

# Happy Feet Nursery and Out of School Club Day Care of Children

47 - 49 Claude Street Larkhall ML9 2BU

Telephone: 01698 313111

Type of inspection:

Unannounced

Completed on:

18 November 2020

Service provided by:

Happy Feet OSC Limited

Service no:

CS2010273623

Service provider number:

SP2010011183



### Inspection report

### About the service

We carried out an unannounced onsite inspection of Happy Feet Nursery and Out of School Club on 12 November 2020. We returned to conclude the inspection remotely on an announced basis, using Near Me technology on 13 November. Feedback was given to the manager and provider on 18 November.

The service is a private organisation providing a nursery in the Larkhall area of South Lanarkshire. Funded early learning and childcare for eligible children is provided in partnership with South Lanarkshire Council.

Care is provided from purpose built premises, with three main playrooms, a secure outdoor area and kitchen and office facilities. The service also uses nearby green space for outdoor play and forest school activities.

Happy Feet Nursery and Out of School Club registered with the Care Inspectorate on 01 April 2011 to provide a care service to a maximum of 110 children at any one time, aged from birth to those not yet attending primary school.

The values and aims include:

- Happy Feet strives to provide a caring and stimulating environment for our early learners to become successful, confident and happy individuals.
- Every young person is included and their wellbeing is respected in developing life skills for future learning.

A full statement of aims and objectives can be obtained from the service.

This was a focussed inspection to evaluate how well children were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of children experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate.

### What people told us

We gathered the views of children and parents to evaluate the quality of the service.

We spoke briefly with two children during the onsite inspection. They told us they were going to play in the outdoor area with their friends. Children were observed to be happy and engaged in their play throughout the inspection.

We spoke with seven parents by email and telephone. Parents were happy with the care their child received and commented positively on their relationship with the staff and the communication received from the service. Other strengths noted by parents included supporting children to return to the project after an extended absence and the safety measures implemented in response to COVID-19.

One parent voiced a concern that staff did not always adhere to national guidance for COVID-19 when not at work. We discussed this with the manager who advised of a range of communications provided to staff in relation to their responsibilities. From our interviews with staff we found they had a good understanding of national guidance and how to keep themselves and others safe during the COVID-19 pandemic.

### 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 and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

# How good is our care and support during the COVID-19 pandemic?

3 - Adequate

Quality indicator 5.1: Children's health and wellbeing are supported and safeguarded during COVID-19.

We carried out observations across the three playrooms and found that staff were kind and caring towards children. They were responsive to children's changing moods, for example offering comfort and reassurance when they became tired and settling them to sleep. This provided a welcome, nurturing environment for children.

We found that consistency of care was provided for children. For example, in the 3-5 room, which was now divided in to separate groups, children remained with their existing key worker after this change had taken place. Friendship groups were taken into account and we observed children enjoying a social experience with lots of interactions with their peers.

The resources available for children in each of the playrooms were suitable and kept children engaged. Children had access to an outdoor area, which was not free flow but was used by each group of children on a rota basis. We discussed the importance of maximising time spent outdoors. The manager advised that visits to local greenspace and forest schools would resume shortly having been suspended due to COVID-19 restrictions.

A range of communication methods had been used to maintain contact with parents during lockdown including social media, email and the nursery app. Parents commented positively on the communication and information they received and described this as providing reassurance that children would be kept safe.

Staff knew children well and were supporting them by ensuring that relevant and up to date information was included in personal plans. This ensured staff were equipped to meet the needs of children who returned after a period of absence. Relationships had been established with external agencies including education services to provide additional support for children where required.

# Quality indicator 5.2: Infection prevention and control practices support a safe environment for children and staff.

Staff carried out cleaning throughout the session, including frequent cleaning of high touch points, which was supported by dedicated cleaning boxes with wipes, cloths and sprays. We discussed with the manager where some improvements could be made to comply with best practice. This included clearly labelling spray bottles to show what liquid they contain and using paper towels to clean up spillages as we observed fabric towels being used for this. The manager had addressed this by the end of the inspection.

A clear process was in place to care for children who develop COVID-19 symptoms while attending the service. A ventilated area was available in each playroom and staff confidently described the steps they would take to support symptomatic children. This ensured the risk of transmission of COVID-19 was reduced and that children received appropriate care and support.

Collection and drop-off of children took place within the premises. Although current guidance notes that where possible parents should not enter premises, we accepted the service had analysed the risk and adopted a number of safety measures.

This included a one-way system, sanitising stations, face coverings for parents and staff and markers to support two metre distancing. We asked the service to continue to keep this process under review to ensure all safety measures remain effective.

Each of the playrooms had access to handwashing facilities, including child and adult sinks, however, we found that these were not always being used correctly. For example, we found a common practice of cleaning equipment in the adult sinks, which meant staff could not always wash their hands immediately if they needed to. In addition, not all handwashing areas had access to a suitable waste bin and the storage of paper towels and liquid soap was not always in line with best practice. As a result, we asked the provider to review the handwashing facilities and develop a clear process for the management of these areas to support good infection prevention and control practice. (See area for improvement)

We observed how staff supported children to wash their hands at relevant times throughout the day including before and after eating and outdoor play. Staff used songs and games to support children with handwashing, making this a fun experience. On one occasion, staff were focused on other tasks and missed that children didn't wash their hands correctly before eating, which could have increased the risk of infection being transmitted. The manager agreed to review the tasks staff undertake at this time to ensure consistent practice in line with policy and procedure.

# Quality indicator 5.3: Staffing arrangements are responsive to the changing needs of children during COVID-19.

Social distancing from other adults was being observed by all staff, which was supported by the layout of the playrooms and the one-way system in communal areas. In addition, the staff room had been adapted to ensure two metre distancing was in place. This reduced the risk of transmission between adults within the setting.

A range of online modules had been completed by staff during the COVID-19 pandemic including courses on infection prevention and control practice. Other training that was being used in daily practice included autism awareness and attachment theory. Staff described how they were using some of their recent training to provide support to children.

Overall, we found the level of training undertaken to be good and staff confidently explained how this was impacting on their practice. We discussed with the manager how a formal review process could help identify the focus for future training and development activities.

Staff utilised their time well throughout the session and were observed to be carrying out their duties effectively. This included caring for children along with the additional cleaning requirements that were in place. We observed verbal handovers between staff, which resulted in children's play experiences being extended including when staff went for breaks. However, we noted that during lunchtime, staff in the 3-5 room were task-orientated and opportunities for interaction with children were missed.

A supportive management structure was in place, which included designated senior staff with responsibility for each room along with a manager and assistant manager overseeing the whole service. Staff reported feeling well supported by these arrangements, which gave them confidence to carry out their job roles and care for children more effectively.

## Inspection report

#### Areas for improvement

1. The provider should ensure that suitable handwashing facilities are available at all times. This should include access to handwashing sinks, access to appropriate waste bins and correct storage of paper towels and liquid soap.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22) and 'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27).

# Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
5.1 Children's health and well being are supported and safeguarded during COVID-19	4 - Good
5.2 Infection prevention and control practices support a safe environment for children and staff	3 - Adequate
5.3 Staffing arrangements are responsive to the changing needs of children during COVID-19	4 - Good

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