Chatelherault Primary School Nursery Class
Day Care of Children

Silvertonhill Avenue
Hamilton
ML3 7NT

Telephone: 01698 282 929

Type of inspection:
Unannounced

Completed on:
13 December 2023

Service provided by:
South Lanarkshire Council

Service provider number:
SP2003003481

Service no:
CS2003015285

About the service

Chatelherault Primary School Nursery Class is a daycare of children service located in a residential area of Hamilton. 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. The service is close to local shops, parks and travel links.

About the inspection

This was an unannounced inspection which took place on 12 and 13 December 2023 between 08:45 and 17:20. 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 12 of their family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children experienced kind and nurturing interactions, helping them to feel save and secure.
- Lunchtimes should be reviewed to ensure children experience a relaxing, unhurried and enjoyable meal time.
- Children had fun during their play and engaged with toys and materials to support their learning.
- Opportunities to play between indoor and outdoor spaces supported children's choices.
- Quality assurance system should be enhanced to help identify gaps and improvements needed.
- Consideration should be given to busier times of the day to ensure staff are deployed in a way that supports children and ensures meaningful engagements.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning? 4 - Good

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

Quality indicator 1.1: Nurturing care and support.

Children were happy and settled in the setting, confidently exploring the environment. Staff interactions were kind and warm, helping children feel safe and secure. Children confidently approached staff, who were responsive to their cues and requests. This contributed to children feeling heard and valued. Families commented positively on the care their children received and told us "staff are friendly, approachable and care about each child" and "all team members know my child very well, and she's happy to approach any of them."

Staff had developed positive relationships with families, helping to establish trusting connections. The use of home visits and opportunities for children and families to visit the nursery prior to starting helped support the transition from home to nursery.

Staff knew children well and confidently spoke about their individual needs. Each child had a personal plan in place and this included an "all about me" booklet highlighting their likes and dislikes. A "more about me" booklet completed later in the year highlighted any changes to children's likes and dislikes. However, personal plans did not always reflect current changes within children's lives that occurred prior to the "more about me" information being completed. We discussed the importance of updating personal plans with new information to ensure children's needs were known and how these would be met. (See area for improvement 1).

Snack times were a sociable experience that children enjoyed. Healthy options included fruits, milk and water, helping to promote a healthy diet. Children's independence skills were nurtured as they served their own food and poured their drinks, helping to develop life skills and supported their choices. Lunchtime took place in the school dining hall and children were familiar with this routine. On the first day of inspection, children were served a Christmas lunch. However, most children did not eat their meal due to not liking this. We discussed with management moving forward, ensuring children are able to choose food options that supports their choices and preferences. At times, lunchtimes were noisy and busy and not always reflective of a peaceful and unhurried experience for children. We discussed the use of furniture as most children could not put their feet on the floor when sitting eating. Through discussions, management agreed to review lunchtimes to ensure these were comfortable, unhurried and relaxing for children.

We reviewed medication systems in place and were satisfied these were reflective of current best practice. Medicine was locked in a cupboard out of children's reach. We discussed the storage of life saving medication, ensuring these were easy accessed if needed. For example, inhalers.

Quality indicator 1.3: Play and learning.

Children had fun during their play and a variety of toys and materials supported their learning. They were able to choose where to play, including indoors and outdoors. Children's schematic play was supported and encouraged. For example, children moved toys and materials to different areas to support their play. Schematic play is repeated patterns of actions that helps support children's brain development and making

sense of the world around them.

Planning systems were in place and highlighted a balance of child led and adult led experiences to support children's learning. Good use of frameworks helped staff to track children's progress. For example, use of the Curriculum for Excellence. We suggested some enhancements to the recording of information to help ensure these were robust in supporting children's learning.

Online learning journals offered opportunities for staff to share children's experiences with families. These were in the early stages and staff were becoming more familiar with new ways of working. Families commented positively on this and told us "the introduction of electronic learning journals makes it easier for us to be kept aware of what my child does at nursery."

Next steps for children were recorded in personal plans and learning journals. We suggested these were reviewed to ensure these were aligned to support children's learning and development. Management agreed to review these.

Some opportunities were available for children to support their literacy development. For example, stories, painting and drawing. We discussed with the service on increasing tools to help nurture children's interests and literacy skills. For example, increasing mark making items and materials to help stimulate children's creativity. Staff were responsive to this during the inspection and we encouraged management to monitor this.

Areas for improvement

1. To support children's health, wellbeing and development, management should ensure personal plans are updated to reflect changes in children's lives.

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).

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.

Children experienced a clean and tidy environment with plenty of natural daylight, promoting a welcoming space for children. The use of cloakroom pegs for children to hang and store their jackets and bags helped support a sense of belonging.

Play spaces offered opportunities for children to explore and engage in a variety of experiences. We discussed further developing these spaces to support children's learning. For example, enhancing the creativity and mark making area to ensure children had space to engage with these and support their natural curiosity and imagination. Management agreed to review this.

Children had access to toilets that were positioned in the centre of the room and were clean and well maintained. However, these had an open plan entrance. We discussed with the provider how this could be improved to further promote children's dignity and privacy. They agreed to review this. (See area for improvement 1).

Direct access from the playroom to outdoors helped support children to make choices about where to play. Children enjoyed moving between both spaces to play. Staff had been developing the outdoor spaces to ensure children were provided with a variety of opportunities. For example, mud kitchen, bikes and water play. We provided some feedback to further enhance these. This included some suggestions on the outdoor cosy space to support children's emotional development. Consideration should be given to managing the access to the outdoor area in the colder months to maintain a comfortable temperature inside.

Accident and incidents systems were in place to support a safe environment. Moving forward, management should develop audit systems to help identify any patterns and actions taken to reduce these.

Areas for improvement

1. To ensure children's dignity and privacy is protected, the provider should ensure improvements are made to the children's toilets.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

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 were working well together following changes to the team. Staff felt they worked well together to promote nurturing approaches to care for children.

An improvement plan was in place highlighting the priority areas to improve. Staff were involved in this process and were committed to providing high quality experiences for children. For example, developing the outdoor spaces to enhance children's opportunities. Staff had began to carry out some self evaluation and we agreed this was a good opportunity for staff to reflect on practice and engage in professional dialogue, engaging with best practice guidance to inform their thinking.

Communication with families included newsletters and face to face discussions. They were welcomed into the setting in the morning when dropping their children off, helping to promote a sense of belonging and strengthen positive relationships.

A quality assurance calendar was in place to help support management oversight. We provided some suggestions on enhancing this to help identify gaps and actions needed to address areas for improvement. This included monitoring personal plans, online learning journals and play opportunities for children. In addition, we discussed the notifications that should be submitted to the Care Inspectorate and signposted to guidance on the Care Inspectorate Hub. (See area for improvement 1).

Regular team meetings took place, providing opportunities for important information to be shared between staff. For example, children's individual needs.

Staff appraisals took place to help support staff in their role. This meant there was time for staff to share their successes and identify training needs. We have discussed this further under 4.3 Staff Deployment.

Areas for improvement

1. To ensure children experience a service that is well managed, management should ensure quality assurance systems in place are robust and identify gaps in practice.

This should include, but not limited to, further developing a quality assurance calendar and ensuring they are familiar with the notifications that should be submitted to the Care Inspectorate.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

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.

There were enough staff to care for children and they were responsive to children's cues and requests. They engaged with children during their play at their level and children responded positively to this.

Consideration should be given to how children are supported at busier times of the day. For example, day to day transitions and meal times. Staff became task focused at and there were some missed opportunities to enhance children's social development and support safe eating.

Induction programmes were in place to support new staff in their role and provide opportunities to become familiar with the environment, children and families. In addition, mentoring systems by more experienced staff were in place to provide further coaching and sharing of skills and knowledge.

Staff were committed to their role to providing care for children. We discussed further training opportunities to support staff in their role. For example, how to support children's distressed behaviour. Staff had identified similar training needs through their appraisals. Management agreed to source opportunities to support staff and promote good outcomes for children.

We discussed end of day routines to help ensure children's play was not interrupted and parents felt welcomed into the setting. Management agreed to review this and we acknowledged this would take some time to embed.

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

Requirements

Requirement 1

To ensure that only staff who are registered with the Scottish Social Services Council (SSSC) or another recognised regulatory body, or who are newly recruited and are capable of achieving such registration within six months of commencing in post, may carry out work in the care service in a post for which such registration is required, the provider must put in place an effective SSSC management system by 1 March 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

It also complies with (The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 regulation 9(2)(c) which refers to the provisions of regulations 6(2)(a) and 7(2)(d) whereby any person, who in order to perform the duties for which the person is employed in the care service, is required by any enactment to be registered with any person or body and is not so registered; also regulation 15 - Staffing, and regulation 19 Offences, in particular regulation 19(1) which makes if an offence to contravene or fail to comply with regulation 9(1) together with and the Regulation of Care (Fitness of Employees in relation to Care Services) SSI 2009/118 (Scotland) (No 2) Regulations 2009 as amended by SSI 2009/439 and 2010/443.

This requirement was made on 28 November 2018.

Action taken on previous requirement

We reviewed staff registrations and were satisfied all staff were registered with the appropriate regulatory body. Management had quality assurance systems in place to monitor registrations and take action where necessary. Therefore, this requirement is met.

Met - within timescales

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?	4 - Good
4.3 Staff deployment	4 - Good

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