St. Hilary's Primary School Nursery Class
Day Care of Children

High Common Road
St. Leonard's
East Kilbride
Glasgow
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Telephone: 01355 232 066

Type of inspection:
Unannounced

Completed on:
26 October 2023

Service provided by:
South Lanarkshire Council

Service provider number:
SP2003003481

Service no:
CS2003015349

About the service

St. Hilary's Primary School Nursery Class is registered to provide care to 64 aged two to not yet attending primary school. Of those 64 children no more than 10 children are aged two to under three years.

Care is provided from the nursery within St. Hilary's Primary School, East Kilbride, South Lanarkshire. The service is close to local shops, schools, transport routes and other amenities.

About the inspection

This was an unannounced inspection which took place on 24 & 25 October 2023 between 09:00 and 17:00. Feedback was provided on 26 October 2023. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with five people using the service and 12 families
- Spoke with 14 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with two visiting professionals.

Key messages

- Children were happy, settled and having fun.
- There was a calm and relaxed atmosphere throughout the service.
- Experiences on offer outdoors were helping to build children's opportunities for learning through challenge, risky play and imagination.
- Additional support plans were in place. Agreed actions and strategies were supporting improved outcomes for children.
- To ensure that children receive high quality experiences, the manager should ensure that staff have opportunities to reflect on current best practice and further increase their knowledge of play pedagogy.
- Quality assurance systems and monitoring overall needed to be more robust to secure long lasting improvement.

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 quality indicator as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

1.1 Nurturing care and support

Relationships between children and staff were positive and nurturing. Staff knew children well and offered support in a sensitive manner. A parent told us "The staff are all very attentive and involved in my child's care" and another said the liked that staff "Really take the time to get to know my child and what their needs are".

Support plans were in place where children had additional support needs. Plans and staged interventions were clear and created with the support of individual children's keyworkers. Strategies and actions agreed were having a positive impact on outcomes for children. Staff were aware of children's needs and responded in a nurturing and supportive way. A parent told us "My child had issues in the lead up to starting nursery. The head teacher and nursery staff met with me to fully understand the issues and we made a plan for my child starting nursery. This made the transition easy and my child felt comfortable in a new environment".

Overall interactions with children were engaging, fun and responsive. Children were confident in approaching staff to have their needs met and their interests supported. Staff engaged with children at their level, joined in play and on some occasions were extending children's learning. For example, there were opportunities to engage in imaginative experiences outdoors. Children were having fun creating spells using twigs as wands. Staff supported them as they used crates and barrels as hills to run up and down.

There were cosy spaces available for children both indoors and outdoors. These were made homely with the use of soft lighting and furnishings. Children were able to spend time in these spaces relaxing, looking and books and chatting with others. This was supporting children's emotional wellbeing.

All about me information was noted within children's individual care plans. This included information about dietary and medical needs as well as likes and dislikes. A new format had recently been introduced for recording children's progress with learning goals. We discussed the importance of ensuring areas of focus were based on the individual needs and interests for all children. Parents who provided us with feedback told us that communication with them about their child's individual care and learning was mostly shared verbally at drop off and pick up times and through an online app. We reminded the service that reviews with parents and next steps should be logged in their personal plan and they agreed.

Children experienced unhurried and sociable snack times in playrooms. There were opportunities to develop skills in self-serving, pouring and cutting. Snack was also used as an opportunity to taste new food such as blueberries, cucumber and limes. However, staff told us the lunchtime experience for older children was an area of ongoing development and we agreed. Some children had lunch in the playroom and others in the school dining hall. A parent told us they would "Like my child to be able to eat their packed lunch in the dining hall with the other children". The lunch experience in the school dining hall was not engaging for all children. We advised the manager to continue monitoring and adjusting lunchtime to ensure the experience was engaging and supported children to develop independence and share in a social experience with others.

Medication for individual children was stored safely out of the reach of children. We talked about best practice guidance relating to children's date of birth and clarity on a few areas within permission forms as part of a management of medication. Actions taken contributed to keeping children healthy and well.

Staff had a clear understanding of their roles and responsibilities in safeguarding children. They participated in regular training and systems ensured they were confident in recognising and responding appropriately to any concerns.

1.3 Play and learning

Most planning for learning was responsive to children's interest and needs. For example, staff had identified a recent interest in camping outdoors and had extended this interest into the mud kitchen outdoors. Children had then created a pretend campfire with logs, twigs and leaves and were having fun talking about fire, cooking and staying warm.

A staff member extended learning during a play experience by providing physically challenging opportunities outdoors and children were keen to take part. For example, one child spent a long time using the ride on digger to dig mud and move it around the area with encouragement and praise from the staff member. Other children used the outdoor water tap to fill cups and tubs to use as part of their large-scale painting on the perimeter fence. Younger children were sweeping leaves and dancing to music with staff outdoors. This type of learning helped to develop imagination and curiosity.

Parents told us they were happy with the outdoor opportunities and one told us they felt outdoors was a "Great garden, plenty of space for the children to play" and another said, "The outside space is great with lots of activities for the children".

Risky play, resilience and curiosity were experienced during some opportunities to participate in various types of play. For example, block play, and large physical running, jumping and climbing games outdoors. However, some requests to tidy up for calendar and lunch time interrupted some children's play. This meant opportunities to develop ideas, thinking and imagination were for some children reduced. We suggested ways that the management team and staff could reflect to support these times of day in a more flexible manner.

A wide variety of experiences and opportunities were available for children outdoors. These included a digging pit with digger and mud, a tree tepee space, a shed with mark, literacy, books and soft furnishings, hills to climb, large scale loose parts. Indoors provided experiences across all curricular areas for children. Children were confident in moving around areas and transported toys and materials to extend their play.

To ensure that children receive high quality experiences, the manager should ensure that staff have opportunities to reflect on current best practice and further increase their knowledge of play pedagogy (see area for improvement one).

Staff told us that lead roles for the team had been introduced to build learning within a variety of areas such as parental participation, numeracy and literacy and community links. Parents had been invited to a recent stay and play session and children had visited the local library and shop. This meant that children were starting to have opportunities to learn in their local community and families were able to participate in the service. We encouraged staff to continue forward with these opportunities.

The promotion of language, literacy and numeracy was a focus of the service 2023/24 improvement plan.

Some elements of this were already having impact on children's experiences. For example, visuals were used around the service to support children's awareness of print and to support visual cues for others. This included visual timelines, labels and some samples of children's voice were displayed.

Areas for improvement

1. To ensure that children receive high quality experiences, the manager should ensure that staff have opportunities to reflect on current best practice and further increase their understanding of play pedagogy.

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)

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.

2.2 Children experience high quality facilities

The setting was comfortable and clean. Homely touches such as cosy spaces and soft furnishings made rooms inviting and welcoming for children. This promoted their sense of belonging and gave them the message that they mattered.

Spaces available to younger and older children had been well considered and were developmentally appropriate. Some children's interests were reflected within the environment such as a recent interest in camping and campfires. Children used spaces well and transported materials around the indoors and outdoors developing their play and experiences further. Children as a result were engaged, laughing, playing together and content.

There was a variety of policies and procedures in place and available to families. For example, child protection, children's rights, learning support, prevention of infection and nappy changing. These policies were recently reviewed and supported a well-managed service.

Staff told us about the benefit to children's experiences since a recent purchase of additional resources. Management said a focus on building and further enhancing open ended and natural resources was part of the long-term plan. We agreed that further development of resources would enable children to experience richness, depth and curiosity in their imaginative play.

The environment was secure and staff continually reflected to keep children safe. For example, a secure keypad and buzzer entry system and safe storage of hazardous materials. We discussed the importance of regular visual checks of the outdoor environment and the manager agreed. This was supporting keeping children safe.

Overall infection prevention and control practices were minimising the spread of infection. For example, staff used gloves and aprons for nappy changing and handwashing was embedded. We highlighted the importance of maintaining a safe environment for children.

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.

3.1 Quality assurance and improvement are well led

Overall staff felt valued and motivated to provide quality care for children and families. Recent discussions and reflections had provided an opportunity to realign expectations for all relating to communication and teamwork. We agreed that management should continue to support clear communication which would further support staff's knowledge and confidence with current best practice and expectations within their roles.

Some monitoring processes had contributed to improvements for children and their families. These included audits of planning, observations and regular staff meetings. However, quality assurance systems and monitoring overall needed to be more robust to secure meaningful long term improvement (see area for improvement 1).

A variety of communication methods were used to keep parents informed and gather their ideas and thoughts. These included newsletters, the use of an online app, recently introduced stay and play sessions and chats during drop off and pick up in the nursery playrooms. The manager told us through team reflections they had identified parental partnerships as an ongoing focus to maintain positive and trusting relationships.

Overall parents told us they felt the service was well managed. One parent said "The team leader is very visible and a huge part of our child's daily contact. They have taken time to build a bond with our child" and another said, "The head teacher and team leader are extremely helpful". This helped to give families a sense of partnership working where their needs and aspirations for their children were heard and respected.

Staff professional review meetings were reflective of the achievements and challenges faced in the past year. Staff told us they found these supportive and helped them with professional reflection. The service should continue to support staff in this way this to ensure there is a focus on providing constructive feedback. This would aid the development of staff practice and enhance the quality of children's care.

Staff were responsible for leadership roles within the service such as developing numeracy experiences and parental partnership. Staff were onboard and enthusiastic about their role and the benefits they would bring to outcomes for children. This was encouraging staff to learn and share new skills.

Re-engaging with networking and visiting other services was identified as part of the 2023/24 improvement plan. Staff were keen to learn new things that would develop their practice and enhance children's experiences and opportunities at the service. Taking this area forward would enable staff to gather more knowledge about how best to meet the needs of all children.

Areas for improvement

1. Quality assurance and monitoring systems overall need to be more robust to identify areas for improvement including staff training needs to secure long term improvement.

This is to ensure care and support is consistent with the Health and Social Care Standards 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 organisation codes. (HSCS 3.14)

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.

4.3 Staff deployment

Staff had created a homely, caring and trusting environment for children and families. Children were well supervised by staff who communicated clearly during times such as drop off and collection and when children moved between the nursery and school.

The service was appropriately staffed to provide care to children. There were a few staff absences during the inspection, however staff were deployed flexibly to ensure that children were familiar with staff caring for them. They communicated regularly about children's individual needs and when a task took them away from their role such as supporting children's toileting and when spending time with new families.

There were a few missed opportunities to further enhance positive experiences across the day for all children. We discussed this with the manager and they agreed. The management team had already considered the skills, knowledge and expertise of the staff team as part of the improvement plans for the service. Continuing to develop this would help ensure children have positive experiences across the day.

Changes within the staff team meant that children had experienced changes to people who cared for them. We acknowledged that this reflected the current staffing crisis within the social care sector of retaining and recruiting staff. However, staff had been working hard to build on relationships with each other and kept children at the centre of their approach. They recognised they now needed time to move forward as a team working in partnership.

Staff who had most recently joined the service knew their role and understood children's individual care needs. New staff spoke positively about the induction process which they said was "Helpful and supportive". We suggested the service review good practice guidance that would further enhance staff inductions.

Management and staff told us the service had faced challenging circumstances in the last year. However, we noted that the staff team were resilient, friendly and happy to be at work. They were committed to improving outcomes for all children. This was helping to create a positive environment for children and their families.

One parent told us "The staff are kind, respectful and helpful. They work hard to engage with all the children and make them feel special" and another said, "I feel staff listen and encourage my child everyday as well as care for them. My child always speaks highly of all the staff".

People caring for children were safely recruited and registered with the Scottish Social Services Council. They are the regulatory body responsible for registering the social services workforce. They provide public protection by promoting high standards of conduct and practice and supporting the professional development of those registered with them.

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

Staff working with younger children should access training and best practice documents which identify how young children learn and use this knowledge to review the environment and resources.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.21)

This area for improvement was made on 1 November 2018.

Action taken since then

Staff working with younger children had accessed training and best practice documents to review the environment and resources. Overall, the environment and resources were supporting good outcomes for children. This area for improvement was addressed.

Previous area for improvement 2

Staff should access a copy of the document Management of Medication and use this to review and update their practice.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "My care and support meets my needs and is right for me." (HSCS1.19)

This area for improvement was made on 1 November 2018.

Action taken since then

Medication was stored safely out of the reach of children. We talked about best practice guidance relating to children's date of birth and clarity on permission forms as part of the management of medication. Actions taken contributed to keeping children healthy and well. This area for improvement was addressed.

Previous area for improvement 3

Management should further develop their monitoring processes to ensure that areas for improvement are identified including staff training needs and action taken.

This is to ensure care and support is consistent with the Health and Social Care Standards 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 organisation codes. (HSCS 3.14)

This area for improvement was made on 1 November 2018.

Action taken since then

Some improvements had been made to various monitoring processes. However, quality assurance systems and monitoring overall needed to be more robust to secure meaningful improvement. This area for improvement will continue forward.

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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