

Juniper Green Tots Day Care of Children

18 Foulis Crescent
Juniper Green
Edinburgh
EH14 5BN

Telephone: 0131 453 4229

Type of inspection:

Unannounced

Completed on:

30 April 2019

Service provided by:

Pamela Gordon

Service provider number:

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Service no:

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About the service

Juniper Green Tots is registered to provide a care service to a maximum of 37 children at any one time aged from six months to currently attending primary school of whom no more than five are under two years. Within this maximum number no more than 12 who are currently attending primary school can be cared for at any one time.

The nursery is a converted bungalow with:

- Baby room.
- Three interconnecting rooms for children aged 2-5 years.
- Sleep room.
- Nappy changing room and toilets.
- Two afterschool club rooms.
- An office.
- Kitchen.
- Large outdoor play areas with outdoor classroom.

The service aims and objectives are:

- 'At Juniper Green Tots the welfare of your child is of paramount importance.
- We operate an Equal Opportunities policy. All adults and children are equally respected and treated as individuals.
- At Juniper Green Tots we give every child the freedom within an ordered and prepared environment to develop naturally at his or her own pace.
- Our approach to childcare and education aims to generate security, trust and independence in the child, which will prepare them for any situation'.

We check services are meeting the principles of Getting It Right For Every Child (also known as GIRFEC). Set up by Scottish Government, GIRFEC is a national approach to working in a consistent way with all children and young people. It is underpinned by the principles of prevention and early intervention. The approach helps services focus on what makes a positive difference for children and young people - and what they can do to improve. There are eight well-being indicators at the heart of Getting It Right For Every Child. They are: safe; healthy; achieving; nurtured; active; respected; responsible; and included.

What people told us

The nursery children were happy to include us in their activities and describe to us what they liked to do when at nursery. For example, 'I love playing outside', '() will make my yummy lunch' and 'Come look at my drawing'.

In preparation for the inspection we sent twenty questionnaires to the service to give to parents. We received nine completed questionnaires and spoke with three parents during the inspection. We shared all of the feedback with the manager for their consideration. From both sources, parents spoke positively about the staff, telling us that staff 'showed genuine care for the children, 'are caring and loving, 'willing to go above and beyond' and 'do an amazing job'.

Parents also gave praise to the home cooked meals, yoga classes and the overall safety within the nursery. We did however receive feedback about the lack of outings, parents meeting, handover discussion was described as 'chaotic' and that 'overall admin has been frustrating'.

Self assessment

The service was not asked to complete a self assessment for this inspection. There was no improvement plan in place so we were unable to see what improvements were planned for the service.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	3 - Adequate
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

Staff were welcoming and friendly towards children and families. The well-established team of practitioners had developed positive relationships with families. This brought familiarity to the service and meant that children were confident in approaching staff when they needed to.

Children were happy and busy. However, we saw that staff were not always engaging in meaningful interactions with children. As a result there were missed opportunities to extend children's vocabulary, language, thinking and understanding.

Parents were kept informed about what was happening in the service through daily chats and online communications. This meant parents were able to be included in their child's care.

Children's health and well-being was promoted through healthy snack options, freshly prepared wholesome meals, daily physical activity and play in the fresh air. Water dispensers indoors and out allowed children to access drinking water and ensured they were kept hydrated.

At lunch time staff sat with children which made it a social experience where children and staff chatted about their families and favourite foods. There were however missed opportunities for children to self-serve and become independent and children were unable to leave the table until their friends had finished so they could all brush their teeth together. Furthermore, we observed a poor outdoor snack experience where children did not wash their hands and as there were no child sized tables available, children had to sit perched on a step balancing their plate. To improve children's experiences around food and mealtimes, the manager and staff should take account of best practice documents including 'Food Matters' (Care Inspectorate, 2018) for guidance and inspiration.

Children's online journals were appreciated by parents as it provided them with photographs of their child at play. Whilst staff knew children well and some improvement had been made since the last inspection, there were missed opportunities to effectively support children's learning. For example, there were significant gaps in the information recorded in children's on-line journals and next steps were not meaningful or specific to any learning intentions or needs. This has been an area of improvement for a number of inspections and was now having the potential to compromise children's development. See recommendation one.

All staff had attended child protection training. This meant that all staff should have had the information they needed to safeguard children. However, there was a distinct lack of staff knowledge of their role in safeguarding children. This was particularly of concern as neither lead practitioners were able to describe what actions they would take if there was a safeguarding concern in the manager's absence. See requirement one.

Clear instructions such as the signs, symptoms and steps to be taken by staff should a child require their medication was not recorded in children's personal plans. The lack of a formal recording system for children who require medication gave us cause for concern. See requirement two.

Requirements

Number of requirements: 2

1. The provider must ensure that children are protected. By 1 July 2019, the provider must improve staff knowledge and understanding of the service's child protection policy to ensure they know what to do and who to contact if they have a concern about a child.

This is to comply with Health and Social Care Standard 3.20: I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/10).

2. The provider must ensure that children receive their medication in a safe manner. By 17 July 2019, the provider must introduce an effective system for medication within the service. In order to achieve this the provider must improve their own knowledge and ensure that a personal plan is completed for all children who require long-term medication.

This is to comply with Health and Social Care Standard 1.24: Any treatment or intervention that experience is safe and effective.

Regulation 4 (1) (a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/10) and Regulation 19(3)(j) of the Regulation of the Care (Requirements as the Care Services) (Scotland) Regulations 2002 (SSI 2002/114).

Recommendations

Number of recommendations: 1

1. The provider should ensure children's learning journals effectively support children's learning with meaningful and specific observations and next steps in learning.

This is to ensure care and support is consistent with the Health and Social Care Standards 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).

Grade: 2 - weak

Quality of environment

Findings from the inspection

The small intimate nursery meant that children were cared for in a setting where everyone was familiar which allowed children to feel secure and settled.

Staff followed strict procedures to keep children safe inside the nursery. By accompanying staff to drop off and collect nursery and after school children, we were able to see that safety when outdoors was of a great importance to the service. The after school children told us they felt happy in the setting and were very aware of the rules in keeping safe when walking from school.

It was difficult for us to assess the positive outcomes of the indoor environment as all of the 2-5 year old children chose to play outdoors. However we could see that a varied range of resources were easily accessible in the playroom. To free up wall space to display and celebrate children's achievements, we have asked the setting to consider alternative ways to inform parents of staff qualifications.

Efforts had been made to introduce loose parts play in the outdoor classroom. However there was a lack of such materials throughout the whole nursery. For example in the baby room, there was a continued reliance on synthetic and commercial toys. The addition of natural materials and loose parts play would encourage open-ended play and foster creativity and imagination. Staff told us they had treasure baskets that the children could play with from time to time. This demonstrated a lack understanding of the positive effects a high quality resourced environment can have on children's development and well-being. See recommendation one.

In the garden, children were busy finding their own resources from around the garden to play with in the mud kitchen. This and the loose parts play in the outdoor classroom meant that children were able to be imaginative and creative in their play when outdoors. The separate area for physical play meant that children were able to be adventurous in their play. The removal of the large adult sized garden table and chairs would free up space for children's outdoor furniture to allow them to eat and play.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should ensure that the environment enables children to be more creative through the introduction of loose parts play and open-ended resources.

This is ensure care and support is consistent with the Health and Social Care Standards which state: 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).

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

The staff team appeared to work well together which helped create a happy place for children to be cared for. The provider placed importance on ensuring the staff team were all qualified. However, as noted throughout this report, this was not having the expected impact on outcomes for children. This is because staff were not aware of key documents that were vital to their role, they had not received any support and supervision for some time and we saw no evidence of staff motivation to improve practice through training and research. See requirement one.

Requirements

Number of requirements: 1

1. The provider must ensure children are cared for by a competent and confident staff team. By 12 August the provider must ensure that staff are supported to keep up-to-date with practice and use their knowledge to interact with and care for children well. In order to achieve this the provider must put in place a clear appraisal system that identifies staff training needs and demonstrates how these will be met.

This is to comply with Health and Social Care Standards 3.14: 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.

Regulations 4 (1)(a) and 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

The manager was involved in the daily running of the nursery and held in high regard by parents and carers. They clearly knew children well and interacted positively with them during the inspection.

Monitoring of staff practice and outcomes for children had not been happening consistently nor was it sufficiently focused on identifying what needed to improve. There was no improvement plan in place which meant a lack of direction. Monthly audits were a tick list and not meaningful to overseeing and monitoring staff practice and the impact this was having on children. For example monthly audits of learning journals, medication and lunch experience were noted as 'ok'. However, from our observations there were concerns with staff practice and the impact on outcomes for children. The 'you said we did' board would be more effective if it captured the

most recent ways in which the service had listened to and acted upon parent's suggestions. This would ensure that parents were kept up to date with current changes in the setting.

The findings of our inspection have led us to conclude that outcomes for children would be further improved through a systematic approach to self evaluation which is driven by current best practice and legislation. See requirement one.

Requirements

Number of requirements: 1

1. The provider must ensure that children and parents experience a service which has a culture of continuous improvement. By 2 September 2019 the provider must ensure that there is an effective improvement plan and robust quality assurance procedures in place. In order to achieve this the provider must adhere to the following:

- (a) The manager must keep abreast of current best practice and use these documents with staff to lead in improving the service as a whole
- (b) The manager must develop systematic and rigorous procedures for self-evaluation, auditing and monitoring all areas of the service using local and national guidance which lead to clear plans for improving the service.
- (c) The manager must compile an improvement plan to demonstrate what improvements are to be made in the setting, how this will be achieved and by whom.

This is in order to comply with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This is to comply with the Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 2011/210 Regulation 3 and 4(1)(a).

Recommendations

Number of recommendations: 0

Grade: 2 - weak

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

The provider should ensure that children are supported by suitable staff, who:

- have been recruited in line with safer recruitment practices.
- keep their SSSC registration up to date.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I am confident that people who support and care for me have been appropriately and safely recruited. (HSCS 4.24).

This recommendation was made on 9 April 2018.

Action taken on previous recommendation

There had been no staff employed since this recommendation had been made. However, from discussion with the provider and reading updated policy, we were confident that this would be addressed at the point of next recruiting a staff member. **Therefore this recommendation had been met.**

Recommendation 2

The provider should improve upon the information staff are recording in children's learning journals. This is to ensure care and support is consistent with the Health and Social Care Standards 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 recommendation was made on 9 April 2018.

Action taken on previous recommendation

At this inspection we continued to find fault in the way in which staff were recording children's needs and next steps. **A recommendation to address this again has been made in this report.**

Recommendation 3

The provider should carry out effective and meaningful quality assurance audits. This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I use a service and organisation that are well led and managed'. (HSCS 4.23).

This recommendation was made on 9 April 2018.

Action taken on previous recommendation

At this inspection the lack of effective and meaningful quality assurance was having a negative impact on children's experiences and outcomes. **We have now noted this as a requirement that must be addressed by the provider.**

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
9 Apr 2018	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
26 May 2016	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
30 Apr 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
16 May 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 3 - Adequate
12 Oct 2012	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 2 - Weak

Date	Type	Gradings	
22 Jun 2010	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
24 Jul 2009	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	4 - Good
19 Nov 2008	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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