

Walker Street Nursery Day Care of Children

Walker Street Nursery
17 Walker Street
EDINBURGH
EH3 7NE

Telephone: 0131 226 6184

Type of inspection:
Unannounced

Completed on:
19 January 2024

Service provided by:
Early Days Nursery Ltd

Service provider number:
SP2003002857

Service no:
CS2007156780

About the service

Walker Street Nursery is registered to provide a care service to a maximum of 78 children aged from birth to not yet attending primary school at any one time, no more than 48 children are aged under two years. The service also operates from 10 Walker Street, Edinburgh, EH3 7LA.

Children are accommodated across two buildings within central Edinburgh, close to the city's west-end. Children aged approximately two to five years are based within one building over a basement and ground floor level. Children under two years old are cared for in the basement area of an adjacent building. Both buildings have small enclosed gardens.

The service is close to a wide range of local amenities including local parks and gardens.

About the inspection

This was an unannounced inspection which took place on Tuesday 16 January 2024 between 09:15 and 17:50 and Wednesday 17 January 2024 between 09:25 and 17:15. The inspection was carried out by two inspectors from the Care Inspectorate. We gave feedback to the provider, management team and a representative from the local authority on Friday 19 January 2024.

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 one parent during our visits
- received feedback from 27 families via an online survey
- spoke with staff and the management team
- observed practice and children's daily experiences
- reviewed documents.

Key messages

Children were nurtured and supported through their daily experiences by warm and caring staff.

Children's play and learning benefitted from a range of interesting experiences.

The service made good use of the local community to maximise children's play and learning experiences.

Children and families were benefitting from effective improvement planning.

Effective staff deployment promoted children's safety and wellbeing.

The provider should review the use and layout of spaces to ensure children have consistently positive care, play and learning experiences.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

4 - Good

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

Quality indicator 1.1: Nurturing care and support

Children's rights were promoted because staff supported them with nurturing and respectful interactions. Staff gently guided children through their daily experiences. For example, staff invited children to have their nappies changed and spoke to them throughout the routine. This helped children to predict routines and feel included. Children's right to sleep and rest was respected as staff followed children's individual preferences. Staff used soothing music and calm voices when helping children to settle. Children had developed secure attachments with the warm and nurturing staff team.

Mealtimes were safe and sociable for children as staff interacted with them whilst being vigilant to potential risks. Older children had good opportunities to self-serve their own food and pour their own drinks. This promoted their independence skills and gave them a sense of responsibility. There was scope to give the younger children further opportunities to be involved in their mealtime experiences. This could promote their independence and help develop early self-help skills.

Children and families benefited from a strong keyworker approach across the setting. Keyworkers knew children well and worked closely with parents to ensure children experienced care that met their individual needs and preferences. Recent training in the role of the keyworker and attachments had enabled staff to build their knowledge and confidence within their role. As a result, children were settled, comfortable and felt loved. One parent told us, "The staff are caring and show affection towards and interest in my child."

Although some improvements were needed, children's individual wellbeing was mostly benefiting from effective personal planning. Plans held key information that helped staff to plan for children's care needs. Reviews had taken place with parents meaning they could provide up to date information and discuss their children's needs with staff. For example, during reviews staff and parents agreed some next steps to support children's wellbeing. Some children's plans outlined additional support strategies staff were using to meet their care, play and learning needs. While some of these individual strategies were implemented; this was not always consistent for all children. For example, for some children it had been identified that they would benefit from support to promote communication and language. However, it was not always clear what these strategies were or how staff were recording the impact of the support. The service should revisit the purpose of personal plans to ensure identified strategies are implemented and the impact of these is reviewed and reflected upon. This is to ensure children are supported to reach their full potential.

Overall, the arrangements for managing medication were safe and managed well. Staff were clear about individual children's needs and how they would respond to an emergency or medical need occurring. This knowledge enabled staff to support children's health and wellbeing. There were some gaps in the quality assurance process for medication. For example, some old medication was still held in the service, which could lead to staff being unsure if the medication was still needed. To support the effective management of children's medical needs, the service should strengthen the processes for quality assuring medication and the information held within children's medical paperwork.

Quality indicator 1.3: Play and learning

Overall children were having fun and enjoying their play experiences. Staff made effective use of songs and stories helping to promote children's communication and language skills.

Children were benefitting from a range of play and learning experiences that supported their wellbeing. For example, a focus on emotional literacy for older children was enabling them to develop resilience and supporting them to communicate their needs and feelings in ways that made sense to them. Activities such as yoga and time in the dedicated sensory room helped children to experience positive periods of relaxation and fun.

Children's play and learning was supported by plentiful links to their local and wider community. For example, some children took part in nature play sessions, while others enjoyed local walks and trips to soft play. These experiences helped to build children's confidence, while supporting their skills and learning.

Children shared two secure, compact outdoor spaces, which gave them some opportunities for outdoor play. There were opportunities to further develop children's access to play in the garden and to improve the play and learning opportunities within these spaces. Resources such as loose parts were available but not actively set out to invite children into play. Also, within the older children's garden there was a lack of exploratory materials such as sand and water. The service had identified this as an area to develop within their own improvement plan and were taking steps to address the gaps. Enhancing play and learning experiences in the gardens should provide children with greater challenge in their play.

Staff responded to children's play with fun and enthusiasm. This showed children their ideas were valued. Some staff used effective questioning to enable children to develop their critical thinking skills and extend their ideas. These approaches were still developing, and some staff were more confident than others in supporting and scaffolding children's play. On a few occasions, staff missed opportunities to promote children's learning through effective provocations. For example, in the garden area children were exploring ice. While staff showed interest in this, they did not provide additional resources to help children collect and transport the ice. As a result, there was a missed opportunity to enhance the children's learning. The service recognised some staff needed support to further develop their skills in promoting play and learning and were implementing training and mentoring opportunities. To maximise children's learning opportunities, the service should continue to support staff development in relation to effective learning interactions and supportive provocations for play.

Planning for children's play and learning was responsive to children's interests and development needs. Staff observed children's play, listened to children's ideas, and gathered feedback from families. These practices helped them provide a balance of interesting and fun experiences. One parent said, "The staff are excellent at exploring topics the children want to know more about." The management team were aware that staff needed further support to plan consistently challenging and rich play experiences, especially for older children. The provider had a planned training programme to enable them to enhance staff skills in this area. Work had started to support the development of play and learning observations, to enable staff to be clearer in how they identified what learning was occurring. The service was keen to ensure that this support would help staff in planning sufficiently challenging learning for all children.

How good is our setting?

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 2.2: Children experience high-quality facilities

Effective infection, prevention and control practices promoted children's wellbeing. Daily cleaners and onsite maintenance support ensured consistent approaches to cleanliness and safety. Some areas such as paintwork and flooring were becoming tired. However, the management team had identified these as part of the ongoing approach to general maintenance. For example, some spaces had already been painted and refreshed. One parent told us, "They engage in upgrading and updating the nursery and the equipment which is great." As a result, children experienced a clean and well-maintained environment that felt homely and welcoming.

Staff and children conducted effective handwashing that helped limit the spread of germs. For example, staff washed their hands after wiping children's noses and children were supported to wash their hands during toileting and nappy changing routines. While children were confident in the hand washing routines, staff should ensure children wash their hands directly after eating as on some occasions this did not happen. This is to ensure hand washing is consistent with good practice guidance and to support children to learn appropriate self-care routines.

Children's safety was managed well, as staff were attentive and alert to children's movements. Tools such as updated registers and regular head counts helped children to move safely around the building and within the community. The monitored entry systems allowed staff to see who was entering the building. Children's security and safety was respected because of the measures in place.

Overall, children experienced developmentally appropriate spaces that met most of their needs. Mirrors within the baby and toddler room helped children to develop a positive sense of self. Soft lighting and comfortable soft furnishing helped the environment to feel calm and welcoming. However, children in the toddler rooms would benefit from the service reviewing the use and layout of these spaces to ensure children have enough space to meet their play and comfort needs. For example, during sleep times many resources and equipment had to be moved aside or packed away. This meant for those children not resting their opportunities for play were more limited during this time. Some parents told us that the size of space for toddler aged children could be challenging, especially when all children were present. To maximise children's wellbeing and play, the layout and use of rooms and play spaces should be reviewed and improved.

There was potential for children's wellbeing to be compromised because some nappy changing facilities did not meet with current good practice guidance. For example, some changing units did not have effective screening to maintain children's dignity and in one space for children under two years old, there was a flushing toilet. The provider was receptive to discussions about adjusting the facilities. To ensure children experience facilities that maintain their wellbeing and respect their dignity the provider should review and improve the nappy changing and toilet facilities in line with good practice guidance (see area for improvement 1).

Areas for improvement

1. To enhance children's privacy and dignity and to promote alignment with good practice guidance, the provider should review and make adjustments to the current nappy changing and toilet facilities within the setting.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'If I require personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS, 1.4) and 'My environment is secure and safe' (HSCS, 5.17).

This is to ensure the environment is consistent with Space to Grow: guidance for early learning and childcare and out of school care settings, (Scottish Government, 2017).

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

Daily practice in each playroom consistently demonstrated the positive values of respect and compassion. Children and families benefitted from a welcoming and friendly service. A focus on wellbeing promoted a positive culture and the development of respectful relationships.

The management team valued feedback and actively sought the views of parents, staff, and children, using them well to inform improvement planning. One parent said, "We get the sense that the nursery is very well managed and that the manager has a meaningful relationship with the staff, parents and children, and that there is a unified vision for learning and wellbeing of children across the rooms." The improvement plan set out clear and realistic priorities and was leading to improvements being made. For example, improvements were being made to the quality of staff interactions, children's play and effective keyworker arrangements. Staff were beginning to develop devolved leadership roles related to the improvement plan. This was helping the whole team to develop a shared understanding of the improvements being made and how these would be delivered.

Staff reflected well with senior leaders and each other as part of regular team meetings. Opportunities for staff to reflect together in smaller teams were developing. For example, staff in the under-two's building had reflected on the layout of spaces and made some recent changes to enhance children's experiences. Reflections of training and learning helped the management team to measure the understanding and skills staff gained as a result of training and development opportunities. For example, staff taking part in a targeted leadership programme had regular check-ins with the manager about the progress they were making. This supported a culture of continuous improvement.

Staff development was supported through planned one to one support meetings, and in the moment guidance from the visible management team. As a result, staff were being effectively supported to develop their practice and deliver positive outcomes for children. Moving forward, the management team should consider how they can use more focused observations of staff practice to inform staff development and enhance improvements.

Overall, quality assurance processes supported the management team and staff to monitor the quality of the

service. For example, regular checks of personal plans resulted in children's information remaining up to date and good systems were in place to manage staff training, maintenance and safety. However, some gaps remained in the quality assurance systems in relation to recruitment and staff professional registrations. One staff member was conducting their role without being appropriately registered with the Scottish Social Services Council (SSSC). While the service took appropriate and swift action to address this issue, the management team should improve their oversight of recruitment and professional registrations.

How good is our staff team?

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 4.3: Staff deployment

Staff supervised children well, helping to maintain their safety and wellbeing. The management team covered within rooms during busier periods to provide additional support to children and to facilitate staff breaks. A lunchtime assistant also provided additional help meaning staff could focus on the children's needs during this busier time. Effective staff deployment helped children to experience nurturing and consistent care.

Staff were flexible and worked well as a team. Effective communication enabled them to respond to children's changing needs. For example, staff recognised when children were becoming tired and called on colleagues to support them as they settled children to sleep. This approach enabled staff to deploy themselves in ways that prioritised children's needs.

Staff absences were effectively managed meaning children were cared for by familiar adults who understood their needs. The senior leadership team empowered staff to access resources to increase their health and wellbeing. As a result, staff felt supported in their roles and told us they enjoyed working in the service.

Following a period of staff changes, the range of skills and knowledge within the team varied. The management team were working hard to ensure staff were developing their skills and knowledge to ensure children and families experienced consistently positive outcomes. Staff benefitted from a variety of learning opportunities including in-house training, a whole team development day and other external courses. One staff member said a strength of the service was, "Recognising the needs of the children and responding, with staff having ongoing training." Most staff were using their learning positively within their work. For example, the youngest children were benefitting from a staff using sign-a-long to promote their communication and language skills. This showed a commitment to promoting professional development to enhance positive outcomes for children.

Planned inductions enabled staff to spend time getting to know the service and become familiar with their role. One parent said, "They seem to be very good at integrating new staff whilst maintaining continuity for the children." During the induction period, the management team spent time with staff discussing key aspects of the role and covering relevant procedures. However, we found there were some gaps in staff knowledge relating to child protection procedures. For example, staff could identify some indicators of harm and shared how they would report these to the child protection officer, but they were not always clear where a concern should be raised if they felt appropriate action was not being taken by the service. To maximise children's wellbeing, it is important staff have sufficient knowledge of local child protection arrangements and whistleblowing procedures.

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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