus on improving the mealtime experience so that it was a more sociable experience for all children. Staff had identified that the changes had helped them to get to know children's mealtime preferences better and this helped them to support children to make their own choices and develop independence better. Food choices were nutritious and tasty, and we observed that children enjoyed their food. Children were encouraged to develop independence when serving themselves with tongs and spreading their own toast. **We have asked staff to be mindful of the amount of time cut fruit is left out so that it is always appetising for children.** Staff were aware that they need to continue reviewing meals and snacks with the guidance which has recently been published.

Children's health, wellbeing and safety was protected by a clear child protection policy and procedure. All staff had attended relevant training and understood their responsibilities for keeping children safe. Staff had also attended relevant training for developing positive behaviour strategies which enabled them to support children with their emotions better. **We suggested that staff would benefit from opportunities to reflect on these procedures and their practice so that they have a shared understanding which benefits all children.**

### Quality Indicator 1.3: Play & 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 were having fun as they enjoyed good quality play and learning experiences. We heard laughter and happy chat throughout our visit. Children were offered a variety of play and learning opportunities throughout the day. They were developing skills like problem solving and fine motor skills like drawing and cutting. Children were able to play by themselves or with friends and chose where they wanted to play, including outdoors.

Parents told us that "My child has done a wide variety of play experiences, through sensory, messy, structured, outdoor and indoor play. There is always new and exciting bits set up within the nursery".

There was a wide range of resources. In particular children had good opportunities to engage in activities developing their emergent literacy and numeracy skills, and this included the recent development of an outdoor literacy and numeracy area. There were opportunities for risky play outdoors with climbing, bikes and building. Children would benefit from further development of opportunities outdoors to develop their understanding of cause and effect and problem solving. Sensory play was evident for some of the time in the playrooms. However, this was limited and further exploration of a range of sensory based resources and spaces for discovery play to promote curiosity could be further developed.

Staff were continuing to develop their planning to take account of children's interests, identified next steps from observations and the world around them. Staff discussed children's learning with one another at weekly team meetings and at some point, it would be good to develop this to involve children more in reviewing their own learning and next steps. Staff need to continue to develop how they use the information they have to plan for children's next steps, for example better integration of IEP information and their knowledge of individual children's identified needs. This was an area for improvement at the last inspection and will be repeated. (See area for improvement 2).

Staff had been developing how children's voice is considered in planning for next steps and interests, and we made some suggestions about how to make this more explicit, for example we talked about how floor books could be developed to show how children were involved in planning. It would be helpful for staff to consider the purpose of their floor books so that they are more effective as a planning and recording document.

We observed staff engaging with children however found that there were times when they missed opportunities to extend learning and develop language through their interactions. Staff supported children throughout the day and provided what children needed when asked. Some staff were using questioning to understand what children were thinking so that they could help develop their play. Staff should continue to develop their practice skills as facilitators of play and learning. All would benefit from developing their skills and confidence in using open ended questions which help children to problem solve and be creative.

Family and community involvement was an area of focus for the service, and they had provided a variety of opportunities to support this. Children had visited the local shop to buy items they needed and had visits from the coastguard, police and fire service. Parents had more opportunities to be involved in the life of the service, including being welcomed into the setting daily, and further opportunities for inclusion like parent support groups.

## Areas for improvement

1. To support children's health, welfare and safety needs management and staff should ensure, all information gathered within children's personal plans is used appropriately to support children's individual needs. This includes support strategies for children who require them.

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 care and support meets my needs and is right for me". (HSCS 1.19).

2. The manager should continue to develop their approaches to child-led planning, to support children to achieve their potential by ensuring appropriate levels of challenge and depth in play and learning. Consideration should be given to how individualisation and children's voice is captured within planning. In addition, planning should be closely linked to observations in children's journals where meaningful next steps should be recorded. These should be monitored to ensure that the quality of written observations is consistent.

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 "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

## How good is our setting?

4 - Good

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

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

Children were being cared for in a welcoming, spacious and safe environment which provided them with a variety of play and learning opportunities. The layout of furnishings, toys and materials enabled children to make choices about their day. The setting was clean with no clutter, resources were all accessible to children and were in good condition. Children could free flow to a range of resources outside and inside for most of the day, except lunchtime and key group times. Parents told us that: "My child loves outdoors they enjoy playing with the outdoor toys and obstacles courses. They also enjoy the outdoor activities the staff plan such as planting flowers, outdoor math games and playing with the outdoor mud kitchen."

As a result of building works in the main school, there had been some changes to the way the setting used the space available to them. Staff told us how much better these changes were, as they felt more included and had more opportunities to get to know all children in the setting. However, we observed that the way the space was being used did not always meet children's needs, for example for rest and sleep. The weather was severe during our visit, and this also meant that children's needs for vigorous active play were affected and resulted in a very noisy environment. This was much better when children could be outside, when we noted the environment was much calmer. We have asked the setting to reflect on the impact of factors like the building works and the weather on both children and staff to ensure a more homely, calming environment which meets children's needs for rest and nurture.

Staff carried out daily health and safety checks to ensure that the environment was safe. Risk assessments were in place and a system to ensure that staff were aware of them had been put in place. Children had

opportunities to think about their own safety as they had been involved in developing risk assessments for different play areas. The environment was clean. Infection control procedures were in place and there were appropriate handwashing facilities available. We observed children following good handwashing practice and that they were reminded to do this before meals. We have reminded the setting that hands should also be washed when coming inside from the outdoor area.

## How good is our leadership?

4 - Good

### Quality Indicator 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 and clearly outweighed areas for improvement.

Children were cared for in a service with a vision, values and aims for how they would be supported to learn and develop. These were displayed and shared with families. An improvement plan was in place, which set out how the setting would improve so that they could achieve their vision.

Management and staff were open and honest about the journey they had been on since our last inspection. There had been a change in the leadership of the setting and a consistent staff team was now in place, which meant that staff were much more confident about their role in the improvement of the setting. Parents told us, "The staff seem happier, the nursery is calmer and more organised and it seems that they are more aware of their duties."

Self-evaluation was evident and based on recognised good practice documentation. There was evidence of staff involvement in the reflections and some evidence of parental and child involvement. We found that although parental involvement was limited, it was developing. Whilst staff were evaluating, for example their group activities, we found that this was not always consistent, and we suggested that staff may find it helpful to keep the so what question in mind when reflecting on what was happening.

An improvement plan was in place, and it was evident that staff were moving forward by putting the plan into practice. For example, staff were developing how the planned for children's next steps, had improved play and learning opportunities and were working on how they captured the voice of children and their families.

Staff felt listened to and were more confident about making suggestions and trying out new ways of working. They told us about improvements to their wellbeing and job satisfaction, as well as the improvements in outcomes for children. These improvements had been the result of better teamwork, having more opportunities to lead improvement and having ownership of change. Team meetings were more valued and were organised so that everyone had an opportunity to be involved. Agendas and minutes were issued in advance, giving staff the time to prepare. Meetings had a focus alongside planning, for example self-evaluation and these provided further opportunities to reflect on their practice.

Quality assurance schedules were in place; however, it was not always clear how the impact of these were being evaluated. For example, the audit of accidents and incidents did not clearly show planned actions, and evaluations of any changes which had been made as a result. This was an area for improvement at the last inspection and whilst there has been improvement it will be repeated. (See area for improvement 1)

Whilst we have noted that current management arrangements have resulted in this area being lead well, we have concerns about improvements being sustained when this ends. It would be helpful, therefore, for the

provider to put in place a plan which will ensure that the setting is supported to enable improvement to be sustained through future change.

## Areas for improvement

1. The management team should continue to develop and implement systems for monitoring and evaluating the impact of staff practice. Robust quality assurance systems should continue to be developed to support the service and improve outcomes for children. In order to achieve this the management team should continue to work together to:

a) ensure monitoring of staff practice and the implementation of organisational policies and procedures are carried out frequently, and purposeful feedback continues to be provided to support staff to make and sustain improvements

b) consult with and involve all stakeholders including staff, children, and parents in self-evaluation processes.

This is to ensure that management and leadership 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).

## How good is our staff team?

4 - Good

### Quality Indicator 4.3: Staff deployment

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

Children were being cared for by a kind and consistent staff team. Generally, staff responded well to children and were developing respectful relationships with them, their families and each other. Parents told us, "Everyday it's always the same staff there, my daughter knows what days her key workers are in and when they aren't. They have always had the same supply staff in when needed, she's never not known a member of staff in there this year. Which I am glad she's had a consistent last year at nursery".

Staff engaged with us very well during the inspection and were proud of what they had achieved in the last year. As a result of moving to the one large room, staff felt that they knew each other and the children better. This meant that it was easier for them to work together to meet children's needs. Staff told us that they felt better supported and listened to.

Changes had been made to the way staff were deployed in the nursery, with staff being allocated to different areas of the nursery for a specific time. This enabled them to take responsibility for the planning and development of their own area, see how children were using the space and plan for their next steps more effectively. Staff confidence had improved, and we found that staff were keen to take on more leadership roles and develop interests in different areas of the setting. This would be a good time to develop champions who could seek out further learning and visit other settings to share practice and support the continuous improvement of their own setting. We observed that the setting was appropriately staffed throughout our visit, both inside and outside. Levels of staffing allowed for staff to have breaks whilst ensuring that children's needs were still met.

Management of the setting had formed supportive and respectful relationships with the team and were



keen for them to develop their skills and interests. As well as support to attend training, team meetings were being developed to include learning opportunities and discussions about practice. Whilst formal mentoring systems were not in place, the deployment of staff across the setting, enabled experienced staff to work with the less experienced and this promoted further opportunities to share learning. Whilst the level of knowledge and skills had improved, there continued to be some inconsistent outcomes for children. Staff should continue to develop their understanding of their own role as a practitioner in supporting children's development and embed what they have already achieved.

## 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

To support children's health, welfare and safety needs management and staff should ensure, information gathered within children's personal plans is used appropriately to support children's individual needs. This includes support strategies for children who require them.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which states 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 care and support meets my needs and is right for me". (HSCS 1.19).

This area for improvement was made on 20 March 2023.

#### Action taken since then

Management and staff have continued to develop and improve the format and procedures for personal planning. However, for children who had additional information we found that this was not consistently threaded through plans and whilst staff were familiar with strategies for supporting children these were not formally recorded within plans and profiles.

Whilst progress has been made on this recommendation, it is not completely met and we have asked the service to continue to develop and embed practice.

#### Previous area for improvement 2

The manager should continue to develop their approaches to child-led planning, to support children to achieve their potential by ensuring appropriate levels of challenge and depth in play and learning. Consideration should be given to how individualisation is captured within planning. In addition, planning should be closely linked to observations in children's journals where meaningful next steps should be recorded. These should be monitored to ensure consistent quality of written observations.

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

"My care and support meets my needs and is right for me" (HSCS 1.19) 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 20 March 2023.**

## Action taken since then

Management and staff had begun to develop their approaches to child-led planning and were aware that the voice of the child should be a core element of their approach. They had started to capture children's voice in floor books and observations and were taking these to their planning meetings.

The impact of these had not yet been fully implemented into practice, activities and the environment and this should continue to be developed so that they are an embedded core practice.

This area for improvement is partially met and will continue in this report.

## Previous area for improvement 3

The management team should further develop and implement systems for monitoring and evaluating the impact of staff practice. Robust quality assurance systems should continue to be developed to support the service and improve outcomes for children. In order to achieve this the management team should:

- a) ensure monitoring of staff practice and the implementation of organisational policies and procedures are carried out frequently, and purposeful feedback is provided to support staff to make and sustain improvements
- b) consult with and involve all stakeholders including staff, children, and parents in self-evaluation processes.

This is to ensure that management and leadership 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 area for improvement was made on 20 March 2023.**

## Action taken since then

The acting manager had begun to develop and implement effective systems for monitoring what was happening in the setting. Whilst processes were in place, they were at the early stages of evaluating their impact.

They should continue to develop these procedures to ensure that they are sustainable and meaningful. They should also ensure that staff continue to get formal feedback which celebrates their achievements and supports the development of their professional practice.

This area for improvement is partially met and will continue in this report.

#### Previous area for improvement 4

To ensure children are safe and always receive high quality experiences, the provider and manager should, as a minimum review and make appropriate changes to staff deployment to improve experiences for children.

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 area for improvement was made on 20 March 2023.**

#### Action taken since then

Changes had been made to the way staff were deployed around the nursery. These were in part due to ongoing works to the building which meant that the available space had been reduced.

Staff also now had responsibility for designated areas of the nursery, which gave them the opportunity to plan for and develop their area.

Staff felt that these changes were positive and enabled them to work together better and also to get to know the children better. As a result, staff felt more secure and safe. They also felt valued and listened to and were confident that their ideas would be heard and acted upon.

This area for improvement is met.

## 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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
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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