Outdoor Nursery Edinburgh (ONE)
Day Care of Children

50 Howden Hall Road
Edinburgh
EH16 6PJ

Telephone: 01316 204 380

Type of inspection:
Unannounced

Completed on:
26 October 2023

Service provided by:
Outdoor Nursery Edinburgh Ltd

Service provider number:
SP2014012311

Service no:
CS2017361751

About the service

The Outdoor Nursery Edinburgh (ONE) is registered to provide an early learning and childcare service to 46 children aged from seven months to entry into primary school, of whom no more than 12 will be under two years at any one time.

The service is in partnership with City of Edinburgh Council and offers funded early learning and childcare places to eligible children.

The accommodation is situated in the Liberton area of Edinburgh. It consists of playrooms, outdoor play spaces to the front and rear of the building, toilets, a kitchen and an office space. They also make use of a local woodland for outdoor play Forest Kindergarten experiences several times a week. Local bus routes and some parking on street is available.

This inspection was brought forward as a response to a serious incident which we were notified about. As part of our inspection, we assessed the issues that led to the incident and the actions taken by the service since.

About the inspection

This was an unannounced inspection which took place on Tuesday 24 October 2023 between 09:30 and 17:15. We returned on Wednesday 25 October 2023 between 08:30 and 13:00. 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 received digital feedback from 22 family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Feedback was given to the manager, the deputy manager and a representative from the City of Edinburgh Council by video call on Thursday 26 October at 13:45.

Key messages

Children were cared for with compassion and warmth by familiar adults who understood their needs and were committed to meeting them.

A rich and stimulating environment offered children space to explore, discover, create and experiment at their own pace, within a calm home from home setting.

A strong vision and ethos was positively informing practice, and reflected in daily routines.

Many children benefitted from real life learning and play experiences several times a week in a local woodland.

Following a serious incident, the provider had taken robust action to reduce risks within the woodland, and to keep children safe while out in the community.

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?	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 made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Children were happy, calm and well settled across all areas of the nursery. A key strength was the strong relationships between staff and children. When asked, all parents agreed that staff knew their child well, and what was important for their care. One told us "We have huge appreciation for the nursery and its staff. They have supported and loved our child which is incredibly special to observe. We owe a lot to the staff and would recommend this nursery to anyone". This meant children had developed strong attachments, felt safe and promoted their readiness for learning and developing.

Staff were attuned to children's needs. In the baby room, staff responded to children's individual communication styles, for example, specific noises and gestures made to communicate a need or want such as a comforter toy. This meant children felt listened to and built their confidence. Parents agreed, with one telling us, "Staff are truly wonderful - they listen, understand and support. They genuinely care about our child and her development and needs".

Routines were embedded giving children predictability and security. Safety and emotional wellbeing were supported through sensitive arrangements for sleep routines. If children were upset, they were quickly comforted, and staff were proactive in how best to support them. Their interactions were respectful, explaining what they were doing and why. For example, "let's roll your sleeves up so you don't get wet", and "would you like some help to get back down again?" This showed that children's rights were respected, and they were actively involved in all aspects of their care.

Children ate together in an unhurried, relaxed atmosphere. In some rooms, children and staff enjoyed eating together. This ensured caring, sociable experiences where staff interacted with children around their interests, and enhanced opportunities for language and communication development, storytelling and fun. Staff were close by to support any feeding requirements as well as keeping children safe. Individual needs were considered, offering choice and using identified strategies to support individual children. This showed good working between professionals around the child to improve overall nurture and care.

There were some inconsistencies, where staff did not sit with children. This resulted in missed opportunities for enhancing communication and language, and socialisation for those children. Staff became more task orientated, however, this had improved on the second day of inspection. Some children waited long periods of time to eat due to arrangements for serving children one by one. Staff should consider improvements around encouraging independence to enhance first hand learning opportunities. Examples include serving themselves, pouring their drinks, helping to prepare snacks and involving them in clearing up. We signposted the service to the Care Inspectorate practice note, 'Supporting positive mealtime experiences in early learning and childcare' (Care Inspectorate 2022).

All children had a personal plan, however these were not yet consistently or effectively used to support children's overall development. While staff knew children's needs well, this was not always documented within personal plans. This impacted on the provision of consistent care and staff being able to monitor and evaluate strategies over time. Personal plans should be working documents with clear, measurable targets which are consistently monitored to ensure improved outcomes **(see area for improvement 1)**.

Medication and health needs were generally known, recorded and managed well. However, administration forms and information around symptoms, stepped approaches and dosage should be stored consistently with medication. This would ensure staff were aware of the correct procedures and that children always had their health and medication needs met **(see area for improvement 2)**.

Quality indicator 1.3: Play and learning

Children had fun as they experienced high quality play, learning and development opportunities. In the woodland, children were meaningfully and actively involved in leading their play and learning through a variety of experiences. Examples were mud painting, making 'potions', and investigating aspects of nature and animals. They also benefitted from development in health, wellbeing and learning about responsibility for our natural world. Children were motivated and engaged, resulting in high potential for securing progress. This was further strengthened by literacy and numeracy being weaved into their daily experiences. Loose parts were available to explore quantity and counting, and mark making was provided for by natural resources such as sticks, berries and mud. Staff routinely played pre-writing finger exercises in games to develop fine motor skills and children were exposed to stories, rhymes and songs to aid in communication and language development.

Independence skills for older children were well developed, specifically with dressing and undressing for outdoors. However, children would benefit from more fluid transitions when getting ready to go outside. Staff should consider a more staged approach rather than trying to get everyone ready at the same time to reduce the length of time this took.

The focus on the 'schema project' with families was providing strong home to nursery links and empowering parents to identify and comment on developmental patterns of play and learning. This meant children were benefitting from a linked, consistent approach to identify and secure progress. At nursery, staff commented on play using mathematical language around concepts of size, and children were delighting in sensory experiences with water and sand. Vocabulary was being carefully extended through skilful interactions and songs. This showed staff had sound knowledge of how to enhance and develop early communication and language, resulting in improved outcomes.

Children's development in literacy was being enhanced by stories in all areas of the nursery. They listened and interacted to stories with joy. Staff used effective questioning to develop their understanding of the story and to involve them, often pausing for example before the end of a sentence for children to develop skills of prediction.

Floor books evidenced planning approaches and evidenced breadth and a wealth of experiences. Older children had a 'talking book' where they were encouraged to reflect on past experiences and develop questions and intrigue. In the baby room staff made use of best practice document 'Realising the Ambition' (Education Scotland, 2020). This helped them plan developmentally appropriate experiences and exposed children to new ideas. Evidence showed that staff were very much led by how the children interacted with these experiences which resulted in child led play and learning. High levels of engagement and learning were evident as children were encouraged to take learning in their own direction. One parent told us, "I know that if my child expresses an interest in an activity, they will often be facilitated to explore that interest further through play, activities & stories". Another said, "The activities are imaginative, and child led". This approach to planning could now be shared across the younger age group to ensure it remains consistent, effective and balanced across age groups.

Children's progress was also being assessed through regular, individualised observations and communicated to families through an app. Staff should continue to develop these by linking these observations to the planning cycle to promote progress around children's interests and skills. These should be consistently monitored over time to support children's next steps in learning.

Areas for improvement

1. To promote consistency in children's care, support, learning and development needs, the provider should ensure that important information is gathered and recorded in all children's personal plans.

This should include, but not be limited to, information being effectively used to provide opportunities and experiences which support children's individual development and achievements. Care and support plans should be developed and reviewed with parents to include identified strategies to support children's continued care and learning. Any strategies for support should be evaluated and monitored over time.

We signposted the service to the Care Inspectorate hub to help support a more efficient and effective approach, and to the document 'Guide for Providers on Personal Planning - Early Learning and Childcare' (Care Inspectorate 2021).

https://hub.careinspectorate.com/how-we-support-improvement/improvement-programmes-and-topics/early-learning-and-childcare-improvement-programme/

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

2. To minimise the potential risks to children, the provider must ensure all children's medication information is clear and provides staff with the level of detail needed to respond to medical needs effectively and safely.

This should include, but not be limited to, having a plan detailing all identified health needs, dosage and how staff should support a child in a stepped approach. The detailed plan should be stored with the medication for accessibility, along with administration forms.

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 because people have the necessary information and resources" (HSCS 4.27).

How good is our setting? 4 - Good

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

Quality Indicator 2.2: Children experience high quality facilities

Children were welcomed into an inviting, bright, calm setting. Resources were accessible enabling children to lead their own learning. There was plenty of light and ventilation and the different rooms were sensitively structured to take account of children's age and stage of development and learning.

Children benefitted from a variety of open-ended resources, loose parts and sensory experiences inviting curiosity, exploration and intrigue. Babies were delighting in 'peek-a-boo' type games with mirrors, and alongside staff interactions, were encouraging children to name and find parts of their face, resulting in joyful learning and development. Cosier areas with soft cushions were available to relax, alongside areas for gross motor development with ladders and slides. Resources had been considered to suit individuals with specific support needs, such as blackout tents and contrasting colours enabling development in specific areas. This highlighted consideration for individual needs within the environment.

Free flow play between indoors and outdoors was a priority on the development plan. Currently, children were given the opportunity to go out at specific times of the day, when they could choose where to play. This respected children's choices. The outdoor areas for children had a variety of opportunities, from planting and growing to exploring the range of loose parts to build, slide, roll or climb with. There were areas for shelter where some children enjoyed snack. Some of these areas would benefit from further development however, as they were quite basic. Spaces for children to be able to sit down and relax in the rear garden would be of benefit.

Children's safety was being carefully risk assessed both indoors and outdoors. Examples indoors were the covers over radiators at children's level and the multiple partition gates always allowing staff visibility of children. Following a serious incident whilst going to the woodland area, robust steps had been taken to keep children safe and prevent them from being able to leave unattended. Clear, appropriate, and updated risk assessments had been put in place and all staff could talk about updated procedures since the incident occurred. During inspection, staff followed these procedures meticulously, resulting in minimising these risks in future. Infection prevention and control procedures were also keeping children safe from infection. The service should further strengthen these by encouraging children to wash their hands with soap and water after meals and snacks. In feedback from families, all agreed they felt their child was kept safe whilst at nursery.

Plans were in place to improve the toileting and changing facilities for younger children. There should be a separate, contained changing area for children under 2 years old, with at least one changing area per ten children (**see area for improvement 1**). Consideration should also be made around improving the toileting area for older children to maintain privacy and dignity for both children and staff. Where possible, staff should have a separate sink for washing hands to uphold infection prevention and control, and to minimise queuing which interrupts the flow of the day.

Areas for improvement

1. To ensure the health and wellbeing of children and staff, and reduce the potential for infection, the provider should make improvements around changing areas for personal care.

This should include, but not be limited to, having a minimum of one nappy changing facility for every ten children using nappies. The changing facility must be separate from, but conveniently close to the playroom, and designated for that purpose only. For children under two years, it must be a self contained designated nappy changing room. There must be a designated sink for handwashing only, located within the changing area. Toilets and nappy changing should respect children's privacy and dignity.

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 leadership? 4 - Good

We made an evaluation of good for this key question, as several important strengths, when taken together, clearly outweighed areas for improvement.

Quality indicator 3.1: Quality assurance and improvement are led well

A clear, shared vision, values and aims positively informed practice. These had recently been refreshed in consultation with children and families. The outdoor, curiosity based, environmental ethos was clearly embedded into every aspect of the service. Examples were the forest kindergarten experiences, meals were all organic and homemade and every effort was made to use biodegradable wipes and cleaning products. The staff team were well supported by the manager, and all had ownership of the strong ethos and values around nurture, creativity, and environmental responsibility.

Parental involvement was further enhanced by the parents committee. The 'grow your own pea' and 'schema' projects and activities like making 'hedgehog bread' provided strong learning links between nursery and home. One parent told us, "There is an active parents committee which acts as an additional route for families to stay informed, give feedback, and support social activities like summer family picnics and a Christmas Fayre". This ensured parents were involved and empowered to be partners in their children's learning. Another parent told us, "It's a fab space which has definitely been developed and improved over the years".

Parents were not yet coming into the nursery daily for pickups and drop offs, although stay and play and other events were in place, alongside a parent's lending library. We asked the service to continue to reflect on this moving forward and signposted them new guidance coming out soon from the Care Inspectorate around this subject.

There was a focused improvement plan in place and the manager made use of a quality assurance calendar to organise and plan for this throughout the year. Focus had been on monthly audits of the different play environments. This was having a positive impact on the enhancement of open-ended play, inspiring curiosity and creativity and careful reflection around the purpose of resources. Quality assurance around observations was having an impact on how individualised they were and should continue to support staff to be more evaluative and to identify next steps in learning.

Annual appraisals with staff were focused on clear evaluation of staff's own development around set criteria. This allowed for openness and honesty and empowered staff to identify their own areas for development in practice. The manager had recently started using the National Induction Resource (Scottish Government, 2022) to identify development areas to focus on throughout the staff team. This supported staff to develop their roles around supporting children to have the best possible start. Setting targets together, and how and when these will be achieved, would make these even more robust to secure improvement in practice and monitor successes over time. This would enable a cycle of continuous improvement. Families commented on the focus on staff development. For example, one told us, "I am aware that skills development of staff is a proactive and ongoing process, and they are always looking for ways they can improve the setting and the experiences and opportunities for the children".

Moving forward, more quality assurance should focus around areas identified within this report, such as sampling observations and personal plans. This would ensure that children were being fully supported to meet their potential and achieve.

Regular staff meetings were in place, ensuring staff were kept up to date with priorities and allowing them to engage in professional discussion around outcomes for children. A running agenda of child protection scenarios to discuss should be added to these. This would allow staff to keep up to date with knowledge and procedures around how to keep children safe. Also, it is important for the service to be aware of when incidents should be notified to the Care Inspectorate, as this is part of the management of them. We signposted the service to the document 'Records that all registered care services must keep and guidance on notification and reporting' (Care inspectorate 2022). This would ensure the service upholds their regulatory duties around reporting, and that all staff were clear about the types of situations that should be reported.

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

Deployment and levels of staff were very effective, with staff always on hand to meet children's needs. Ratios were met and every attempt was made to deploy more staff than legally required to support children with additional support needs. Deployment was creative and proactive to make the best use of staff skills, and this resulted in a good mix of experience and qualifications across the team.

Staff were welcoming, calm and vigilant. They were enthusiastic and flexible in their approach to supporting each other. For example, when walking to the woodland, the deputy manager deployed staff effectively when she was going ahead to carry out safety checks in the woods by asking experienced staff to be at the front and back. This ensured children were kept safe and followed risk assessment procedures. Teamwork was described as a strength by almost all staff in their feedback forms. One said, "We work together, support each other and communication between all of us is better than ever in the last 5 years I have worked here".

All staff felt they were effectively deployed to make the best use of their skills and expertise. Staff expressed willingness to further develop their practice, for example in training for forest kindergarten. Some discussed a desire to further develop in areas of additional support. This ensured staff continued to develop their skills to enhance outcomes for children.

The manager had introduced 'staff swap days'. This encouraged staff to swap between rooms to ensure all staff developed relationships with all children. It facilitated the sharing of good practice, improvements in consistency across rooms, and enhancements to transition processes. This creative approach kept things interesting for staff and gave the potential for professional discussion and development to improve children's experiences across the whole nursery.

The positive ethos around attendance and particularly staff retention was notable. Staff enjoyed their work, and this was reflected in their practice. They provided good role models for children, and this resulted in happy, strong attachments and positive outcomes for children.

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