

St John The Baptist Primary Nursery Class

Day Care of Children

90 North British Road
Uddingston
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Telephone: 01698 813 540

Type of inspection:
Unannounced

Completed on:
23 March 2023

Service provided by:
South Lanarkshire Council

Service provider number:
SP2003003481

Service no:
CS2016345134

About the service

St John the Baptist Primary Nursery Class was registered to provide a care service to a maximum of 32 children not yet attending primary school at any one time. No more than 10 are aged two years to under three years and; no more than 22 are aged three years to those not yet attending primary school full time. From 16 August 2021 until 30 June 2023 to provide a care service to a maximum of 48 children aged three years to those not yet attending primary school within two classrooms in St John the Baptist Primary School or until the opening of the new Bothwell/Uddingston Early Years Centre.

The service is located in Uddingston, South Lanarkshire and also operates from a portacabin in the grounds of St John the Baptist Primary School. Location of service is within the proximity to shops and local woodland parks.

About the inspection

This was an unannounced inspection visit which took place on 20 March 2023. The remainder of the inspection process was carried out virtually. 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 30 children using the service
- spoke with 15 staff and management
- observed practice and reviewed documents
- considered feedback from a visiting professional
- considered feedback from 28 parents.

Key messages

- The warm, caring, and nurturing approaches used by staff to build positive relationships and support children's wellbeing.
- The staff team all used positive language and praise throughout the day, this supported children's health and wellbeing.
- Lunchtimes could be improved to create a calmer, more nurturing experience for children.
- Most play experiences were child led and responsive to children's interests.
- Quality assurance systems could be further developed to support continuous improvement for children and their families.

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?	5 - Very 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.

All children were happy and settled in the environment. They experienced kind and warm interactions from staff, this helped them to feel loved and secure. Parents commented positively on the care their child received and one parent said, 'I feel they are safe and well looked after.' Most children experienced support that met their personal care needs. For example, children were able to sleep in response to their needs.

Staff knew children well and each child had a personal plan that contained important information to help meet their needs. To enable staff to learn about children when they started, an 'all about me' booklet was embedded in the setting, this included relevant information to support the transition from home to nursery. One parent commented on their child's settling in period when starting, and said, 'We also got a box of a few of their favourite things which was nice and personal to ensure they were able to settle them quickly.'

Lunchtime experiences needed some improvements. Whilst children who ate in the classroom experienced a nurturing and calm environment, this was not the same for children who ate in the school dining hall. The lunchtime routine was particularly noisy and at the beginning, staff were task focused, which meant there were missed opportunities for social interaction between staff and children at this time. We discussed with staff and management about maximising children's comfort when eating, in particular removing outdoor clothing prior to sitting for lunch. Management agreed to monitor and evaluate this experience. (See Area for Improvement 1).

A staff member stated, 'I have recently undertaken training by occupational therapy called 'Sensory in the classroom' and I feel this has had a positive impact on my practice as it has allowed me to gain a deeper understanding of the sensory needs of both children within my group.' We could see this ethos was throughout the playrooms. For example, the curiosity/sensory resource. They said: 'It also provided me with practical calming strategies to help when the children are overwhelmed.' When chatting, this member of staff clearly demonstrated her sound understanding of adverse childhood experiences (ACES). Staff told us: 'I am at present taking part in a digital training which is based around health and wellbeing and it's fascinating!'

The service had maintained positive working relationships with external agencies, such as health visitors, speech and language therapists and educational psychologists. This supported families and children who had additional support needs. Additional support plans were in place to highlight the key needs and agreed strategies to support children. A visiting specialist stated: 'Good sharing of information about the child and the strategies already in place. They implemented advice I gave quickly and have been very prompt in responding to my correspondence.'

Whilst there were detailed information in relation to children's medical needs, we found they would benefit from having a condensed summary of key actions to be taken in the event of a medical emergency, which would support staff to take action quick in response to the child's needs. Management agreed to this and completed it before the end of the inspection.

Quality indicator 1.3: Play and learning.

Children experienced a variety of play opportunities which supported their learning. For example, outdoor play, sensory play and arts and crafts, which contributed to children's natural curiosity and language development. Children's perspective and ideas were listened to by staff and taken account of in planning. In the moment planning was loosely applied so that staff could follow children's interests. We observed how much children were involved in deciding about their learning and where staff offered challenges throughout the day. However, at times, adult led experiences reduced opportunities for children to develop their own ideas and thinking. Management agreed to review play interruptions, for example sitting in large groups.

Children had access to toys and materials that helped them to develop different concepts. For example, water play provided opportunities for filling and pouring and the construction area supported measurement and weight, and the computer tablets enabled children to develop their play and learning. Children were engaged in these for long periods of time with their peers helping to develop positive peer relationships. A child commented: 'This is the potion making area, look what I have made!' Children moved between the indoor and outdoor space with confidence supporting their choices and wishes.

Tracking and monitoring systems were in place to support children to progress, helping to identify gaps in recording of children's learning and development. We discussed the importance of numeracy and literacy. We noted and observed that some staff recorded in children's learning journals, 'child held a pencil wrongly.' Children should not be expected to hold a pencil in the pincer grasp, to write at a young age. Staff should consider experiences offered to children when identifying their next steps to ensure these are reflective of the age and stage of the child. (See Area for Improvement 2).

We discussed the use of reward systems for children. We suggested this practice could impact negatively on some children. During discussion, some staff reflected on this and agreed. Moving forward, staff should continue to reflect on training and embed learning taken from this, to support children's wellbeing and emotional development.

The nursery is involved in partnership working, they were involved with intergenerational experiences with a local older people's care home. A parent stated: 'xxxxx is provided with stimulating opportunities within and outwith the nursery. They make excellent community links - nursing home, local shops, local trips on the train. World of Work week was a wonderful opportunity for the children to be inspired by visitors to the nursery. xxxxx is provided with opportunities to enrich and extend her learning. I enjoy seeing a weekly update on her learning journals and so does she! It's a great method communication between parents and nursery and allows me to see the progress she is making.'

Areas for improvement

1. To support children's wellbeing, management should review the lunchtime experience. This should include, but is not limited to, delegation for staff duties and staff to maximise good engagement with children for consideration to children's comfort to promote a nurturing and calm experience.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

2.
The management team should review and audit the paperwork relating to, planning for learning and observations. This should include, but is not limited to, children's observations and next steps to help ensure that the information being recorded was meaningful and individualised to support children to achieve.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS 1.31); and '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 setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children. Therefore we evaluated this key question as very good.

Quality indicator 2.2: High quality facilities.

The environment was bright, clean and well ventilated. Children's work and photographs were displayed around the space, giving a message to children that they mattered. Children had their own space in the cloakroom to store their personal items this meant children felt a sense of belonging. One parent told us: 'Our child is in the cabin nursery and I just think it is such a brilliant area for the kids and very calm, the outside area is just brilliant with the different areas for the kids to play and learn I tell everyone how amazing it is.'

Children moved around the space with confidence, supporting their choices of where to play. Toys and materials were easily accessed by children and opportunities for children to move these around the playroom supported their learning.

A system for reporting accidents and incidents was in place and these were audited to help ensure a safe environment for children. We observed good preventative infection control practices. For example, the cleaning of surfaces, regular handwashing and use of gloves. Aprons and a wipeable mat helped reduce the spread of potential infection when undertaking personal care tasks. We discussed and agreed with management, to improve the storage of items in the toilets, such as paper towels and keeping children's main toilet doors closed and signposted to good practice. This will help reduce potential spread of infection and protect children's privacy and dignity.

The areas and resources in the playrooms were well laid out. Children's photographs, 'I wonder' curiosity/sensory prompts and ideas for home learning were displayed to stimulate children's curiosity. The environment was well maintained creating a warm and welcoming environment within which children felt secure.

We saw staff in the school class room were using their personal mobile phones to communicate with the team leader, which was not in line with policy or good practice. During feedback, we were informed this practice would not continue. Management agreed to consider how information was shared in a safe way. This would help protect staff and children from potential harm.

We saw that all confidential files were securely stored. This meant these files were not accessed publicly.

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.

Formal self-evaluation had been carried out to help identify strengths and any areas for improvement. This included big floor books for mind mapping, and gathering parents' views. Following recent self-evaluation, changes had been made to the recording of children's information. The introduction of learning journals online meant that parents had more opportunities to view their child's learning and progress. Parents commented positively on these and one told us: 'The learning journals keeps us informed of any changes to service or events coming up.'

A monitoring calendar was in place. This provided prompts to evaluate the whole service, asking all stakeholders to contribute to the auditing of the whole nursery. Distributed leadership roles within the team empowered staff to take the lead and be involved in the improvement journey. Some monitoring of staff practice was in place but could be further enhanced to support good practice. For example, observations of children's experiences and the impact of staff training. (See Area for Improvement 1).

Team meetings took place regularly which provided opportunities for sharing of important information and ideas. The staff team spoke positively about the management team. They told us "They felt well informed and supported."

We saw that the staff and management team worked hard to provide the best outcomes for all children attending the nursery. This approach created a happy team that contributed to a warm and welcoming environment.

Areas for improvement

1. To support children's wellbeing, learning and development, the management team should review quality assurance systems to help ensure these are effective in identifying gaps in practice. This should include but is not limited to, monitoring of staff practice and observations of children's experiences.

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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children. Therefore we evaluated this key question as very good.

Quality Indicator: 4.3. Staff Deployment.

Staff told us: 'I genuinely enjoy my job. I love working with children and helping them to reach their full potential, it gives me such satisfaction to see.'

Staff worked well as a team and communicated throughout the day. They told us they were happy at their work and felt contented and included in any changes and improvement planning. This meant that staff were comfortable to share their ideas and felt valued. This meant children were being cared for in a harmonious environment. The staff team had increased over the past two years. Some of them were in transition, waiting to be designated to a new early learning and childcare centre. Considering this, they all said they were happy as one large team and would miss the others that were not moving. We know that children learn and thrive in a settled and happy environment.

There were enough staff to meet the needs of children. Positive relationships with children and their families contributed to staff knowing children well, which helped ensure their needs were being met. Parents commented positively and one told us, 'I personally really love the nursery and the staff.'

Staff appraisals were in place to support staff. Some staff told us about the areas they led on; champion roles/mentoring roles. This helped to contribute to a sense of empowerment and achievement for staff. This would link with the service's improvement plan and help to support developments of the service.

Staff had participated in learning that had supported them to reflect on practice. For example, Froebel block play training had provided staff with the confidence to encourage children to take positive risks, team building and problem solving. This meant children could build on their emotional resilience. Further chats could enable staff to reflect on training and apply this to their practice. This would enhance their development and impact on childcare practice.

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?	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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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