# East Calder Nursery
# Day Care of Children

9 Langton Road
East Calder
Livingston
EH53 0BL

Telephone: 01506 280200

**Type of inspection:**
Unannounced

**Completed on:**
8 December 2023

**Service provided by:**
West Lothian Council

**Service provider number:**
SP2003002601

**Service no:**
CS2003017492

## About the service

East Calder Nursery is registered to provide a day care of children service to a maximum of 74 children aged from two years to not yet of an age to attend primary school at any one time.
Of those 74 no more than 10 should be aged two. The service is provided within East Calder, West Lothian. The service provider is West Lothian Council. Within the premises, children have access to one large playroom along with two smaller playrooms. An enclosed garden offers outside play. The service is close to local shops and parks and has good transport links.

## About the inspection

This was an unannounced inspection which took place on Monday 4 December 2023 between the hours of 9:15 and 16:45. We returned to complete the inspection on Tuesday 5 December 2023 between the hours of 9:15 and 17:15. 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 the last inspection report, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- received 21 responses from parents to our electronic request for feedback
- received 15 responses from staff to our electronic request for feedback
- spoke with and interacted with children
- spoke with staff and management
- observed practice and daily life
- reviewed documents relating to children's care and learning and the management of the service.

We provided in person feedback to the registered manager, depute head and provider on 8 December 2023.

## Key messages

Five areas for improvement have been made which will help guide the service on their improvement journey moving forward.

Children's wellbeing was generally supported through nurturing and attuned interactions from staff.

The management of children's dietary requirements and allergies should be improved to keep children safe and healthy.

Children were meaningfully and actively involved in leading their play and learning.

Improvements should be made to ensure all staff understand and follow effective child protection processes.

Quality assurance processes should be made more robust so continuous improvements are consistently achieved.

Staff deployment should reflect a healthy mix of staff skill set and experience.

## 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? | 5 - Very 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, as several important strengths, taken together, clearly outweighed areas for improvement.**

**Quality Indicator 1:1: Nurturing care and support**

Children were generally nurtured and supported throughout their daily experiences. Staff were attuned to children's needs and supported them to access resources that helped children feel safe and calm. Children received praise and comfort from staff which helped develop secure attachments. One parent commented; "I have always observed staff to be very attentive and engaged with children when I have been at stay and play sessions or when collecting my child". Moving forward, we had confidence in the management team's capacity to help ensure that all staff promoted quality interactions with children that reflected strong values.

The management of children's dietary needs and allergies should be improved. During the inspection, not all children's dietary needs were managed effectively. We were aware of a previous incident where a child ate something that they were allergic to. During the inspection, the management team took action to help address the issues highlighted. Improvements now needed to be embedded and sustained to ensure all staff have a sound knowledge of children's needs and consistently put in place strategies that keep children safe and healthy **(see area for improvement 1).**

Staff supervision of children sleeping should be improved to ensure children's safety and wellbeing. During the inspection, we noticed that there was potential for children to experience risk during sleep times. For example, staff were not adequately supervising the sleep room despite staffing numbers allowing this. The management team took appropriate action during the inspection to help address the issues identified. Moving forward, effective staff deployment and quality assurance measures need to ensure that safe sleeping practice for children is embedded and sustained **(see area for improvement 2).**

Children's personal planning systems were contributing towards positive outcomes for children. We saw examples of support strategies noted within children's personal plans reflected in practice. These included the use of song signifiers and object signifiers to help progress children's speech and language skills. Children's personal plans demonstrated effective collaboration with children's parents and specialist agencies. Reviews took place regularly and demonstrated that children were making developmental progress. However, there were some inconsistencies in how some staff applied information in children's personal plans. We had confidence that improvements to quality assurance systems would help promote continuity for children.

Improvements should be made to ensure all staff understand and follow effective child protection processes. This includes sharing information with relevant people and documenting concerns. The management team's response to issues we highlighted during the inspection provided us with confidence in the service's capacity for improvement . While we saw some effective recording of child protection and wellbeing concerns, through the use of chronologies and pastoral notes, this practice needed to be consistent **(see area for improvement 3).**

**Quality indicator 1.3: Play and learning**

Children were meaningfully and actively involved in leading their play and learning. A sense of ownership was provided as children were involved in planning and setting up the space. For example, outside the children had been supported to use tools to create a music wall. Careful consideration had been given to ensuring the environment reflected a breadth of learning opportunities that supported children's all round development whilst having fun. For example, we saw children enthusiastically experiment with their senses, making music as they squelched in mud and asked, "Am I sinking?". Children benefitted from a vast amount of well organised loose parts outdoors which inspired their imaginary play. We observed children demonstrate sustained engagement in their preferred activity, for example as they pretended hose pipes represented snakes. A parent commented; "It feels really child led".

Opportunities to develop children's numeracy and literacy skills were creatively incorporated into the environment and woven into children's everyday experiences. For example, children's sense of responsibility increased as they were invited to help set the table for mealtimes. Staff extended children's thinking skills as they asked, "How many seats have you got, so how many more do you need?" Outside, children were invited to use resources to look for birds and insects with prompt cards to help identify species. In this way, children benefited from a numeracy and literacy rich environment that supported developmental progress while they happily played.

The service's nurturing ethos extended to involving children in caring for the nursery pet guinea pigs. Staff skilfully supported children to consider the animal's feelings and what they were trying to communicate as they squeaked. In this way, children developed strong values in empathy and respect. Opportunities to develop children's numeracy skills were provided as they helped count out and shared the guinea pigs' food. We observed the therapeutic benefit that helping care for the guinea pigs had on children's emotional wellbeing as they calmly petted them. One child told us, "I love the guinea pigs. They make me so happy."

A more collaborative approach to children's planning systems had been introduced. This increased opportunities for all staff members to assess and plan for children's needs and interests. Planning champions had been identified amongst the staff team who were coaching other staff to demonstrate increasing skill in tuning into children's behaviours and capturing children's voices. The service aimed to use these observations to involve children more in shaping the learning opportunities available, to offer children appropriate developmental challenge and ultimately support children to achieve. To help provide staff with a greater sense of responsibility in this work, staff had been assigned different areas of the nursery, to set up and support children to access. We suggested that the time period for each staff within their allocated area should be extended. This would help staff to support children more extensively and evaluate the difference learning experiences have had on children's development. The staff team had plans to undertake further training on planning facilitated by the local authority. The desired outcome of this was to develop effective child centred planning systems which demonstrated clear connections with observations documented within children's online learning journals and personal planning.

### Areas for improvement

1. To support children's safety, health and overall wellbeing, the provider should ensure that improvements are made to the management of children's dietary needs and allergies. This should include but is not limited to ensuring that children's personal plans clearly document their needs. Systems should be developed so all staff have a sound knowledge of children's needs and consistently put in place strategies that keep children safe and healthy.

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).

2. To support children's safety and wellbeing, the provider should ensure that children are effectively supervised during sleep times. This should include but is not limited to ensuring that hazards are removed.

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).

3. To support children's safety and wellbeing, the provider should ensure that all staff understand and follow effective child protection processes. This includes sharing information with relevant people and documenting concerns.

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? 5 - Very Good

**We evaluated this key question as very good, where there were major strengths that were impacting positively on outcomes for children.**

**Quality indicator 2.2: Children experience high quality facilities**

Children benefited from an environment that supported their different emotions, needs and stages of development. For example, children's right to rest was supported through the availability of soft furnishings. We saw children relax as they shared stories underneath an arch, gaining a sense of enclosure from den like spaces. Soft music was played to help children to regulate their emotions and feel safe and secure. Children were shown respect as spaces were well stocked and replenished throughout the day. Provocations (the display of resources) were successfully used to spark children's curiosity for learning. Staff skilfully tuned into children's interests and extended these. For instance, the addition of a Christmas tree in the nursery had led to the children talking about presents. Staff had set up provocations within the art area where children could use open-ended resources to wrap presents. Staff skilfully developed children's numeracy skills as they explored shape and measurement. The children referred to Christmas lists. The writing area was well resourced to inspire mark making along with a post box. In this way, the environment was shaped to help children make meaningful connections in their learning in order to build upon their achievements.

In general, the setting was clean and well maintained which contributed to children's health and wellbeing and sense of worth. However, in response to our feedback, action was taken to improve the cleanliness of the staff toilet. Ventilation fans in both the children's and staff toilets were not working and were covered in dust. This was addressed by day two of the inspection. We were reassured by the service's response that improvements to maintenance systems would be embedded and sustained.

We highlighted some changes that needed to be made to the environment to support children's health and wellbeing. For example, we noticed that the lighting was bright. This was promptly acted upon by day two of the inspection; the lights were dimmed and some blinds were closed. This helped contribute to a more pleasant, calm atmosphere. While the service promoted best practice by enabling free flow play so children's choice to play indoors or outdoors was respected, we highlighted that the indoor temperatures were cold. The service quickly acted on our feedback to explore solutions to this. This resulted in cosier temperatures on the second day of the inspection.

## How good is our leadership? 4 - Good

**We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.**

**Quality indicator 3.1: Quality assurance and improvement are led well**

Children benefited from a management team who had a strong vision for the service. Upholding children's rights was a focus within the service's improvement plan. While we saw examples of children's rights being promoted, as mentioned throughout this report, quality assurance measures now need further investment to help achieve consistency in the quality of practice amongst the whole staff team. This should include considering ways to encourage all staff to take greater ownership and accountability for the role they provide in securing positive outcomes for all children. This could include engaging in frequent support and supervision sessions with staff, receiving regular feedback on observations of their practice **(see area for improvement 1).**

Staff were empowered to initiate well-informed change and take the lead on projects. For example, some staff had undertaken Frobel training. One of the principles of the Froebelian approach is to promote a sense of community. Staff had actively involved parents in sharing their skills and passions with the service. This included parents supporting with the maintenance of the garden and facilitating yoga with the children. We observed children engaging well with the yoga experience. Staff told us how children's confidence had increased as they chose yoga movements to create for their peers to copy. The service should now strengthen quality assurance processes by clearly documenting the desired and actual outcomes of such initiatives on children's development. We suggested that the service could use the self-evaluation Plan Do Study Act (PDSA) cycle to help achieve this **(see area for improvement 1).**

Quality assurance processes were not yet fully established in order to lead to continuous improvements across all aspects of nursery life. We saw examples of improvements made that were having a positive impact on children's development, for example, the nursery improvement plan focused on developing children's numeracy skills. The success of this was evident in the quality of the learning environment, staff interactions with children and observations within children's learning journals. However, more robust quality assurance measures were required for other areas of practice to help secure positive outcomes for children. For example, documentation in relation to children's health care needs was not reviewed in a timely manner as per best practice guidance. Another example was that while children's personal plans were audited, there were missed opportunities to determine whether actions had been carried out **(see area for improvement 1).**

### Areas for improvement

1. To support children's care, learning and development, the provider should make quality assurance processes more robust. This should include but is not limited to increasing opportunities for staff to receive feedback on their practice, ensuring the desired and actual outcomes for any improvements are documented and making sure that audits align with best practice guidance and any actions identified are followed through.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## How good is our staff team? 4 - Good

**We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.**

**Quality indicator 4.3: Staff deployment**

There were high numbers of staff available to meet children's needs. However, this did not always reflect on the opportunities for children. For example, after lunch time when children may require rest, the room allocated for more relaxing experiences was closed when children did not want to sleep. As another example, one member of staff was given a large area of the playroom to oversee containing art and sensory experiences. This risked diluting the quality of observations and interactions in comparison to if more staff were deployed there. This resulted in missed opportunities to fully meet children's needs at busier times of the day and hindered children's preferences for where they wanted to play **(see area for improvement 1).**

A mix of staff skill set and abilities was evident within the team. Staff should be more effectively deployed to reflect this to help achieve the right mix. For example, during mealtimes there were missed opportunities to deploy senior staff more effectively to engage with children directly and mentor less experienced staff to help achieve better outcomes for children **(see area for improvement 1).**

The management team were aware of some of the development needs amongst some staff. We saw some examples of supports put in place for staff having a positive impact. Some staff demonstrated pride and confidence in sharing their distributive leadership roles. It was clear the pleasing impact these were having on children's development, for example, caring for the guinea pigs and the extensive learning opportunities provided within the outdoor environment as mentioned previously in this report. These supportive approaches should continue and be consistently effective to secure positive outcomes for children.

Some staff were undertaking advanced level qualifications, inspiring a culture of continuous professional development. These included the BA in Childhood Practice. In addition to this, staff had embraced suggestions from external agencies to develop their skills to use with children. For example, a particular approach was used with children to help develop their speech and language skills. These strategies were reflected in children's personal plans and demonstrated how effective multi-agency working had enhanced outcomes for children.

Increased opportunities should be provided for staff to come together to reflect on their practice. This would help promote consistency of practice and a cohesive team. Staff would benefit from developing skills to facilitate courageous conversations and advocate on children's behalf. For example, we observed missed opportunities for staff to step in to help achieve better outcomes for children. Staff feedback included, "We need to be able to maintain continuity of care through better communication" **(see area for improvement 1).**

### Areas for improvement

1. To support children's care, learning and development, the provider should strengthen team work amongst the staff team. This should include but is not limited to increasing opportunities for the staff team to reflect together on their practice and ensure staff deployment reflects a healthy mix of staff skill set and experience.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

## 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 | 5 - Very Good |

| How good is our setting? | 5 - Very Good |
|---|---|
| 2.2 Children experience high quality facilities | 5 - Very 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 |

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

### Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

### Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.