

Carnwath Primary School Nursery Class Day Care of Children

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Type of inspection:
Unannounced

Completed on:
11 October 2023

Service provided by:
South Lanarkshire Council

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Service no:
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About the service

Carnwath Primary School Nursery Class is a daycare of children service located in a rural area of Lanark. The service is registered to provide care for a maximum of 56 children aged three years to those not yet attending primary school.

Children are cared for in a dedicated playroom and have access to an enclosed garden, as well as spaces in the school grounds. The service is close to local shops, parks and travel links.

About the inspection

This was an unannounced inspection which took place on 10 and 11 October 2023 between 09:30 and 17:00. 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 and 14 of their family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents

Key messages

- Children experienced kind and warm interactions, helping them to feel safe and loved.
- Meal times were relaxed and unhurried, offering children opportunities to develop their independence.
- Improvements had been made to the quantity of toys and materials.
- Children experienced a welcoming and clean environment.
- Best practice guidance had been used to inform improvements to support good outcomes for children.
- Audits of quality assurance systems should continue to be developed to help with the delivery of the service.
- Staff were deployed in a way that meant children were supported and well supervised.

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?	5 - Very 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

Children were happy and settled in the environment. Staff were responsive to their cues and requests, interacting with warmth and kindness. This contributed to children to feel loved, safe and secure. Parents commented positively on the care their children receive and one told us the staff 'show such love and care for the children.' One child commented staff 'take time out to play with me and look after me, and make me feel so much better when I'm missing my mummy and daddy.'

Children experienced a pleasant snack time, consisting of healthy options, helping to promote a healthy diet. Improvements had been made to the lunchtime experience, moving from taking place in the school dining hall to now being in the playroom. This experience offered children opportunities for self-serving, making choices and developing their independence in a relaxed and unhurried environment. We made some suggestions to further enhance this for children. For example, introducing a wider range of child sized utensils for serving food.

Personal plans were in place and these contained core information about children, helping staff to get to know them. These were completed in partnership with families and updated regularly to reflect changes in children's lives. Staff and management worked closely with external and internal agencies to provide support and care for children with additional support needs, helping to meet their needs.

However, further consideration was needed around children's next steps to support their learning and development. These should be developed to ensure these are relevant to individual children, focusing on their individual needs and interests. Management agreed to review this.

We reviewed medication systems in place. Medication was stored appropriately and out of reach of children. We discussed reviewing medication forms to ensure these contained consistent information to support the safe administration of medication. The manager agreed to address these.

Quality indicator 1.3: Play and learning

Improvements had been made to the quantity of toys and materials to support children's play. This resulted in an increase in children's engagement, supporting their learning. Parents told us the setting 'provides a variety of play opportunities' and there is 'choice of play for the children.'

The pace of the day had been improved through reflections based on current best practice. This meant that interruptions to children's play were minimised, including more opportunities for children to choose where to play, either inside or outside.

Responsive and intentional planning systems were in place to support children's learning. However, these were in the early stages of being reviewed and developed. Management recognised further work was needed. We agreed further improvements would help create meaningful opportunities for play, linking to children's next steps. This would help to support children's learning and development.

Children's views were sought influencing experiences offered throughout the setting. Opportunities for children to reflect on their learning was a regular occurrence. The use of floor books meant that children could easily access and view photographs and contribute to these through mark making and drawings.

Opportunities for children to develop their literacy and numeracy skills were plentiful. This included well resourced mark making areas, visuals, such as numbers in the environment, measuring equipment, block play and malleable experiences. Staff supported children as they engaged with the resources and used effective questions to support their problem solving. For example, 'I wonder what could happen? 'how high is it? and 'Can I help you?'

Children had opportunities to explore real tools under supervision, helping to develop their skills and confidence. We saw children persevering, motivated and proud of their creations. For example, one child told us 'We made work, it was a little bit hard, we made a house. We are going to finish it after lunch.'

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: High quality facilities

The environment was bright, clean and well maintained, with plenty of natural daylight, promoting a welcoming space for children. Parents commented positively on the environment and one told us 'I think the nursery is a nice environment allowing the children to free play.'

Individual coat pegs for children to store their jackets and bags helped promote a sense of belonging. We shared some suggestions on reducing the amount of information displayed on walls. Reducing some of this could reduce the potential for children and families to feel overwhelmed with the amount of information presented to them.

A secure entrance was in place and children explored and played in outdoor secure grounds. Staff were aware of the Care Inspectorate's 'Keeping Children Safe' campaign and supported children to develop their understanding of risks. Risk assessments of indoor and outdoor spaces helped identify risks, helping to ensure children were kept safe. Further information on the campaign can be found on the Care Inspectorate Hub.

There had been improvements to the environment to support children's play. For example, the quantity of toys and materials. Areas were replenished to ensure these were readily available for children to choose from as they wished. Toys and materials reflected children's learning, interests and needs. Moving forward, the service should review the positioning and layout of some play spaces. This should include considering reducing the amount of furniture and equipment to increase floor space and quality engagement in areas. This would contribute to maximised learning experiences for children. For example, we discussed the location of the playdough area and increasing space within the block area.

Accidents and incidents were recorded and shared with parents. Audits of individual forms helped to identify inconsistencies in recordings. These should now be further developed to help recognise any patterns of accidents or incidents, detailing any actions needed (we further discuss this under Quality indicator 3.1: Quality assurance and improvement are led well).

We were satisfied that infection prevention control measures were in place to help reduce the potential spread of infection. For example, children and staff regularly handwashing, clean toilets and cleaning of surfaces.

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 well led

The service had developed their ethos and values, which were shared with children and families. These provided a positive and welcoming environment for children, helping them to feel included and valued.

Management and staff were welcoming and engaging throughout the inspection and were receptive to feedback. The service had reflected on best practice guidance to help inform and shape understanding to prioritise improvements needed. An action plan had been developed highlighting key areas of improvement and whilst we recognise this was ongoing, there had been positive changes to the delivery of the service. For example, positive routines were in place and improvements had been made to the lunchtime experience.

An improvement plan was in place, promoting a whole school approach. An area identified was staff further developing an understanding of theory to support good outcomes for children. We agreed this would be a positive opportunity for reflections on practice. For example, we discussed the use of reward systems and the potential for negative impacts on children's wellbeing and emotional development.

Monitoring and audits were in place to help with the delivery of the service. Moving forward, these should be further reviewed to ensure these identify inconsistencies and gaps within practice. For example, medication systems, children's next steps, accident and incident records. At the last inspection, we made an area for improvement on audits. Whilst we recognise some systems had been put in place, these were not always robust in identifying issues. Therefore, we have repeated this area for improvement and we will assess this at the next inspection (see area for improvement 1).

Communication with parents included sharing information at the end of day, through the use of learning journals and newsletters. One parents told us 'Learning journals are regularly updated allowing parents to be involved in the child's learning.' The service were keen to involve families in their service and included them through consultations and face to face conversations.

Areas for improvement

1. To promote good outcomes for children, management should ensure robust quality assurance systems that lead to improvement are in place. This should include but not limited to, audits of accidents, incidents and long term medications, staff monitoring of practice and environment observations.

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).

How good is our staff team?**5 – Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator 4.3: Staff deployment

Staff were kind and warm towards children, engaging with them at their level. They recognised what was important to children and facilitated conversations, helping children to feel valued and heard. For example, when children were sharing stories from home. This supported children to feel heard. Parents commented positively on the staff team and told us 'wonderful staff at nursery who are always happy to see my child and make them feel safe in their surroundings' and 'Everyone is so welcoming and caring towards my child'.

Staff were positioned in a way that meant children were supported and ensured good supervision. A consistent team across the day helped to ensure a continuity of care for children. Staff communicated well together and helping where needed, sharing important information. For example, if one member was leaving a room for any reason.

Champion roles, helped staff to develop their skills and confidence in leading change and developments in the service. They were committed to their role and were eager to get it right for every child.

Staff breaks were organised in a way that had minimal impact on children. This was communicated well amongst the team. Management should be keep under review as numbers increase to ensure this continues to support positive outcomes for children.

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 wellbeing, learning and development, the manager should ensure there are opportunities available to children to support their play and learning. This should include, but is not limited to, provide toys and materials for children to choose from and develop curious spaces for children to access.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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 area for improvement was made on 8 December 2022.

Inspection report

Action taken since then

There had been an increase to toys and materials to support their play, choice and development. Further developments of areas and spaces meant that children had increased opportunities. Whilst we recognise there are still developments to be made, this has had a positive impact on children's play experiences. Therefore, this area for improvement is met.

Previous area for improvement 2

To promote good outcomes for children, management should ensure robust quality assurance systems that lead to improvement are in place. This should include but not limited to, audits of accidents, incidents and long term medications, staff monitoring of practice and environment observations.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 8 December 2022.

Action taken since then

Whilst there were developments in quality assurance systems, these did not always pick up on inconsistencies or where developments were needed. For example, inconsistent information on medication forms. Audits of accidents and incidents picked up inconsistencies through individual accident forms, however, these did not identify patterns of accidents or incidents which meant, there were missed opportunities to review equipment or environment to ensure this was safe for children. Therefore, we will continue this area for improvement and assess this at the next inspection.

Previous area for improvement 3

To support children's wellbeing and learning, management should review the pace of the day to help ensure these are supportive of children's needs and interests. This includes but not limited to, reviewing best practice documents to inform practice and reviewing daily routines.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was made on 8 December 2022.

Action taken since then

Management and staff used best practice documents and implemented 'rhythm of the day'. This meant that there were reduced interruptions to children's play experiences. The new lunch routine was a relaxed experience and children could choose when to eat. In addition, children could choose which space to play in and what toys and materials to use. Therefore, 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.

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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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