Letham Mains Primary School Nursery
Day Care of Children

Letham Mains Primary School
Hays Walk
Haddington
EH41 3FH

Telephone: 01620 826 454

Type of inspection:
Unannounced

Completed on:
10 May 2023

Service provided by:
East Lothian Council

Service provider number:
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CS2020379122

About the service

Letham Mains Primary School Nursery is an early learning and childcare setting situated in a residential area of Haddington, close to transport links, shops and community services. The setting is registered to provide a day care of children service to a maximum of 94 children at any one time aged from 3 years to not yet of an age to attend primary school.

Children were cared for over three playrooms. Two of which were newly established and detached from the original playroom. All playrooms shared the garden. With the support of the early years team, the head teacher is the named manager with overall responsibility for the day to day running of the setting.

About the inspection

This was an unannounced inspection which took place on 21 April 2023 between 09:30 and 17:15. 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
- spoke with staff and management
- received written feedback from sixteen families
- observed practice and daily life
- reviewed documents.

Key messages

- Children experienced kind and nurturing interactions, helping them to feel safe and loved.
- Staff were responsive to children's interests, which meant they felt listened to and valued.
- The service should continue to review and develop mealtime experiences, to promote children's independence skills.
- The welcoming and nurturing environment supported children's emotional wellbeing and development.

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

Quality indicator 1.1 Nurturing care and support.

Staff were kind and caring which supported children's emotional wellbeing and development. Staff were responsive to needs, resulting in a caring, nurturing environment where children felt loved. Parents told us "Brilliant staff in the team who clearly care about the children they look after" and "The staff are lovely, and you can tell they have a good bond with my child and all the children in their care".

Various strategies, including the use of visual cues promoted children's emotional wellbeing. These techniques enabled children to recognise and regulate their emotions, as well as empathise with others. This helped to create a positive and nurturing environment.

We observed staff providing parents with updates on their child's day and learning, demonstrating a commitment to effective communication and partnership working. However, we received mixed responses regarding how well staff communicated children's day and learning with parents. For example, we were told "Staff always have time to feedback on lunch and how my child's day has been" and "The staff make great efforts to build strong links between home and school". However, others expressed concerns about the level and quality of communication. These concerns included issues such as infrequent updates, lack of clarity around learning and a perceived lack of engagement from staff. Whilst we acknowledge the systems in place to communicate with parents, further work was needed to ensure this reaches all parents. A new system had been introduced for children to share their learning experiences from home, for example learning to ride a bike. This should contribute to developing further partnership working approach with families. (See area for improvement one).

Children were confident in the unhurried and relaxed snack time routine. The self-service approach supported children to develop independence and build strong relationships as they chatted with their friends and staff. However, during lunchtime there were missed opportunities for children to develop independence, have choice and practice life skills. Mealtimes should be developed further to incorporate the approach that was observed during snack time. This would support children to have a calm, relaxed, sociable mealtime experience that enables them to develop new skills and promotes choice.

It was evident that staff had an understanding of children's individual needs and effectively met them. An all about me information system was a successful way to gather information about children's needs, stage of development and family when they first enrolled in the setting. This contributed to children feeling valued, understood and listened to within the setting.

A group of children shared their learning stories with us. They were keen to show us their learning experiences and achievements which demonstrated a sense of belonging in the setting. A parent told us "I recently got back my son's learning folder which was lovely to look at and see what they have been doing and how he is coming along. I feel that the care my son receives is a high standard and I really couldn't fault the staff".

In one room, during gather time children were asked to sit in their groups and listen to a story. Staff need to

consider the impact of their expectations on children during gather time, as not all children were observed to actively engage. This would support children to experience flexible routines that recognise their individual needs and promote choice.

A sensory room was available for children who were feeling overwhelmed in the main play space. This supported children to have their individual needs reflected within the wider group. Children do not routinely have a sleep within the setting. However, the staff explained that they have a small cosy area which children often retreated to if they were tired or simply want to rest. A parent told us "The rest area could be sectioned off a little as children play there. Some three year olds still have or need a nap". This would further support children's comfort and their own daily routines.

1.3 Play and learning

Children experienced play spaces indoors and out that promoted learning and engagement. Planning approaches offered a balance of responsive learning and planned activities. Staff extended interests through the use of effective questioning, engaging children's imagination and curiosity. Children were freely transporting resources around the spaces to support and extend their own play. As a result, children were busy and engaged in their play for long periods of time.

Children worked together to develop their early math skills through problem-solving, experimentation with concepts such as balance and weight, when building structures with blocks. Through their play children developed their early literacy skills as they constructed their story and negotiated the roles of various characters. This fostered creativity, imagination, and the development of their own unique ideas.

Throughout play spaces staff took on a variety of roles. For example, some staff were being invited into children's play experiences, some were leading play activities and inviting children to join them, while other staff were skilfully sitting back and observing children's play. However, this was not the case in all rooms as staff were supervising trips to the toilet and moving between indoors and out. We have addressed this in Key Question 4: deployment of staff section of this report.

Children benefitted from accessing the outdoor space throughout the day and in all weathers. The stimulating outdoor space facilitated more risky, challenging play. Children confidently used garden structures to climb, balance, problem solve and persevere. This contributed to children developing confidence, resilience and positive self-esteem. We observed children having fun and being imaginative in their play. For example, children playing in the outdoor kitchen used a range of materials to 'make their dinner.'

Staff supported children's interests well. We observed children being interested in the sunflowers they had planted. Staff were self aware of their body language and the importance of working at the children's level. Staff used effective questioning to extend thinking and consolidate learning. This contributed to the positive interactions between staff and children.

Areas for improvement

1. To support high quality engagement with parents, the provider should improve the way in which staff and parents share information on children's care and learning at home and in the setting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which

state that: 'I get the most our of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

How good is our setting? 4 - Good

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

Quality indicator 2.2 Children experience high quality facilities.

The environment was welcoming, and natural daylight complimented the space. Neutral colours, wooden furnishings and quality soft furnishings added to the nurturing, calm and relaxed atmosphere. This supported children to feel important within the space and contributed to their overall wellbeing.

Children had ample space to move around and could choose to be indoors or out, respecting their choices. Wall displays respectfully presented children's work and celebrated their family home lives. This supported them to feel valued.

The well-resourced areas supported children to freely move resources. This approach facilitated schematic play, enabling children to engage in repetitive and exploratory play and develop their understanding of the world. The freedom to move resources enhanced problem-solving skills, creativity, and social interaction among the children. Children were also being encouraged to tidy away resources once they had finished with them and staff re set areas during the day. This promoted respect and a sense of responsibility as children learnt to take ownership of their environment.

Children had access to loose parts play with open-ended materials that could be freely explored. This type of play promoted creativity, critical thinking, and experimentation as children discovered different ways to use and combine the materials. We saw social interaction and collaboration, as children shared their ideas and resources while engaging in cooperative play.

Children were protected as staff took necessary precautions to prevent the spread of infection. Staff needed to develop this further, by ensuring children washed their hands after mealtimes. This would help to establish positive routines and hygiene.

Some parents reported concerns over the safety at pick up and drop off times with one telling us it "Feels a bit unsafe as there are too many people in the cloakroom". Management have agreed to review the current systems to assess safety and gain parents' feedback to involve them in the process and provide assurances. This would further support children's safety.

How good is our leadership? 4 - Good

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

Quality indicator 3.1 Quality assurance and improvement are led well.

The values and aims set out a clear vision for the setting, with children's wellbeing and right to play at the heart of the service provided. Staff, families and children were consulted when these had been recently reviewed, resulting in shared aspirations for the setting and capturing what was important to all.

Children and families were encouraged to become involved in directing change in the setting. Children's ideas and interests were included in developments of the environment and play experiences. Questionnaires encouraged families to share their thoughts and allowed them to evaluate provision. These provided good opportunities for their views and suggestions to influence improvements. Moving forward, the setting should consider other ways to engage with parents as from our feedback, some did not feel fully involved. This would ensure high-quality engagement for all.

Self-evaluation floor books had been created to support management to evaluate practice and identify areas for development. This was inclusive of staff ideas, reflections and views allowing the team to document identified developments and progress made. This was an effective self-evaluation tool which supported continuous improvement and enabled the team to carry out developments in a manageable and meaningful way. This resulted in positive outcomes for children. The team should continue to embed this to support ongoing improvements.

How good is our staff team? 4 - Good

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

Quality indicator 4.3 Staff deployment.

Staff recognised the importance of nurturing, warm, responsive attachments and interactions. This meant children experienced love and care. A staff member told us "The children are incredible individuals and it's such a pleasure to work here".

Shift patterns were planned to best support busy times of the day such as lunchtime and staff breaks. This ensured ratios were met and consistency maintained for children and families. Due to increased amount of play rooms and children, the staff team had grown quickly and considerably since last inspection. Careful consideration had been given to where staff were best placed depending on their skills, knowledge and past experience to support positive outcomes for children.

Staff expressed pride in their work and enthusiastically spoke about their role and responsibilities, fostering a positive environment. A staff member told us "For being a fairly newly built team they are all very supportive. I personally love working with every single person of the team". Parents felt staff were, "Excellent" and "Professional but friendly".

Staff communicated well across the spaces to ensure that they were all working together to best meet the needs of individual children. For example, staff moved between indoors and out in response to the number of children choosing to play outdoors. Staff informed each other and children as they were about to leave play areas. This supported positive relationships and children were being reassured as to where key members of staff were and when they would return. Due to the location of toilets in the new part of the school used by nursery children, some staff spent considerable time supporting children to walk to the toilets. Management was fully aware of this and were committed to continually reviewing how this was impacting on children's experiences and make the necessary adjustments to staffing.

Staff had engaged in a variety of training opportunities to enhance their knowledge and skills and were proactive in sourcing learning to support them in their role. Training had inspired developments within the

service and contributed to positive outcomes for children. For example, recent training had increased staff skills and confidence in planning for play to reflect children's needs and interests.

Feedback from parents indicated that not all parents knew the names of staff, one was concerned about the lack of trained staff and another would like to see the consistency in staff to improve. Whilst we did not observe this, the manager has agreed to consider this feedback.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 26 September 2022 the provider must support children to reach their full potential through effective personal planning.

To do this, the provider must, at a minimum ensure:

a) Personal plans take account of the wellbeing indicators and reflect the holistic needs of each child with clear information about progress and achievements.
b) Staff provide appropriate and timely intervention, planning and assessment when supporting all children including those with additional support needs.
c) Children's individual care needs are understood and followed by staff.
d) Personal plans are well maintained and regularly reviewed making sure that children and families are central to the process.

This is to comply with Regulation 5(1)(a) and (b) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

This requirement was made on 1 June 2022.

Action taken on previous requirement
Training had been undertaken and management had effective oversight of the information gathered and written about children. Personal plans had been updated with parents and now took account of the wellbeing indicators and reflected the needs of children. We saw evidence that staff provided appropriate and timely intervention, planning and assessment when supporting children. Staff were knowledgeable of children's needs which was resulting in positive outcomes for children.

Met - within timescales

Requirement 2

By 1 September 2022, the provider must ensure that the medication and accident systems promote children's safety.

To do this the provider must, at a minimum ensure:

a) Records contain all essential information to enable staff to meet children's medical needs.
b) The manager and staff familiarise themselves with best practice guidance 'Management of medication in day care and childminding services'.
c) Staff complete accurate records of children's accidents and they are shared with parents.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

This requirement was made on 1 June 2022.

Action taken on previous requirement

Training had been undertaken and management had effective oversight of the medication systems. As a result, records contained essential information to enable staff to meet children's medical needs. The sample we looked at, demontrared that staff completed accurate records of children's accidents and these had been shared with parents.

Met - within timescales

Requirement 3

By 30 September 2022, to improve outcomes for children the provider must develop and implement an effective system of quality assurance to monitor and improve key areas of practice. At a minimum, the provider must ensure:

a) There is appropriate and effective leadership of the setting.
b) Clear and effective plans are in place for maintaining and improving the service including the use of effective self-evaluation processes and quality assurance systems.
c) Effective action plans are in place to address areas of required improvements within identified timescales.
d) Staff, children and parents are involved in the process of assessing and improving the quality of the service.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 - Regulation 3 Principles and Regulation 15 (a) and (b) Staffing.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 1 June 2022.

Action taken on previous requirement

At this inspection we saw that there was appropriate and effective leadership of the setting. As a result, clear and effective plans were in place for maintaining and improving the service including the use of effective self-evaluation processes and quality assurance systems. Staff, children and parents were encouraged to become involved in the process of assessing and improving the quality of the service. To sustain improvements, effective action plans were in place to address areas of required improvements within identified timescales.

Met - within timescales

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

To support high quality engagement with parents, the provider should improve the way in which staff and parents share information on children's care and learning at home and in the setting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most our of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

This area for improvement was made on 1 June 2022.

Action taken since then

The setting had increased in size, therefore staff were enaging with an incrased volume of families. Some of the systems introudced was not fully reaching all families and therefore some felt less informed about thier child's learning. We have reinstated this area for improement to suppot the setting to make further improvments.

Previous area for improvement 2

To enable staff to develop and improve through reflective practice, the provider should ensure professional learning is well planned, reviewed and matched to identified needs.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 1 June 2022.

Action taken since then

As noted in this report, staff practice was effective in meeting children's needs. This was as a result of professional learning being well planned, reviewed and matched to identified needs.

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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