Brunstane Primary School Nursery
Day Care of Children

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Type of inspection:
Unannounced

Completed on:
20 March 2024

Service provided by:
City of Edinburgh Council

Service provider number:
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Service no:
CS2003017015

About the service

Brunstane Primary School Nursery provides a daycare of children service to a maximum of 96 children at any one time aged between 3 years and primary school entry. The service was not operating at full capacity at this inspection.

The service is arranged across three playrooms. Two of the playrooms include kitchen and toilet facilities. One of the playrooms was not used by children at the time of this inspection. Children have access to a large, enclosed garden from each playroom. There is also an office space and additional toilets for staff. The service has two entrance areas with cloakroom facilities and seating spaces.

The service is close to local transport links, shops and community services.

Between August 2023 and January 2024, due to structural issues within the wider school playground, the service had been decanted to another early learning and childcare facility within the local area.

About the inspection

This was an unannounced inspection which took place on Tuesday 19 March between 09:30 and 16:50 and Wednesday 20 March 2024 between 08:20 and 15:30. The inspection was carried out by two inspectors from the Care Inspectorate. We provided feedback to the head teacher and senior development officer at the end of the second day, between 16:30 and 17:40.

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 one parent on-site
- received nine completed online surveys from families
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

• Children experienced nurturing, warm and kind interactions from staff.
• Children experienced a good range of planned and responsive play opportunities that were reflective of their interests.
• The environment was welcoming, inviting and well-organised, supporting children to engage in meaningful play.
• Improvements were needed during key transitions of the day, to limit interruptions to children's choices and play.

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 experienced warm and nurturing interactions from staff, which supported their emotional wellbeing. Staff gave children comfort and supported them with gentle encouragement. One parent told us, "All the staff are lovely. My child talks about all their teachers and it is clear the level of care that they give." Children often showed concern and kindness to their peers, which indicated they had effective role models within the staff team. Overall, children were settled, happy and well supported by a nurturing staff team.

Staff respected children and understood the importance of personal care being conducted in a sensitive and dignified way. For example, keyworkers generally changed children's nappies, ensuring familiarity and predictable routines for children. This supported children's emotional wellbeing.

Mealtimes had been a focus of development within the service and improvements made meant that children experienced social mealtimes. Children and staff sat together creating opportunities for children to chat, while also ensuring effective supervision. Staff empowered children to develop appropriate independence skills, giving them choice and autonomy. For example, children could select their own food and clear their plates. On another occasion one child noticed the water jug was empty and independently collected more water for the table. Children were learning how to be helpful and independent through these daily routines.

While children did experience periods of uninterrupted play, transitions during the day could be improved to help develop the pace of the day. For example, the periods into and out of mealtimes should be improved. At these times, children who were not eating lunch did not always have access to outdoor play and some of the indoor experiences were also unavailable. Following eating, some children were gathered in the story corner while they waited for lunch to finish. This practice minimised opportunities for meaningful play at these times. The senior management team had plans to further review and develop the pace of the day through staff development, including visits to other settings to share practice.

Personal plans held information that enabled staff to understand and plan for children's care, play and learning needs. Most support strategies outlined in a child's personal plans were reflected in practice. For example, staff used objects and prompts to help progress children's language skills and social stories were used to aid transition into the service. Information held was reviewed with parents and parent's views were included in the plans for children's care. However, for some children there were missed opportunities to reflect their changing needs and progress through personal planning approaches. The recording of reviews could be enhanced to ensure they indicated parental agreement and reflected on the effectiveness of the support provided. Moving forward, the service should ensure that personal planning systems remain fully reflective of children's care and provide information about changing needs and progress. This could ensure all children's needs are consistently planned for and met.

Staff had a good awareness of children's healthcare needs meaning they knew which children required medication and what this was for. Medication was stored safely and quality assurance processes ensured the medication held was in date. However, there were some gaps within the management of medication practices. For example, for some children further detail was needed in relation to their symptoms and the

steps staff would take to manage the medical need. This included children who had medical needs but did not require medication. For example, for children with food intolerances. Improvements were needed to ensure children's medical information was clearly documented to aid effective management of their health and wellbeing. We have amended a previous area for improvement to reflect the current work needed (see area for improvement 1).

Quality indicator 1.3: Play and learning.

Staff listened to children and responded with enthusiasm, showing children that their play and learning was valued. Many staff used skilful questioning that empowered children to problem solve and extend their ideas. Some staff used prompts and visual tools to help children extend their thinking and plan their own play. As a result, many children were engaged in sustained periods of meaningful play.

Children had good opportunities to be creative and inquisitive through a balance of spontaneous and planned experiences. For example, children enjoyed using a wide range of loose part materials to explore, create and develop challenge. Opportunities for literacy and numeracy experiences were embedded across resources and experiences. For example, children had opportunities to use writing materials that reflected real-life experiences. Outdoor play experiences were varied and provided children with positive learning opportunities. During the inspection, some children were exploring how to care for bugs, while others were experimenting with loose parts and building creations. The range of experiences and resources supported children to practice new skills and consolidate their learning.

Staff planned for children's play and learning within the context of individual interests and longer-term cultural events. This practice recognised children as individuals and helped them to be motivated to learn. One parent said, "I feel that the nursery staff facilitate excellent learning opportunities both planned and based on children's interests. Their resources are always well organised and accessible to children. There is so much choice of indoor and outdoor activities. I like that the nursery children can get involved in baking bread, prepping snacks and serving themselves and cleaning up their own plates."

Most staff wrote narrative observations that captured children's experiences. These were recorded on an online journal platform. Some improvements were needed to the quality of observations and the identification of children's next steps for development and learning. For example, some observations lacked detail about the specific learning of individual children. This meant there were missed opportunities to track children's individual progress and achievements. To ensure all children are supported to reach their full potential, staff should continue to develop the approach to recording and tracking children's learning. The leadership team were working with staff to improve the skills in recording quality observations and developing meaningful next steps.

While staff shared observations with families through the online platform, some parents told us they would like to receive more regular information about their child's learning and development. Improving the frequency and quality of online observations could support parents to feel more included in their child's play and learning experiences.

Areas for improvement

1. To protect children's health and wellbeing, the provider should ensure the effective recording of children's medical needs, including their symptoms and the steps required to manage the medical need. This is to ensure staff have the information they need to maintain children's health and wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

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: Children experience high quality facilities

Children experienced a spacious, well-maintained and organised environment. This supported their safety and wellbeing. Children were able to quickly settle to experiences as they could see and reach the resources needed to support their play. One parent said, "The setting is clean and well maintained with lovely wall displays that show what the children are learning. The garden space is also lovely with lots of space."

Following a period of change, which included the service being decanted to another setting, the staff team had worked hard to create an environment that reflected children's needs. Children were respected as the environment was well furnished and welcoming. Soft furnishing and tactile materials helped to create a nurturing space for children to play and learn. Children could rest in cosy corners and were provided with blankets for comfort. One parent said, "The staff seem to take pride in the setting and make it a welcoming environment for the children." Following the return to the service, the staff and management team were aware some spaces needed to be developed further to ensure they were as interesting and inviting as possible. The staff team were working well together to assess and develop the spaces to maximise children's care, play and learning experiences.

There were effective systems in place to safely manage children's movements through the indoor and outdoor spaces. Staff worked well as a team resulting in good communication that enabled them to respond to changes in children's needs and movements around the setting. Staff did regular headcounts when children moved between spaces, helping to maintain children's safety. Following a previous incident where children had left the premises alone via a garden fence, the service had taken action to minimise the risk. They had cordoned off the area of concern and ensured children did not access this space. They had also cut back bushes to ensure better lines of sight within the space. The service should continue to liaise with the local authority to ensure any measures in place remain effective.

Effective infection prevention and control measures were implemented for most tasks. For example, staff regularly refreshed resources and daily cleaning staff helped maintain good levels of cleanliness. This supported children's health and wellbeing. Overall, handwashing practices were effective. However, following lunch children did not routinely wash their hands. To ensure the spread of infection is minimised and to support children to develop consistent hand hygiene, staff should ensure children are supported to wash their hands after eating.

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 led well

Children, families and staff had been well supported through a difficult period of change and uncertainty due to the service being decanted for many months. Children and staff had been supported to settle back into the service by the compassionate leadership team.

The shared vision of the staff and leadership team positively informed daily practice. Staff enthusiastically discussed their roles and how they were moving forward with improvements to benefit children. For example, some staff were responsible for supporting opportunities to enhance children's literacy and language skills. Other staff had led on developing the environment to ensure it felt homely and welcoming. While some staff were at the early stages of developing areas of practice and taking forward priorities for improvement, the staff and leadership team were invested in planning for and making sustained improvements. For example, work had started to consider and develop the pace of the day to maximise children's play and learning. When talking about the strengths of the service, a staff member described the team as, "Strong, caring team who care about children's development and work collaboratively together to reflect and improve."

Regular stay and play sessions and opportunities to share experiences from home helped some families feel included in the life of the service. However, families were not routinely invited into the service daily. This meant there were missed opportunities to develop and enhance strong connections through more informal family engagement. One parent said, "Prior to Christmas we got a daily update with what children had done, what the food had been, and we enjoyed chatting through this as a family in the evening. I would like to see this restored as a priority." Another parent said, "I think that all staff should inform parents and carers on a daily basis, what the children have done and had for lunch as only some do it." Improving interactions with parents alongside increasing learning journal updates could support all parents to feel included and informed. To maximise opportunities for parents to be included as partners in their children's care, play and learning, the service should review and develop the daily opportunities parents and carers have to access the service and see the children and staff in the play environment.

Quality assurance processes were in place, with many leading to positive outcomes. For example, the use of benchmarking against good practice guidance had enabled staff to develop an environment that was welcoming and motivating for children. To ensure consistently high-quality outcomes, further attention should be given to some aspects of quality assurance. For example, improvements were needed to the auditing of medication information and the development of personal plans. Also, more work was needed to develop systems to support and monitor the quality of key transitions throughout the day. This is to ensure children experience a service that is continually improving, aided by robust and meaningful quality assurance.

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 were enthusiastic about the service and their roles, which created a friendly and positive ethos. Staff were respectful to each other through their interactions. This enabled children to feel safe and secure, with the adults who cared for them. One parent said, "The staff do a wonderful job of ensuring the children are safe, happy and learning."

Children benefitted from a consistent staff team who knew them well. Planned and unplanned absences were effectively managed, with support from the wider school and leadership team. This consistency supported children to feel secure and enabled staff to develop supportive relationships that positively impacted on their work. Some parents did want to be more informed about staff and who was caring for their children. One parent commented, "I am sometimes unsure who some of the staff are. I think it would be useful to have a picture and name on my child's journal". The service should consider how they can ensure all parents feel informed about staffing arrangements.

The deployment of staff within the service was mostly effective to meet children's needs. Staff provided one to one support to children settling in, as a result they were given the reassurance required to help them to build relationships and feel safe.

There was enough staff in the service to promote children's safety and wellbeing. One parent said, "I feel the nursery is very well staffed." However, further work was needed to consider the periods of transition throughout the day. At times during periods such as into and out of lunchtime staff were unable to focus on quality interactions with children as they were managing multiple spaces and needs. To maximise children's wellbeing and ensure all periods of the day are as positive as possible, staff deployment and the management of staff should be reviewed and improved.

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 head teacher should implement plans for the effective auditing and monitoring of long term medications in the nursery. To ensure that:

- Medication are accurately recorded.

- Monitored to ensure that they are in date.

- That prescribed medication is provided by the parent where a child has a long term medical condition.

National Care Standards for Early Education and Childcare up to the age of 16. Standard 3 - Health and wellbeing.

This area for improvement was made on 10 May 2017.

Action taken since then

Many aspects of this area for improvement had progressed. However, improved quality assurance was needed to ensure information was clearly documented to aid effective management of children's health and wellbeing. For example, some improvements were needed to the information recorded in relation to children's symptoms and the steps to take should medication be needed.

We have amended this area for improvement to reflect the evidence found at this inspection. See Key Question, 'How good is our care, play and learning?'

Previous area for improvement 2

The head teacher should seek ways in which to improve the toilet facilities in the nursery. Consideration should be given to:

- Improved storage to improve infection control and the storage of cleaning products

- Easy access to toilet areas in order to promote independence and limited staff monitoring.

- Improved nappy changing facilities to ensure that there is enough space and appropriate equipment for the manual handling of larger children.

National Care Standards for Early Education and Childcare up to the age of 16. Standard 2 - A safe environment.

This area for improvement was made on 10 May 2017.

Action taken since then

Improvements had been made to the toilet and nappy changing facilities. Children could access the toilets easily. Nappy changing arrangements were safe and protected children's privacy and dignity. One parent told us, "There is a massive difference in the nursery since it was refurbished."

Within the children's toilets storage of toileting related items and cleaning materials was safe. However, in one staff toilet action was needed to address the storage of resources such as outdoor equipment and costumes. Storing resources within any toilet facility does not meet with good infection, prevention and control practices. We were confident this issue would be addressed.

This area for improvement has been 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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