Helenslea Nursery School
Day Care of Children

36 Methven Street
Glasgow
G31 4RB

Telephone: 01415 510 504

Type of inspection:
Unannounced

Completed on:
15 January 2025

Service provided by:
Glasgow City Council

Service provider number:
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Service no:
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About the service

Helenslea Nursery School is provided by Glasgow City Council and is located within the Parkhead area of Glasgow. It operates from stand alone, single-storey premises with a secure door entry system and safely enclosed gardens. The service is close to other schools, nurseries, shops and transport links.

The service is registered to provide a care service to a maximum of 82 children: 72 aged from three years to those not yet attending primary school and 10 children aged two years to under three years.

About the inspection

This was an unannounced inspection which took place on 14 and 15 January 2025. The inspection was carried out by two inspectors from the Care Inspectorate. Feedback was shared with the manager and depute manager of the service on 15 January 2025.

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
- received electronic feedback from 19 parents and carers whose children attended the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children were well supported by responsive, caring staff.
- Children had good opportunities to play and learn, indoors and outdoors.
- The manager should work with staff to develop and implement an effective system for personal planning.
- The provider should address outstanding repairs relating to toilet and changing areas.
- The manager should continue with her plans to implement a more robust calendar for quality assurance.

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/people and clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Staff were warm, caring and nurturing. Children and staff were having fun together, throughout our inspection we saw and heard children chatting confidently and laughing with staff. Children enjoyed having staff in their play spaces. We observed children taking staff by the hand and asking them if they wanted to play. Staff were skilled and responsive responding to children. This promoted a feeling of happiness and contentment within the setting.

Staff knew children and families well. We observed staff welcoming and gathering information from parents and carers as they dropped their children off at the setting. Some children and parents required more time to separate. Staff were sensitive to this and enabled parents and children time whilst offering reassuring conversation.

The service had identified in their improvement plan the need to further develop and improve children's personal plans. Having sampled some personal plans we agreed with the service's evaluation that improvement was needed. Families shared important information that helped staff provide care to children. For example, information was recorded that reflected children's likes, dislikes, food preferences and use of comforters. However, other information lacked detail and changes to children's needs were not always recorded. This meant that it was difficult to understand the current needs of some children. This had the potential for inconsistent approaches being applied to children's care. We discussed this with the manager and were satisfied that a plan was in place to develop children's personal plans.

Children who required medication received it safely. Staff were aware of children's medical conditions, allergies, and intolerances. Medication was stored and administered safely. We highlighted how the recording and auditing of medication could be further improved. For example, whilst there was a system in place to check with parents and record if a child still required medication this was not always carried out. We have highlighted this under Key Indicator 3.1 "Quality assurance and improvement are led well" of this report.

Staff were very aware of and compassionate towards children who required additional support. Strong links had been made with other professionals to gather and share information, strategies, and progress of children. By working closely with other professionals children received the right kind of care at the right time.

Staff were aware of and carried out the service's policies and procedures for safeguarding and protecting children. They were familiar with paperwork to be completed and how to refer to the relevant agency if necessary. Annual child protection training helped to refresh staff and keep them up to date with policies and procedures. This helped to keep children safe and protected.

The service had spent a long time reviewing and researching how to improve the lunchtime experiences for children. They had visited other establishments, read best practice documents, and consulted with children, families, and staff. A decision was made to use a different room for lunches and introduce a rolling lunch for children. We observed how the changes had impacted on children's experiences. We noted that although generally positive for children in the 3-5 room children in the 2-3 room experienced more transitions than necessary. We found that the youngest children were taken from their rooms into the dining room, which was a much busier, noisier environment for the service's youngest children. We also noted that in order to get to the dining room the children had to walk through the story book area and one of the playrooms used by 3-5 year olds. This was unsettling for the children and also interrupted the play and learning of children aged 3-5. We discussed this with the manager who agreed to continue to review and explore further possibilities for children.

Quality indicator 1.3: Play and learning

Children were engaged in their play and having fun with their peers. Children were encouraged to freely explore a range of experiences both indoors and outdoors. Some open-ended materials supported children to be creative and use their imagination. As a result, children had the opportunity to develop their creativity, and exploration skills.

Numeracy and literacy were promoted throughout the environment. Resources, displays, conversations and displays highlighted the importance staff placed on engaging and encouraging children to be curious and explore literacy, numeracy, and mathematical concepts. Staff were skilled in gently challenging children to extend their learning and development.

Staff observed children in their play and chatted to them about their individual interests. We could see how children were consulted and their voices captured through big floor books within playrooms. Recently children had expressed an interest in space. We could see how well staff had facilitated this in various areas of the playroom to stimulate children's interests. During our inspection children were making space rockets from junk materials, using reference books to identify planets and counting and matching space rockets within the numeracy area. Threading children's interests across curricular areas meant that children remained engaged and excited about their play and learning.

Outdoors children had lots of fun. They could participate in many activities which contributed to their gross motor development such as cycling, climbing, and running about. The natural environment outdoors lent itself to children being able to climb trees independently, jump in and out of puddles and dig holes in the mud. These experiences supported children's emotional health and wellbeing as they played, learned, and exercised outdoors. Parents and carers who provided feedback told us that their child always had the opportunity to play outdoors. They valued the time their children spent outdoors and the experiences that they engaged in. Some of their comments included:

"My daughter loves nature they get to play outside she loves bugs and leaves. They done a bear hunt and she loved this experience they went around all different things to find and look for."

"My child has regular access to outdoor play and learning. She particularly enjoys taking part in treasure hunts."

"There is a messy kitchen which my daughter loves and seeing the snails in the garden."

The service had recently moved to an online platform "Seesaw" for recording children's learning. We sampled some of the children's learning profiles. Whilst we acknowledged that staff were at the early stages of using the platform we highlighted gaps in how children's learning, progress and next steps were being recorded. The manager agreed that the whole staff team needed additional training and support to ensure that children's learning was being captured, recorded, and monitored effectively. We were confident that the manager would address this, and that staff had the capacity to develop and improve children's learning journals.

Good community links and partnerships supported children to be involved and have experiences within their local community. For example, children visited a local sheltered housing complex and were regular visitors to the library and community hall. Engaging children in their local community gave them a sense of belonging. Community links were something that the management and staff team were proud of and keen to further develop.

How good is our setting? 4 - Good

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

Quality indicator 2.2: Children experience high quality facilities

Children, parents, staff and visitors entered the building via a secure buzzer entry system. Children and families were warmly welcomed into the service. A foyer and cloakroom area was available for children to store their personal belongings. We asked the manager to reconsider the use of drawstring bags for children as they presented a risk to their health and safety. The manager agreed to look at alternative options for safe storage of children's belongings.

Overall playrooms and reception areas were clean, bright and well ventilated. We highlighted areas within the setting such as sky lights which were not clean and had cobwebs hanging from them and staff toilets that were dusty. The manager and some staff shared that they had already highlighted gaps within the cleanliness of the service. The manager had escalated these concerns to senior management. The manager should continue to monitor and include environment checks within her quality assurance processes.

Children were accommodated in rooms according to their ages and stages of ability. Children aged 2-3 years were cared for in one playroom with access to their own outdoor play area. Children aged 3-5 years had access to three playrooms and a large outdoor play area. We observed all playrooms to be warm and inviting for children. Cosy areas had been introduced to enable children to have space to rest or have quiet times. Where children required a sleep appropriate resources were available and set up to enable them to sleep safely.

Play experiences and resources were well considered and set up to encourage children's play and learning. A mixture of planned and spontaneous activities allowed children to choose what they wanted to do and to lead their own learning. This supported children to be independent as they directed their own play and learning.

Damage to the building that had affected the toilet and changing facilities were in the process of being repaired. We noted that these repairs had been outstanding for some time. The ceiling in the changing area and toilet had been replaced with plaster board, this needed to be taped and plastered to minimise the potential of germs harbouring. In addition to this the service were waiting for a door to be fitted to the toilet separating the children's toilet and the changing area. This needs to be prioritised by the provider to minimise the spread of infection and ensure that children can have their personal care needs attended to with dignity and privacy. (See area for improvement 1)

Safe and effective systems were in place to ensure that children were accounted for at all times, and that the environment was safe. We observed staff registering children in and out of the building and marking children outdoors when they went out to play. Staff communicated well with each other about their movements and the movements of children. These procedures helped to keep children safe and secure.

Areas for improvement

1. To support children's health and wellbeing the provider should ensure that repairs required to the toilet and changing stations within the 2-3 room are carried out as a matter of priority. They should include ensuring that the ceiling is taped, plastered and painted, and that a door is fitted between the toilet and the changing area.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.24)

How good is our leadership? 4 - Good

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

Quality indicator 3.1: Quality assurance and improvement are led well

The manager and staff team engaged well during the inspection process and were responsive to any suggestions we made throughout the inspection. This demonstrated their capacity for improvement and their commitment to work together to provide high quality early education and childcare for children and their families.

A shared vision, values and aims were in place. We shared with the manager how the service should revisit these to ensure that they reflect the aspirations of the service. The manager should ensure that staff, children and families are consulted in this task. Involving all stakeholders will ensure that everyone receives a service that is right for them.

Self evaluation processes supported staff and management to identify areas of success and areas for further improvement. Staff told us they used best practice guidance "How Good is our Early Learning and Childcare" we asked the manager to include the Care Inspectorate framework and health and social care standards into self evaluation processes to ensure all aspects of care and learning were being evaluated. The manager agreed to do this.

An improvement plan and action plan were in place and was reflective of aims and goals of the service. We agreed with the key priorities identified within the plans. We saw some evidence of where planned actions had been taken, for example changes to lunchtime routines. Although we have reported under section 1.1 of "How good is our care, play and learning?" that some improvements were required to the lunchtime routine we were reassured that the service were reflective and willing to test changes.

The manager had a written plan for carrying out quality assurance tasks and monitoring. Although some tasks had been identified and carried out we identified gaps in quality assurance planning. The manager should incorporate all aspects of the service into her quality assurance calendar. Auditing and monitoring of children's personal plans, medication and the environment should be included to improve outcomes for children. The manager shared with us a quality assurance calendar which the provider had shared and which she planned to adopt which included these areas.

Families were meaningfully involved in the service. They were welcomed into the service daily at drop off and collection times. Most parents told us they had opportunities to offer their views and be involved in the child's care and development, for example through home visits, stay and play sessions and supporting the service to visit the library. Involving families in the life and work of the service helped to build an ethos of mutual respect and trust and provided an insight into the types of experiences and learning children were offered. This meant that parents and carers could continue their children's learning at home.

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/people, therefore we evaluated this key question as very good.

Quality indicator 4.3: Staff deployment

Staff were respectful and supportive of each other. Effective communication throughout the day supported staff to ensure that areas for children were sufficiently staffed. As a result, children were cared for safely.

Staff had developed strong relationships with children and families and it was evident staff had a genuine interest in providing positive outcomes. The introduction of home visits prior to children starting the service promoted an ethos of mutual trust and respect which helped children and families to feel secure and welcome in the service. Parents and carers who provided feedback commented positively about the relationships they and their children had with the staff team. Some of their comments included:

"I feel confident to discuss anything with the staff about my child's needs and they always listen to what I have to say and are very friendly and welcoming everyone always has a smile of their faces which is good to see."

"The staff are so patient, kind and helpful. They have a great relationship with my son who is autistic and nonverbal. They pass on information every day and whenever I need to chat or discuss anything they make the time straight away. They go above and beyond."

"Staff make an effort to get to know my child and are comforting to him if he is upset going in in the morning."

"I can tell that she cares for my son and understands him and his needs, this makes me feel content leaving my son in the care of the nursery."

The management team recognised and valued the importance of ensuring that the service was appropriately staffed throughout the full day. The manager and acting depute were available to support during times of absences and staff breaks. During our inspection there were enough staff to meet the individual needs of children. Cover had been arranged for long term absences which meant that the service was able to meet minimum adult/child ratios. Early years practitioners were well supported by support for learner workers, the management team, a visiting English as an additional language teacher as well as domestic and janitorial staff.

Staff had a clear understanding of their roles and responsibilities and were committed to supporting each other to provide a high quality service to children and families in their community. Children and families benefited from a staff team who were dedicated to enhancing their professional development. Staff told us they had undertaken a range of learning which included formal training, professional discussions, and self-directed reading.

Some staff had taken on additional areas of responsibility such as, Health and Wellbeing, Nurture and Literacy. We spoke to some staff who were leading in these areas. Staff were enthusiastic and motivated to continue their own learning and development as well as cascade their learning to their peers in order to improve outcomes for children and families.

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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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