St Patrick's Primary School Nursery Class
Day Care of Children

St.Patrick's Primary School
Station Road
Shotts
ML7 4BJ

Telephone: 01501 821 859

Type of inspection:
Unannounced

Completed on:
3 November 2022

Service provided by:
North Lanarkshire Council

Service provider number:
SP2003000237

Service no:
CS2009229740

About the service

St Patrick's Primary School Nursery Class is registered to provide care for 54 children not yet attending primary school.

Care is provided from two converted classrooms within the school, which is located within a residential area of Shotts, North Lanarkshire. The service is based within the primary school and is close to shops, transport routes and other amenities.

Children were accommodated between two large playrooms and had access to a secure garden.

About the inspection

This was an unannounced inspection which took place on Tuesday 1 November 2022, between 09:45 to 16:30. Further inspection activity was carried out remotely, with feedback provided to the manager and provider on 3 November 2022. 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 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 12 of their family members.
- spoke with staff and management.
- observed practice and daily life.
- reviewed documents.

Key messages

- Children experienced warm and caring interactions which helped them to feel nurtured and valued.
- Staff knew children well and supported their individual needs.
- The management team had a vision for the service and clear plans for improvement.
- Children's health and wellbeing was enhanced through daily access to outdoor play.
- Staff were flexible and supportive of each other. They worked well as a team to support and care for children as individuals.
- Management and staff should continue to develop ways to involve parents and carers in the service.
- The provider should review toilet facilities and make necessary improvements.

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 found several strengths impacted positively on outcomes for children and they clearly outweighed areas for improvement, therefore we evaluated this key question as good.

1.1 Nurturing care and support.

Children attending the service were happy, settled and secure in the setting and were confident in their interactions with staff, each other and ourselves. Children were engaged in their play throughout the setting.

Staff knew the care and support needs of individual children well, this was supported with warm, caring and nurturing approaches to both their personal care needs and their learning needs, ensuring an inclusive play and learning environment. Staff interactions were unhurried, calm and responsive to children's needs. Children were treated with respect and were valued. For example, routines ensured all children were included, with staff providing one-to-one support when required. Parents told us, "The staff are very approachable, kind and caring" and "Overall I'm happy with the nursery and know that if there is any issues regarding my child then staff are approachable. My child always speaks highly of all the staff and seems to have a great bond with them."

Personal plans were in place for all children. Children with additional support needs had very detailed personal plans that supported their progression and development within the service. These plans contained clear strategies to support and enhance children's learning. However, consistency in this approach is needed as not all plans had the same level of detail. The service is currently reviewing their personal plan format. We asked the service to ensure that personal plans contained clear strategies to support individual learning and development. Whilst also ensuring each child has an up-to-date plan signed by parents, which is regularly reviewed.

Parents told us they were involved in creating personal plans and agreed areas for development however, not all parents felt they were informed of their child's progress. The service should continue to identify and implement approaches to ensure parents are informed of their child's learning and development.

Children's mealtimes were calm and relaxed. Mealtimes were valued as an important part of the day. Children were encouraged to learn life skills such as self-serving and to eat independently. For example, at snack time children were independent at self-selecting their plate and self-serving their snacks.

Lunch time had been recently reviewed to ensure a calm, unhurried lunchtime experience for children. Children were actively involved in setting the tables in preparation for lunch. Children were confident in this approach, interactions from staff supported their self esteem, independence and numeracy skills.

Children were safe and protected from harm with clear policies and procedures in place relating to child protection. Staff clearly understood the role they played in this and had all undertaken annual child protection training. The head teacher acted as child protection officer, ensuring a robust system was in place and we are confident that any child protection matters would be responded to appropriately.

Medication was stored appropriately and easily accessible. However, we found not all medication was being reviewed regularly and some forms were missing some details.

This should be reviewed to ensure best practice in administration and managing medication, including regular reviews of medication with parents. An audit of medication stored within the setting should be developed to ensure an accurate record of medication stored on the premises. (See Area for Improvement 1).

1.3 Play and learning.

Children were leading their own play and learning through a balance of planned and spontaneous experiences. They had choice and independence of where they wanted to play and how they would lead their play both indoors and outdoors.

A rolling snack and free-flow approach to play meant children's play was not unnecessarily interrupted and they could make meaningful play choices, promoting child led play.

The service had recently reviewed the pace of the day to support natural transitions throughout the day. However, consideration should be given to 'together time', to further enhance experiences offered, ensuring they are responsive to children needs and interest. For example, not all children were fully engaged at together time.

Children were keen to learn and experiment with different materials. Staff gave praise and recognition, and celebrated children's achievements, this helped enhance children's confidence.

Play experiences developed children's skills in language, literacy, and numeracy. For example, when exploring the mud kitchen outdoors, children could confidently use mathematical language to describe how full their pot was and how many more scoops it would take to fill it. Parent's told us, "The staff have had a phenomenal input cognitively and the children's education has certainly improved. I think the children's educational abilities are pretty impressive" and "my child can now count, sing songs and tell colours which is a extremely significant improvement from when they first started."

Children engaged in play for prolonged periods of time showing high levels of engagement, excitement, wonder and awe. For example, children were using guttering and buckets to explore the forces of gravity when playing with water outdoors, demonstrating good problem solving skills.

Staff should continue to develop their skills and confidence in extending children's learning through meaningful conversations. To further support staff's understanding of how children learn and develop the management team should continue with planned training and development opportunities.

Areas for improvement

1. To ensure children's health and wellbeing, the provider should review and update the procedures for the administration of medication in line with best practice. This is to ensure care and support is consistent with the best practice document: 'Management of medication in daycare of children and childminding services.'

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

2.2 High quality facilities.

We found several strengths impacted positively on outcomes for children and they clearly outweighed areas for improvement, therefore we evaluated this key question as good.

On arrival we experienced a warm, welcoming nurturing atmosphere in the nursery and across the school. The playrooms were bright and well ventilated. Windows were half height, although children couldn't see out these, they enabled the room to be flooded with natural light.

Careful consideration had been given to the layout of the room to offer a range of spaces for children to make choices, support their interest and develop their ideas. The freely chosen play opportunities enabled children to lead and direct their own learning. This included opportunities to access the garden in all weather conditions. One parent told us, "I highly commended this nursery and the teachers, they continually have new ideas for the children, they allow the children to play outside as much as possible, in all weathers, go for walks and generally keep them interested with new activities every day."

Both indoor and outdoor spaces boasted a range of experiences, toys and materials available to children to stimulate their natural curiosity. For example, blocks, loose parts, play dough, sensory items and a well-resourced creative station.

The house corner area had a range of real life and open-ended resources, creating a homely feel. The environment encouraged children to develop their curiosity and imagination.

The service had plans to develop their book area, to create a more cosier and inviting space. Consideration could be given to develop relaxing spaces within both rooms, this would provide spaces for children to self regulate, naturally rest and relax.

The outdoor area offered a range of natural, loose parts and open-ended material that supported curiosity and imagination. These resources were easily accessible for children to independently access and direct their learning outdoors. Children made good use of this and were confident when using all areas of the outdoor space.

On the day of inspection no displays were available due to upcoming renovations. Management shared with us that once renovations were complete the service would have permanent display boards, which would be used to share children's voice and learning. This will provide a backdrop to ensure children feel valued and have a sense of belonging.

We agreed that renovations to the setting would be beneficial in creating a safe, clean environment for children. To ensure children receive care in a well maintained and clean environment, the maintenance of the nursery should be reviewed. Particular emphasis should be placed on the condition and cleanliness of the toilets and changing area. Whilst also ensuring children's privacy and dignity are respected. We found a toilet required significant improvement. (See Area for Improvement 1).

Due to the size of the children's cloakroom, the service were unable to invite parents in at welcome and collection times. This had an impact on parental engagement, relationship building and sharing of vital information. We have reported on this further in key question 4, quality indicator 4.3.

The setting had clear risk assessments in place, with staff regularly checking and completing risk assessments to support a safe environment for children.

Staff had a clear understanding of the measures in place to keep children safe including regular headcounts and visual risk assessments. Staff were aware of the Care Inspectorate SIMOA campaign and agreed to explore this further to ensure a safe, secure environment. More information on SIMOA (Keeping Children Safe - Look, Think, Act campaign) can be found on our website.

Accident and incident forms were recorded in an effective way and systems were in place to carry out audits to identify patterns or risks to children's safety.

Suitable measures were in place to reduce the risk of infection being transmitted with good handwashing facilities for staff and children which were used effectively for most of the day.

Children had access to natural play spaces, close by and had participated in a spooky walk the previous day. Opportunities to explore the local community could be further enhanced. One parent felt further opportunities to engage in community could be implemented.

Areas for improvement

1. To ensure children receive care in a clean and well-maintained environment, the provider should review and improve toilet facilities.

This is to ensure that children's care and support is consistent with the Health and Social Care Standard's (HSCS), which state 'my environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22).

How good is our leadership? 4 - Good

3.1 Quality improvement and assurance is well led.

We found several strengths impacted positively on outcomes for children and they clearly outweighed areas for improvement, therefore we evaluated this key question as good.

The management team and staff team worked together to ensure a positive ethos within the setting.

The service had some processes in place for parents to share their views. Some parents told us management were approachable and actioned issues raised. Most parents shared they would like communication with the service to improve. The management team should consult with parents and families to ensure communications meets their needs. Effective communications, sharing information and meaningful parental involvement keeps parents informed of their children progress within the setting.

Distributive leadership was at the early stages with staff members taking on champion roles. The service should continue to develop this to ensure staff are sharing their learning with each other, whilst enhancing and developing distributive leadership at all levels.

Quality assurance processes were in place including a clear improvement plan with realistic targets, this was further enhanced by the local authority action plan. Some of the key focus areas within the improvement plan were in line with our inspection findings.
This included enhancing and upskilling staff. We agreed these areas would be important focuses to develop high-quality play and learning opportunities for children, ensuing a well-informed, reflective and knowledgeable workforce.

The setting should consider reviewing processes to support improvement through further consultation with parents this will support the service to identify future priorities in collaboration with children and families. Consultation with parents through the year will ensure self evaluations processes are inclusive of all stakeholders.

A programme of training was in place, which ensured staff were supported as practitioners, the service could further develop this by recording staff's reflections on training and how it has impacted on creating positive experiences for children.

Staff spoke of best practice documents used to support their practice. For example, Realising the Ambition as well as some training around this to help support and enhance their understanding. The service should continue to provide opportunities for staff to reflect and discuss best practice.

The management team and staff were reflective and understood that they were on an improvement journey. As a result, we were confident that the service was well placed to continue to develop practice with a focus on improving outcomes for children.

Staff felt supported by the management team and that their views and suggestions mattered. Regular team meetings and opportunities to communicate empowered staff to discuss, identify and take forward areas for improvement.

To ensure continued improved outcomes for children and families the service should make use of best practice document guidance, such as "A quality framework for day-care of children, childminding and school aged children."

Whilst also continuing to develop quality assurance to ensure robust monitoring and evaluation of practice, to ensure high quality learning experiences for children and families.

How good is our staff team? 4 - Good

4.3 Staff deployment.

We found several strengths impacted positively on outcomes for children and they clearly outweighed areas for improvement, therefore we evaluated this key question as good.

The setting had sufficient staff to meet the individual needs of children. Staff had time to listen, respond and care for children, helping them feel valued and loved.

Parents told us "I am happy that my child is developing and feel their learning is supported well by teachers" and "staff take the time to address each child and really make them feel welcome."

Staff were respectful towards one another, working well together. This created a positive and predictive environment for children in which they felt safe and secure.

Staff were deployed well ensuing a mixture of differing experienced staff worked together. This provided opportunities for good role models and mentoring of less experienced staff to ensure positive experiences for children. The management team were also visible and played a key role in promoting good practice.

Some parents shared that they felt the end of the day discussions were rushed or staff were unable to provide updates due to not being able to speak to their child's keyworker. Consideration should be given to how staff are deployed at this time of day, to ensure meaningful discussions with parents, this including the sharing of daily information.
(See Area for Improvement 1).

Parents told us they would like more opportunities to enter the setting. The service should give consideration to how they can support parental engagement and deliver opportunities for partnership working. This will ensure parents and carers feel valued and included.

Staff communicated well with each other when tasks took them away from their responsibilities. Staff worked well to ensure effective supervision and quality engagement with children across the day. As a result there were minimal interruptions to staff engagement with children.

Daily tasks were completed with minimal impact on children. For example, staff breaks took place with little disruption to children's experiences. This supported staff to rest and recharge, supporting their health and wellbeing.

Staff communicated through a variety of ways. For example, staff meetings and daily dialogue. This supported consistent information sharing and provided opportunities for staff to have professional dialogues to support practice. For example, planning or children's individual needs.

There was a positive and supportive ethos within the service. Both management and staff spoke of the positive relationships that had been formed between the team.

Areas for improvement

1. To ensure important information on children's care is shared consistently, the manager and staff should improve processes to communicate with parents. This should include, but not be limited to, considering how deployment of staff impacts on information sharing.

This is to ensure care and support is consistent with Health and social care standards (HSCS), which state 'My care and support is consistent and stable because people work together well' (HSCS 3.19) 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

Infection control measures should be improved. This would include cleaning procedures in the nursery to ensure all areas where food could gather were cleaned regularly, and bins were emptied before they were full. To reduce the risk of cross contamination, staff personal belongings such as coats and bags should not be stored in a toilet.

National Care Standards Early Education and Childcare up to the age of 16, standard 2: A safe environment.

This area for improvement was made on 31 January 2017.

Action taken since then
The service have made changes to improve infection control measures, however we identified areas where further improvement should be made within the changing areas. This area for improvement has been carried forward in this report.

This area for improvement has not been met.

Previous area for improvement 2

There was no thermometer to measure the temperature in the children's toilets. We found that the toilets were cold on the days of our inspection. Staff should monitor the temperature in these toilets and management should address this if the temperature is found to be below that recommended.

National Care Standards Early Education and Childcare up to the age of 16, standard 2: A safe environment.

This area for improvement was made on 31 January 2017.

Action taken since then
We found procedures in place to ensure toilets were maintained at recommended temperature.

This area for improvement has been met.

Previous area for improvement 3

A general risk assessment for the premises should be developed. All staff and management should be involved in developing this, and it would be useful if children were also given the opportunity to identify risks in the playroom and their outdoor play area.
The risk assessment should highlight any risks around the collection of children, the entrance to the nursery, and the nursery environment. Accident records should be audited and could then help to inform if the risk assessment or individual children's personal plans required review.

National Care Standards Early Education and Childcare up to the age of 16, standard 2: A safe environment.

This area for improvement was made on 31 January 2017.

Action taken since then

Detailed risk assessments had been completed of all areas, both indoors and outdoors.
The service had developed clear procedures for monitoring and auditing accidents, which informed their ongoing risk assessments.

This area for improvement has been met.

Previous area for improvement 4

Staff should become familiar with current guidance and legislation relevant to their role. They should check SSI 2011/210 and make changes to children's personal plans to ensure Requirement 5 was met.
Staff should also check the Care Inspectorate HUB regularly to ensure they were familiar with new guidance relevant to early years practice.

National Care Standards Early Education and Childcare up to the age of 16, standard 13: Improving the service.

This area for improvement was made on 31 January 2017.

Action taken since then

Staff regularly participated in staff meetings to reflect on current guidance and engaged in team development days to ensure their skills and knowledge were current.
The service had also reviewed their personal plan format to meet current guidance.

This area for improvement has been met.

Previous area for improvement 5

There were some gaps in medication recording. It was unclear if health care plans were in place for some children, and consent forms contained some mistakes. For example, some dates were incorrect, there were dates missing and one form did not include signed consent from a parent.

Although there was space to record the dose given on the administration forms, this was not always included. Some medicine given on an "as needed" basis did not include any symptoms to help staff make an informed decision about when to administer the medicine. When medicine was administered on that basis, staff had not recorded the reasons for this. Action should be taken to address these gaps.

National Care Standards Early Education and Childcare up to the age of 16, standard 3: Health and wellbeing.

This area for improvement was made on 31 January 2017.

Action taken since then

Although some work had taken place this was still ongoing.

This area for improvement has not been met.

Previous area for improvement 6

Although the management team was working with staff to support improvements, the methods used had not effectively motivated staff or helped drive improvements. A S.M.A.R.T. (Specific, Measurable, Attainable, Relevant, Time-Bound) approach should be used to ensure staff and management could measure improvements quickly. A S.W.O.T. analysis measuring Strengths, Weaknesses, Opportunities and Threats could be carried out with the staff team before a plan was agreed.
The staff team had not met to assess where the service was, where they wanted it to be, and identified any barriers that would prevent them from achieving their aims. Systematic, effective quality assurance procedures should be put in place which use challenge questions for staff to allow them to accurately measure the quality of the service provided.

National Care Standards Early Education and Childcare up to the age of 16, standard 14: Well-managed service.

This area for improvement was made on 31 January 2017.

Action taken since then
The service had developed quality assurance processes to ensure all staff were included to identify and support improvement within the service.

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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