Southwood Primary School Nursery
Day Care of Children

Marchmont Crescent
Glenrothes
KY6 1JU

Telephone: 01592 583 457

Type of inspection:
Unannounced

Completed on:
14 September 2022

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2003015948

About the service

Southwood Nursery is based within Southwood Primary School and provides a care service to a maximum of 65 children at any one time from the age of 2 years to an age to attend primary school. Of those 65 no more than 11 may be aged 2 to 3 years. Children have access to playrooms, direct entry to enclosed garden spaces, toilet facilities and other designated areas within the school. The service is close to local amenities and can be reached by local transport links.

About the inspection

This was an unannounced inspection which took place on 13 September 2022 between 9:10 and 17:00. 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, 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 5 families
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children benefitted from free flow play.
- Staff worked as a team to meet children's needs.
- Children were encouraged to be independent through a variety of activities.
- Children were consulted on developing some areas in the nursery.
- Parents told us they would like more communication from the service.
- Families should be involved in evaluating the service.

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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality indicator 1.1-Nurturing care and support

Children experienced warm care and support as staff worked as a team to meet their needs. As a result, children were happy and engaged and their individual routines were supported. Staff knew individual children's needs and preferences. Children told us "Staff are good at helping and reading stories". One parent told us "Staff are caring".

Children developed skills for life through a wide variety of activities. For example, children had opportunities to make playdough and experiment with paints. Further opportunities to lead their learning and interests were also offered throughout the provision. One parent told us "My child always comes out of nursery happy and wants to return, this tells me it is a positive environment".

Children were encouraged to make decisions about their play and could talk about their learning. This was documented in daily planning floor books and children's personal journals. We found that some journals were updated regularly to include children's interests and next steps in learning. We suggested to the service that all journals should demonstrate the same level of information and include who the child's keyworker is. One parent told us they had an opportunity to meet their child's keyworker and discuss their progress.

Children were encouraged to make independent choices throughout their session including mealtimes. This experience promoted children to develop skills in literacy and numeracy through conversations and problem solving. Mealtimes were well planned, unhurried, and relaxed. This experience promoted children to develop independence in feeding, spreading, pouring, and making choices. Children's wishes were respected. For example, they had asked for opportunities to have snack outdoors to minimise disruption to their play. Staff had responded to this and set up an outdoor snack area. We observed children to make use of the area.

Quality indicator 1.3- Play and learning

Children had access to age-appropriate resources across both playrooms. This meant that the environments and activities were inclusive of all children and encouraged them to make independent choices. Play spaces were inviting and promoted imaginative play, curiosity and problem solving. Children were able to talk confidently about their learning. For example, a small group of children worked together to make playdough. and they were able to tell us what they needed to do to make their playdough, "We need to add more flour when it gets too sticky".

Children had opportunities for free flow outdoor play for their session in both rooms. Staff told us they had been developing the outdoor play space in consultation with children. This had been recorded in a floor book so children could revisit and talk about the important changes in the garden. We observed children to be confident in these spaces and access a wide variety of resources to promote their ideas. For example, children enjoyed making dens with the blocks under the climbing frame then used additional resources from the wider garden to create their barrier. Staff respected children's choices and promoted opportunities for them to use their imagination and have fun. Children told us they liked playing outside and if they had a magic wand, they would magic new bikes.

During the inspection we observed one child in the two-year-old room to enjoy putting resources in a row. Staff demonstrated a good understanding of theory and practice as they were able to tell us the child was exploring patterns of play. As a result, children experienced positive outcomes as staff were knowledgeable about stages of development.

Children were at the centre of play as staff interactions supported their interests. This promoted children to engage in activities, developing concentration and perseverance skills. For example, one child created resources for their shop. A staff member spoke with the child at their level, asked questions to encourage them to think about what they needed. Staff then extended the interest by providing the resources requested. This meant that play continued and engaged other children.

How good is our setting? 4 - Good

Quality indicator 2.2 -Children experience high quality facilities

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Children benefitted from environments that were well maintained indoors and outdoors. Indoor spaces were furnished to a high standard and benefitted from natural light and ventilation. We could see the service had created inviting homely play spaces to meet children's needs and interests. Children had access to cosy spaces that promoted rest and relaxation, this supported their emotional wellbeing.

Both playrooms benefitted from direct access to a garden. We could see importance was placed on being outdoors, supporting children's health and wellbeing. Risk assessments were carried out by staff and children. This promoted children to have ownership of their environment and develop an awareness of risk. Children had access to large spaces, shaded areas, and paved areas for wheeled toys and games, promoting opportunities for children to develop gross motor skills, cooperation, and problem-solving skills.

Children accessed the toilet facilities independently within the room. Where children needed support, this was carried out in a designated changing area meaning children's dignity and personal preferences were respected.

Children accessed the cloakroom independently throughout the session. This meant at times they were not seen by staff. We advised the service to look at how they manage this to ensure children are safe and supervised at all times (see area for improvement 1).

We observed some infection prevention and control measures to be adhered to. We suggested these systems be discussed with all staff to ensure a consistent approach within the team when maintaining the environments.

The service told us they plan to re- establish links with the local community. This would include forest kindergarten, library visits and visits to local green spaces. Before the service does this, we suggested they review and update risk assessments. These should be shared with staff to ensure they are fully aware of any potential risk and how to minimise these for children.

Areas for improvement

1. Staff should review how they supervise children's access to the cloakroom area to ensure their safety is not compromised. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My environment is secure and safe" (HSCS 5.19).

How good is our leadership? 4 - Good

Quality indicator 3.1 -Quality assurance and improvements are well led

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Staff told us they felt included and supported in the service and there was a shared understanding of the importance of improving outcomes for children. Weekly staff meetings ensured that all staff were involved in planning for children's learning and evaluating experiences. Continuous self-evaluation of the service should be part of this process. We suggested the service look at the care inspectorate: A quality framework for day care of children, childminding, and school aged childcare as a tool for further support self-evaluation and improvements. We advised the service that regular consultation with families should be part of this process that influences change within the service (see area for improvement 1).

The service had organised settling in sessions for parents and carers to support transitions for children. Parents told us they found these sessions helpful and had enjoyed being back in the nursery environment. Staff told us they are planning family learning sessions now that restrictions have eased.

Parents and carers were welcomed into the playroom to collect their child. some staff took time to talk and build relationships with parents and update them on how the child had spent their day. However, this was not consistent. Some parents told us they didn't know what was happening in the service and weren't made aware that their child had a new keyworker. We shared parents and carers feedback with the service.

The service had created a development plan to support improvements. This included promoting literacy and numeracy throughout the environments and looking at ways to share information with parents. The service told us they had used informal ways to consult parents on how they would like to receive information. During our visit we could see evidence of literacy and numeracy activities that engaged children. For example, children took part in singing and rhyme games, explored materials that promoted counting and ordering numbers and learned about weight using open ended resources.

The service was setting up a digital platform where children's learning and achievements will be shared with parents and carers along with updates from the service. Parents told us they are aware of this app and said it was not in use yet.

The service had a system in place to record and monitor accidents and incidents. These were shared with parents and carers. One parent told us there had been times when they had not received information until the next day. We shared this with the service and discussed ways to improve daily communication.

Systems for recording and administering medication were completed, ensuring children received medicine if required. We suggested the service could further develop individual records to include more detail about symptoms and any additional actions in the event of medication not being effective. The service could refer to the Care Inspectorate Management of medication in day care of children and child-minding services document. This can be accessed on the Care Inspectorate Hub.

Areas for improvement

1. To include children and families in developing the service, the provider should regularly consult them on what the service does well and what they could do better. This should include opportunities to be involved in improvement planning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7).

How good is our staff team? 4 - Good

Quality indicator 4.3 -Staff deployment

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

There were an appropriate number of staff to support children in the service. Staff absence was well managed to minimise disruption to children's routine. There was a balanced skill mix in both rooms which meant that children's needs were being met.

One member of staff had the opportunity to work across both provisions. This created a positive ethos of team work. As a result, children experienced continuity of care and support during times of transition.

New staff members told us they were supported by the team and they felt their induction had been well planned. We suggested the service look at the revised national induction resource to further support staff induction. This can be accessed on the care inspectorate hub.

All staff spoke confidently about their role and how they worked together as a team. We could see how staff supported and valued each other's skills and experience. For example, staff regularly checked in with colleagues to ensure they were supported. As a result, staff felt included and valued.

Most children were confident and moved throughout the provision independently to extend their interests. Some staff were skilled at engaging and interacting with individual children to support them to access a breadth of experiences within the wider environment. To ensure continuity of care staff should discuss and implement agreed strategies to meet all children's needs.

The service understood the importance of communication within the team. Due to the delivery of the provision, it wasn't possible for every staff member to attend regular meetings. To ensure a consistent approach to sharing information, minutes were recorded. As a result, staff were kept informed and felt involved in the service.

Staff benefitted from accessing the nursery handbook. This ensured that they were aware of important policies and procedures that supported them in their role.

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

The provider should ensure that childrens Personal Learning Journals(PLJ) accuratley and regularly record childrens next steps for learning and development, with evaluations and actions taken. It should be clear how individual next steps are taken forward into planning. This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My futrure care and support needs are anticipated as part of my assesment' (HSCS 1.14).

This area for improvement was made on 19 September 2019.

Action taken since then
Area for improvement met.

Previous area for improvement 2

The provider should ensure all personal care plan information is reviewed whenever the provider is requested to do so by the service user or if there is any significant change in a child's health, welfare or safety needs and at least once in every six month period. This includes completion of PLJ information to demonstrate children's progress and next steps over their time in the service, electronic data check information and medical care plan information. This is to ensure care and support is consistent with the Health and Social Care Standards 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)

This area for improvement was made on 19 September 2019.

Action taken since then
Area for improvement 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?	4 - Good
4.3 Staff deployment	4 - Good

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