Craigton Primary School Nursery Class
Day Care of Children

Craigton Primary School
9 Morven Street
Glasgow
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Telephone: 01418 922 070

Type of inspection:
Unannounced

Completed on:
12 December 2023

Service provided by:
Glasgow City Council

Service provider number:
SP2003003390

Service no:
CS2003055151

About the service

Craigton Primary School Nursery Class provides early learning and childcare to a maximum of 40 children aged three years to those not yet attending primary school. The service is provided by Glasgow City Council and is located within Craigton Primary School. It is situated within the Craigton area of Glasgow, close to local shops, amenities, and public transport links. The registered space has two classrooms that can be used individually or open to create one larger playroom. Both spaces benefit from direct access to a secure area within the school playground where children can enjoy a range of activities in the fresh air. At the time of inspection, the service was not operating to full capacity, and was only using one of the registered playrooms.

About the inspection

This was an unannounced inspection which took place on 11 and 12 December 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, 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
- spoke with three staff and two management
- reviewed feedback from four families
- observed practice and daily life
- reviewed documents.

Key messages

- Children were happy and having fun.
- Staff knew children very well, responded to their needs sensitively.
- Staff had developed meaningful relationships with each other, children, and families.
- The staff team and management team engaged with the inspection positively and were keen to take forward any suggestions for improvement.
- The management team had used peoples views as a starting point for improvement, resulting in a meaningful improvement plan being implemented.
- The management team should monitor practice to ensure staff keep accurate registers to account for children across the day.
- The staff team should continue to ensure they follow all infection, prevention, and control best practice guidance.
- The provider should make improvements to the environment to ensure children's personal care is carried out in line with current guidance, best practice, and support children's privacy and dignity.

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.

Staff had good nurturing approaches. They were warm and caring in their interactions with children. Staff knew children well and responded to their personal preferences sensitively. Almost all parents who provided feedback strongly agreed 'staff know my child well, including what they like and what is important for their care'. This meant that children were being nurtured and supported by staff throughout their daily experiences.

Personal plans were in place and were created in partnership with parents. They included a range of information about children's needs. Staff knew children well, and for some children this was recorded within their plan. We noted key information was missing from some plans, meaning there was potential for care to be inconsistent. We suggested the management carry out more regular audits, to support the personal planning process to ensure children receive consistency and continuity within their care.

We found the policy for storage and administration of medication to be in line with current best practice guidance. There was no medication on the premises during the inspection. Management had updated the medication policy from the last inspection, and we found staff were confident in the process for storing and administering medication. This ensured safe procedures were in place to keep children safe.

Children enjoyed a sociable snack time with their peers. Staff sat with children as they ate their snack and talked about their day. Snack choices were nutritious, on one day children enjoyed fresh fruit, with crackers and cheese. Children were encouraged to be independent by selecting their own snack and drinks. We talked to the staff about using tongs and smaller jugs for children, to help them select and pour their own drinks and snacks safely and easily. Overall, the snack time was sociable and supported children's wellbeing.

We found staff were confident in reporting child protection concerns. Child protection lead officers had been appointed. We sampled children's chronologies and found the management were working with all agencies well to put supports in place for children and families. All staff had taken part in child protection training. We were satisfied that staff were aware and confident in their role and responsibility of keeping children safe and protected.

Quality Indicator 1.3: Play and learning.

Children embraced their right to play, have fun and experience success, while learning and developing their skills. The management had recently implemented digital literacy and numeracy trackers that supported staff to track children's progress in literacy and numeracy. We observed children having opportunities to count in areas of the playrooms and take part in mark making opportunities. This meant staff were facilitating learning opportunities through play that supported children's literacy and numeracy skills.

Children benefited from resources across the playroom that supported their play and learning. Some resources were open-ended and supported children's imagination and problem solving. For example, outside we observed children using loose parts to create water paths, they worked together to design the path so the water could flow from one end to the other. We spoke to staff about developing the creative area inside. We noted children should have access to a wider range of resources at their level that encouraged them to be independent and creative.

Staff had designated areas of responsibility, and planned experiences for children linked to curriculum frameworks. Staff offered a differentiated curriculum for children who needed more support. This included the use of Education Scotland's 'Milestones to support learners with complex additional support needs'. Staff planned for children linked to their interests, and stages of development. We concluded the planning approach was child centred, responsive to children individual interests and stages of development.

Children's learning observations were shared with parents on an online app. We sampled these observations within the 'Seesaw' App. The management told us the approach had been recently implemented and they were supporting staff with this. We found staff were developing their skills in observing and analysing children's play and learning. Some of the observations were descriptive, while others analysed the skills children had achieved, and planned next steps. Overall, staff were using the information gathered during observations well to share children's progress with families, and plan children's next steps.

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.

Play spaces were well furnished and bright with lots of natural light. Open doors and windows ventilated the space well. Wall displays shared children's previous learning and artwork, and supported children with their play and learning. This sent a strong message to children that they matter.

Play spaces both inside and out were developmentally appropriate for children. A range of resources and areas were available to children to supported them to develop their skills. Children benefited from daily access to the outdoor area. We received positive feedback about the nursery environment from parents, comments included:

"Good opportunity to play outdoors and indoors", and

"The setting is in my opinion brilliant".

This meant children benefited from spaces both inside and outside that were developmentally appropriate and supported their wellbeing and development.

Accident and incident records were completed and shared with families. The management team had begun to audit these, and all feedback was given to staff. This meant children benefited from a staff team who were reflecting together, to mitigate trends and risks identified, and to support and minimise further accidents and incidents.

The nappy changing facilities and toilet areas required improvement. The manager had already recognised this and was awaiting feedback from the provider, to agree the maintenance tasks needed to make improvements. The entrance to the toilet areas did not have doors, ventilation in the toilet area was blocked and required maintenance, and the nappy changing area did not support privacy and dignity. The snack area was close to the toilet entrance and should be moved to support infection prevention and control. The manager should continue to pursue the jobs required with the provider to make the improvements to the environment. See area for improvement 1.

We found the approach to Infection Prevention and Control (IPC) was inconsistent. On the first day of inspection, we highlighted some infection prevention and control issues with the management team. This included the laundry room was cluttered, there were no designated handwashing sinks in the playroom for staff, and there was unnecessary use of Personal Protective Equipment (PPE) at snack times. These concerns meant children and adults were not being effectively protected from the spread of infection. On the second day of the inspection the staff team had begun to take action to address the IPC concerns. The laundry room was cleared of all clutter that had potential risk, and a handwashing sink had been identified within the main play room. The manager should continue to monitor IPC across all areas of practice to ensure a consistent and safe approach.

Children's personal information was stored securely, an online password protected system for pastural notes was available to staff when needed. Any paper files about children were stored securely and management managed staff access to this when required. This meant children personal information was being stored securely, in line with best practice guidance.

Areas for improvement

1. The provider should make improvement to the nappy changing and toilet area to ensure they are in line with best practice guidance, and support children's privacy and dignity. This must include but not be limited to:

- installing doors to the toilet areas
- moving the snack area in line with best practice guidance, and
- maintaining ventilation within the toilet and changing areas

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4), and
'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

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.

The service vision, values, and aims were shared between the school and nursery. The manager of the service had identified the nursery required a more specific and relevant school improvement plan and had implemented this. Staff within the nursery worked collaboratively alongside the school for aspects of their plan but also had individual specific aims within their own plan. This contributed to a shared vision for the service that linked well with the school community, and focused on improving the outcomes for children and families.

We found leaders had a good understanding of the importance of using the views of children, staff, and families to inform the planning and development of the service. These were then used to inform the improvement plan. All staff who provided feedback strongly agreed 'leaders in the setting ask for my opinion on how we can improve'. This meant staff, children, and families were meaningfully involved and influenced change within the service.

The manager and staff team were using Education Scotland's 'How Good is Our Early Learning and Childcare' framework to quality assure and self-evaluate the service. Staff who provided feedback strongly agreed that 'I am fully involved in the self-evaluation of the setting'. This meant the manager and staff team had developed a self-evaluation approach that celebrated achievements and led to continuous improvements.

A quality assurance calendar was in place, this detailed some of the tasks that took place across the year to support the self-evaluation and improvement planning for the service. Overall, the tasks were having a positive impact on practice. We identified some gaps within the quality assurance processes including monitoring of personal plans, and monitoring of infection, prevention and control. To support improvements, we signposted the manager to Care Inspectorate improvement Hub.

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.

The management team recognised and valued the importance of ensuring the service was always appropriately staffed. The manager planned for the team leader to be outwith the required ratio, this supported them to complete leadership responsibilities and provide extra support when needed to meet the needs of children. We noted there was a high number of children who required additional support. The staffing model provided the flexibility needed to ensure children got individual support, and allowed staff time to develop the service.

Staff were deployed across the service in line with their skills and experience. Staff breaks were planned to minimise the impact on children whilst enabling staff to rest and be refreshed. We noted that good teamwork across the whole team, including the janitorial staff, clerical and management within the school.

Staff told us they worked well together and supported each other daily. Parents commented positively about the staff team, some of the comments we received were:

"I would highly recommend Craigton nursery. It's nice to go to work knowing your child is being properly looked after by staff who care about him and his well-being", and

"This nursery truly looks fantastic and it's incredible staff are the reason for it".

We concluded staff created a supportive ethos and worked well together to benefit the children.

Staff caring for children were registered with the Scottish Social Services Council (SSSC). 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 support the professional development of those registered with them.

Overall, staff communicated well with each other, they shared when children moved around the service and when individual children required support. At the previous inspection we made an area for improvement that an accurate register of children's attendance should be kept. Staff completed a register to account for the children who were in attendance. We noted at busy points of the day when children began to go home, the registers were not updated, and staff were unable to account for the number of children present. On the second day of inspection the staff team had come together and agreed an approach to keep registers up-to-date, meaning staff were accounting for children accurately across the whole session. The management team should now monitor this new approach to ensure it is embedded and staff are accounting for children across the whole day. See area for improvement 1.

Areas for improvement

1. The manager should implement and monitor daily registers showing the actual number of children on the premises at any given time. This is to ensure the safety of children using the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'My environment is secure and safe' (HSCS 5.17), and
'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

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 manager should review and update the medication form in line with the best practice guidance: Management of medication in daycare of children and childminding services.

National Care Standards for Early Education and Childcare up to the age of 16: Standard 3:6 - Health and Wellbeing.

This area for improvement was made on 15 December 2016.

Action taken since then

The management team have updated the policy and procedure for medication, this is in line with best practice guidance. Staff were confident about the policy and procedure for storing and administering medication.

This area for improvement has been met.

Previous area for improvement 2

The manager should ensure first aid procedures and accident and incident reporting procedures are known to staff and effectively carried out and monitored.

National Care Standards for Early Education and Childcare up to the age of 16: Standard 3:6 - Health and Wellbeing.

This area for improvement was made on 15 December 2016.

Action taken since then

The service had an appointed person who has been training to provide fist aid. In the absence of this person additional first aiders are available to support within the school. Accidents and incidents were being recorded, fed back to parents and audited.

This area for improvement has been met.

Previous area for improvement 3

The manager should implement and monitor daily registers showing the actual number of children on the premises at any given time. This is to ensure the safety of children using the service.

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 15 December 2016.

Action taken since then

This area for improvement needs more work, and has been repeated within this report. Please see section 4.3 Staff deployment, area for improvement 1.

This area for improvement has not 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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