Calderside Nursery Centre
Day Care of Children

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
South Lanarkshire Council

Service provider number:
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CS2006131789

About the service

Calderside Nursery Centre is a daycare of children service provided by South Lanarkshire Council and located in the town of Blantyre. It is located close to local amenities including transport links, parks, shops and primary schools. The service is registered to provide care to a maximum of 135 children aged from birth to those not yet attending primary school.

The service is provided from a purpose built, single storey building in Blantyre, with separate playrooms for the different ages and stages of development of the children attending. Each playroom has direct access to its own safely enclosed outdoor play area, with an additional grassed area and dens for children to explore. Children also make use of the playing fields of the adjacent high school, during holiday periods, to support outdoor play and learning.

About the inspection

This was an unannounced inspection which took place on Tuesday 28 November 2023 between 08:00 and 17:00. We concluded the inspection on Wednesday 29 November 2023 when we also gave inspection feedback to a representative of the service provider, the manager, depute and team leader. 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 registration information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with some of the children and reviewed survey responses from 17 parents
- spoke with the service manager and staff. We also reviewed survey responses from 22 staff
- had contact with two visiting professionals from external agencies
- observed practice and staff interactions with children
- reviewed documents.

Key messages

- Children were encouraged to form positive relationships within the setting, by staff whose interactions were warm, caring and nurturing.
- Children experienced interesting and motivating play and learning opportunities, both within the setting and in the wider community.
- The outdoor play area offered the potential for children to explore and lead their learning in a natural environment. The manager and staff should continue with plans to develop this area further.
- Staff were flexible and supportive of each other. They should continue to build as a new team to ensure continuity in the quality of children's experiences.
- Management should consolidate quality assurance systems to ensure continuous improvement. This will help demonstrate the impact of various initiatives on outcomes for children.

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, as several important strengths, taken together, clearly outweighed areas for improvement.

Quality Indicator 1.1: Nurturing care and support.
Children and families were warmly welcomed, respected and valued within the setting. We observed that staff comforted and reassured children, giving lots of support and cuddles when needed. Staff were also sensitive toward parents, sharing relevant information about their children at drop off and collection times. This nurturing ethos was appreciated by parents, whose comments included, "I drop my son off here every morning and I go about my day knowing his needs are being met as an individual, that he is in a safe and healthy environment. My son is given the freedom to be him, to express himself and be the best version of himself. I couldn't be more confident in an establishment and in the staff at Calderside."

A strength of the setting was that they had embedded the emotional wellbeing programme 'Bucket Filling' into their practice, which encouraged children to recognise and talk about their feelings. Staff had shared the programme with parents and carers to support their parenting and promote children's positive behaviour.

Staff we spoke to knew children well and were responsive to their individual needs and preferences. All children had a personal plan that had been created in partnership with parents so that everyone understood their individual health and wellbeing needs. We acknowledged that the format of some elements was relatively new, such as the online learning journals, and would need time to embed. Children's care and support needs were supported through the positive relationships that the setting had established with external agencies. We received feedback from two professionals who believed that communication between themselves and staff was good. This meant there was effective joint working, which supported children to achieve. One of the depute managers was monitoring additional support plans for children who needed these. This helped ensure a consistent approach, however, we suggested how this could be refined to avoid duplication in records and ensure that strategies were shared with all staff responsible for supporting children. We have highlighted consolidating monitoring processes to ensure sustained improvement under the section 'How good is our leadership?'

We evaluated how children were nurtured through their daily routines. The setting provided meals and snacks for children. There were effective arrangements to make sure all staff knew about children's dietary needs and allergies. The management team were liaising with the external kitchen to make sure that an appropriate menu was provided for children with special diets. Babies brought their own packed lunch and, where needed, formula milk and staff ensured these were hygienically stored and served. This contributed to children's health, safety and wellbeing. Babies mealtimes followed their own routines and parents' preferences so that they felt secure and nurtured.

We found that the organisation of older children's lunch time could be improved. Staff had considered aspects that would make mealtimes an enjoyable experience where children were learning life skills. There were attractive table settings and children were encouraged to self serve their food, however, the serving dishes and utensils were not conducive to this. Small tables were spread across different areas but staff did not routinely sit and eat with children to model expected behaviours. Practice was inconsistent between the playrooms, for example the period before lunch was prolonged for the two to three playroom children, with staff frequently being task orientated. This resulted in some children becoming restless rather than

engaged in their own play. The three to five lunchtime was very busy and the areas used cramped. Snack times were better organised as a rolling option, which promoted a more relaxed and unhurried experience for children and staff. At this time children could self select, developing skills in cutting food and pouring drinks. Staff were keen to introduce this approach to children's lunch time.

Management and staff had recognised mealtimes as a priority area for development within their improvement plan and should continue to monitor this. They were familiar with Care Inspectorate's SIMOA safety campaign therefore we advised that staff refer to the associated practice note 'Keeping children safe: supporting positive mealtime experiences in early learning and childcare' to support professional reflection on lunch time improvements. This will contribute to all mealtimes being a nurturing and learning experience for children.

Children were kept safe and protected from harm as there were clear child protection processes in place. We asked that information about the child protection co-ordinator be displayed for families and this was addressed during our visit. Staff confirmed that they had participated in annual child protection training and demonstrated a good understanding of their roles and responsibilities.

Quality Indicator 1.3: Play and learning.
Children of all ages were settled, comfortable and having fun as they made their own play choices. There was a balance of free play and planned activities where staff interacted at children's level and promoted turn taking and respect for each other's boundaries.

In our survey feedback, most parents agreed or strongly agreed that they were fully involved and informed about their child's learning and development, their comments included, "The nursery is an inviting, nurturing and safe place for children to learn and grow." During our inspection keyworkers were in the process of having individual meetings with parents to discuss their child's learning and progress. We encouraged staff to use these sessions to remind parents about the online learning platform and how they could use it to find out what their children had been learning, as well as how this could be extended at home. This would ensure continuity in supporting children's play, learning and development between home and the setting.

The self evaluation folder for the setting gave examples of where parents had already been consulted on improving information sharing with them. Continuing to strive toward involving everyone meaningfully in self-evaluation of the setting would ensure communication strategies continue to improve.

Staff were enthusiastic about involving parents in children's play and learning through structured programmes such as Bookbug and had recently introduced stay and play sessions for families. Bookbug encourages parents and carers to share books with their children from as early an age as possible, to inspire a love of reading in every child. Children's opportunities to develop language and literacy were evident on the wall displays and we listened as staff used storytelling and familiar songs to support children's enjoyment of language in a fun way while also developing their talking and listening skills. Staff used a range of communication tools, including their own body language, boardmaker and makoton to support children experiencing communication difficulties. This contributed to all children feeling included and respected.

Children in the three to five playroom told us they particularly enjoyed the, "junk yard." We observed children exploring the open ended materials within this area, as they learned about mathematical concepts, such as measuring and analysis. Materials were easily accessible to children, which promoted their independence and creativity. Children of all ages were offered sensory experiences through the provision of materials such as playdough, sand and water. Children had plenty of uninterrupted time to become

absorbed in their play and have fun. The addition of a sensory room meant children could decide themselves whether they needed time away from the bustle of the playroom to self regulate their emotions.

Meaningful links with the local community were improving outcomes for children. For example children regularly visited a local care home and joined the residents in activities, helping to develop intergenerational friendships and enhance children's conversation skills. There were also strong links with the librarian and senior pupils from the adjacent high school on a literacy programme that was beneficial to both age groups of children and young people.

We observed instances where staff supported children's higher order thinking skills through their conversational style and questioning. We could see from thematic floor books that staff had taken account of children's ideas and were using 'Realising the ambition: being me' to underpin their planning. Realising the Ambition is Scottish Government's national practice guidance on early learning and childcare. It supports staff in professional reflection so that outcomes for children can be measured and improved. Staff had access to iPads so that writing up observations and planning did not detract too much from quality interactions with children. It was good practice that staff had protected planning time away from the playroom, including for professional reading. This gave staff time to reflect on theory and good practice guidance, which supported quality assessments of children's play, learning and development.

How good is our setting? 4 - Good

Quality Indicator 2.2: Children experience high quality facilities.
We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

The setting was bright, comfortable and furnished to a good standard. A secure entry system limited access to the building to ensure children's safety. The reception hallway was welcoming for families with plenty of information about the life and work of the service, including photographs of the staff team and professional development activities they had participated in. Children each had their own peg for their belongings, which contributed to them feeling respected and included. Homely touches such as soft furnishings eased children's transition to the setting and parents commented on how this made sure children experienced high quality facilities, "The rooms are well equipped and very homely with lovely couches in my two year old room where she enjoys sitting with staff and hearing stories."

There was sufficient space for children to play both indoors and outdoors and a variety of resources to support their learning. Most parents responding to our survey strongly agreed that their children had access to a good range of quality toys and play materials. Their comments included, "The nursery room where my son is, is well equipped with toys and activities for the children and the outdoor space is a good size and easily visible." Older children were confident in using loose parts in the playrooms, we would have liked to see more of these outdoors. 'Loose parts' are everyday natural or recycled items that have no fixed purpose, children are free to use them imaginatively in self directed play. We acknowledged this was in progress within the teddy bear garden, where there was grass, trees and lots of nooks and dens for children to explore, be creative and follow their natural curiosity. However this was not independently accessed by children and the outdoor areas designated for each playroom were dominated by plastic equipment. While each playroom had direct access to their outdoor area and the service provided outdoor splash suits, this was not operating fully as free flow for children to independently go outside. The manager and staff should continue with their plans to evaluate and develop how the outdoor areas are resourced and used by children. Active play in different environments encourages children to experiment with how they use their bodies and widens their opportunities to learn through sensory and physical experiences.

Accidents and incidents involving children were appropriately recorded and information shared with parents. The records were part of the management team's monitoring calendar and had the potential to ensure that related risk assessments were put in place to minimise any future hazards in the way of children's safety. We highlighted for the manager where information could be expanded within risk assessments to make them a more meaningful tool for staff. It was good practice that children themselves had been involved in risk assessing their play area so that they were developing analytical skills and taking responsibility for their own safety. Designated staff had been trained in first aid so that they were prepared and confident to react to any children's accidents or illnesses that arose. These measures contributed to children's health and safety.

Appropriate measures were in place to reduce the risk of infection transmission within the setting and between people. For example staff reminded children to wash their hands at key times throughout the day and modelled expected routines for them. This meant children were learning about the importance of good hygiene to prevent the spread of germs that might make them unwell. We gave advice related to infection prevention and control, such as ensuring that items stored within children's toilet areas should always be covered. These measures would prevent any cross infection and keep children safe and healthy. We noted that the doors to the toilet and nappy changing areas were sometimes left open. While recognising this was due to a risk assessment to support children's safety, following a previous incident, staff should take steps to always maintain children's privacy and dignity during care routines.

How good is our leadership? 4 - Good

Quality Indicator 3.1: Quality assurance and improvement are led well.
We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

This was the first inspection of the setting under the leadership of the new manager. The manager had been in post for one year, therefore most of the systems they had introduced needed time to develop. They were supported by a management team, made up of two deputes and a team leader, who offered continuity as they had been employed longer within the setting.

The management team and staff worked together to create a nurturing ethos within the setting. A strength was that all staff were participating in a mindfulness training course together, which supported everyone's emotional wellbeing. Paying attention to the pastoral care of staff helped them feel cared for and motivated to lead on initiatives which promoted positive outcomes for children.

The management team provided informal feedback to staff about the quality of their work and formal annual appraisals were underway. Staff confirmed that they had ample opportunities to meet, discuss and reflect on their practice. This included room monitoring by the management team and peer assessment of each other. The management team and staff used self evaluation tools, including the Care Inspectorate's 'A quality framework for daycare of children, childminding and school-aged childcare' to discuss what they did well and how they could improve. This was having a positive impact and helped identify strengths within the setting, which included developing staff 'champion' roles.

Half of staff responding to our survey strongly agreed and the other half agreed that they were aware of the aims and values of the setting and were confident to put these into practice. Their comments included, "The staff team are currently going through a change adapting to new leadership. We have been fully

involved in trying out new systems such as lunchtimes, learning journals and now staff development. The next year or two will see an increase in the quality of staff interactions, attitude to work and ethos."

The manager and staff worked closely with families and were committed to involving them more in the life of the service. Most parents surveyed agreed that their family were meaningfully involved in developing the setting and that their ideas and suggestions were used to influence change. Methods of communication included email, social media and daily chats. Staff could tell us about programmes that had been continued or were in the process of being reinstated to promote parental involvement in their children's play and learning. Seventy per cent of families responding to our survey strongly agreed they were confident that the setting was well managed. One parent commented, "Any interactions I have had with Donna the Head of Establishment have been friendly and professionally. Great induction day, very informative." Involving families in the self evaluation process will ensure that they feel that their views are listened to and respected.

We recognised that self-evaluation and auditing processes were at an early stage of implementation. The management team and staff should continue to consolidate these underpinned by best practice guidance. This will assist them in monitoring and maintaining their already good standard of service delivery to children and families. We signposted them to the 'Hub' section of the Care Inspectorate website to support their improvement journey.

How good is our staff team? 4 - Good

Quality Indicator 4.3: Staff deployment.
We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement.

The service provider's safe recruitment system helped ensure children were cared for by staff who were fit to work with them. The induction process for new staff followed good practice as it was underpinned by national guidance, 'Early learning and childcare national induction resource'. New staff felt welcomed and supported by the team, comments included, "I have been welcomed as part of the team since joining and I've been assigned a mentor to guide me through my first few months with the centre.....all staff and management have helped me to settle in and create relationships with parents and children through their support." Comprehensive induction programmes for staff help guide their roles and responsibilities as well as assisting management decisions about appropriate staff deployment to meet the individual needs of children.

The team was made up of experienced and well established staff and newer recruits. The team worked well together, supporting each other when required. There was a mentoring system in place where more experienced members of staff supported newer colleagues. Since coming into post the manager had been meeting with individual staff to build trusting relationships, and to identify the differing experience, knowledge and skills across the staff team. This helped inform decision making about deployment of staff. It also helped identify champion roles that matched the aspirations of individual staff and made sure staff felt their contribution was valued. Staff recognised that they were on an improvement journey together to build the team and embed processes that were outcome focussed for children. Their optimism was reflected in comments, for example, "The staff team are supportive of each other and have positive relationships. Relationships with children are fostered and valued as the basis of learning."

Parents responding to our survey agreed or strongly agreed that there was enough staff within the setting to care for their children. We observed that staff deployment during our visits ensured that adult child ratios

were maintained and that children's individual needs were met by the right number of people. Deputes, who were familiar to the children, covered staff absences when needed and the manager was also a presence in the playroom. This contributed towards children feeling safe and secure. A few staff disagreed that children were supported by the right number of staff to meet their care, support and learning needs. Staff had reflected on how better communication across the team would ensure safety and high quality outcomes for children, their comments included, "Better communication skills with staff in regards to the rooms they are working in to ensure all staff are aware of any changes when developing the room." We have highlighted under 'How good is our care, play and learning?', where more consideration should be given to deployment of staff at children's transition times such as at lunchtime. This will help support a less hurried lunchtime where children experience quality interactions from staff.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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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