

Headstart Nursery School at Leith Day Care of Children

16 Queen Charlotte Street Leith Edinburgh EH6 6AT

Telephone: 0131 555 0700

Type of inspection:

Unannounced

Completed on:

11 November 2020

Service provided by:

Headstart Nursery Schools Ltd

Service provider number:

SP2008009639

Service no: CS2007167787



About the service

Headstart Nursery School at Leith has been registered with the Care Inspectorate since February 2008 to provide an early learning and childcare service. Conditions of registration state that care can be provided to a maximum of 70 children between three months and entry into primary school, of whom no more than 30 children can be under two years of age and of whom no more than 40 children will be between the age of two and five years. The care service can operate between the hours of 8:00 and 18:00 Monday to Friday. A minimum of two adults should be present in each room at all times.

Situated in Leith, Edinburgh, the service is central to local amenities and public transport routes. The setting consists of three main playrooms catering for babies, 2–3's and preschool, each with their own toilets and changing facilities. A separate room is used for lunches and snacks. An enclosed garden area lies at the front of the building.

The service aim is "To make sure children we care for have a happy day. The children will all have the best start in life. They are happy, well cared for and have quality opportunities to have fun, play and learn in a safe, bright and stimulating environment so that they look forward to visiting us each day".

We carried out an unannounced site visit inspection of Headstart Nursery School at Leith on Monday 2 November 2020. The manager and staff were then interviewed virtually using Microsoft Teams. Feedback was given on Wednesday 11 November 2020.

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 two inspectors from the Care Inspectorate.

What people told us

Eleven children were in the service during our visit. They were settled and busy, enjoying the resources and activities available to them. They looked comfortable with staff and familiar with their environment.

We contacted one parent by telephone. The parent felt satisfied that the service knew her child very well and were committed to provide the best care for her child. The parent felt well-informed of changes to procedures relating to COVID-19.

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

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.

Children are nurtured and supported throughout their changed experience in their early learning and childcare setting.

Effective communication with families enabled responsive care to support children through changing circumstances.

Children were comforted, reassured and supported by attentive adults when they needed it. They were supported to resettle into the service following the COVID-19 lockdown. Staff had contact with parents to update personal plan information. Whilst staff knew children and their needs well, children's personal plans did not always reflect this knowledge. Support from other agencies was sought for children when required. We discussed the need for staff to use the information from parents and other agencies to explore and plan for meeting children's needs in more detail (see area for improvement 1). The auditing and monitoring of personal plans should be carried out to support consistency in how information is used to enhance outcomes for children (see requirement in 5.3).

Children were confident with the new procedures and routines as staff reminded and engaged them in creative ways. For example, handwashing prompts were displayed as reminders. The atmosphere remained calm and relaxed for children, with COVID-19 related changes being viewed as a learning experience for children to be engaged in.

A range of indoor and outdoor experiences offered opportunities for children to learn through their play and extend their own experiences. The risk of infection was reduced as the available resources were cleaned daily. Materials such as playdough were replaced between sessions. Daily outdoor time ensured children had physical activity and fresh air in a more natural environment.

Children were safeguarded against harm as staff were clear on their responsibilities to record and share information when required with other agencies.

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

Children are protected as staff take all necessary precautions to prevent the spread of infection.

Children experienced a clean, warm and welcoming setting. The risk of COVID-19 transmission to children was reduced as the service adhered to infection prevention and control guidance. Staff were able to use their knowledge from training to inform the changes and maintain them with each other, children and parents. Regular cleaning of high traffic surfaces was carried out throughout each session. Enhanced cleaning of resources and surfaces was carried out at the end of each day, providing clean equipment for different groups of children.

Inspection report

Following the site visit, the manager introduced an environment checklist to further enable consistency with staff tasks each day. This would contribute to all staff taking a shared leadership approach for considering the guidance for a healthy environment each day.

Children were cared for in two smaller cohorts. This reduced the risk of infection for staff and children whilst allowing the needs of each age group to be considered. Each cohort used different entrances to reduce the number of parents accessing the main door. Staff were clear about the symptoms of COVID-19 and about their procedure for managing that in the setting.

Appropriate personal protective equipment (PPE) was used alongside effective handwashing to protect both children and staff.

The previous report asked the service to consider infection prevention and control risks around children using shared resources as comforters, such as cushions. The service had removed the shared resources and was adhering to the COVID-19 guidance for washing sleeping items for individual children.

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

During this inspection staffing arrangements were suitable for meeting children's needs. Ratios, however included senior staff. We discussed the impact of this on the manager being able to monitor staff practice to ensure quality. We were assured the provider is considering the return of staff redeployed within the organisation to address this. The manager also agreed to consider the increased infection control risk to children of adults moving around the setting who perhaps did not need to be there.

New procedures initiated by the COVID-19 guidance were beginning to embed into daily practice. This should be maintained and regularly reviewed as the service becomes busier with staff and children. Whilst staff understood the need to physically distance from each other, we recognised that this did not always happen effectively enough. For example, when small children were being handled between staff. Staff recognised the risks in this practice and were committed to exploring creative ways to work.

A requirement was made within the last report to support the manager to develop and implement quality assurance systems. We recognised the impact of the service having a period of closure this year due to COVID-19 and the manager being restricted due to being in room ratios. As further work was still needed to facilitate a quality provision, a requirement was made to further support this area (see requirement 1). The updated requirement reflects the improvements made and what the service needs to work on going forward.

Requirements

- 1. By 1 March 2021, the provider and manager must ensure that children and parents experience a service which has a culture of continuous improvement because there are robust and effective quality assurance procedures in place. They should be confident that their service is well led and managed. In order to achieve this the provider must ensure that:
- the manager has sufficient time to effectively improve outcomes for children
- the manager continues to develop procedures for self-evaluation, auditing and monitoring all areas of the service using local and national guidance and which lead to clear plans for maintaining and improving the service; including but not exclusively children's personal plans, team meeting minutes and staff support and supervision.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 2011/210 3, 4 (1)(a) and 15 (b). This will also ensure consideration of Health and Social Care Standard 4.19 which states "I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes" and standard 4.23 which states "I use a service and organisation that are well led and managed".

Areas for improvement

1. 1. Children's personal plans should be clear and detailed using information from relevant sources, to ensure needs are understood and consistently met by staff.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15 which states "My personal plan (sometimes referred to as a care-plan) is right for me as it sets out how my needs will be met as well as my wishes and choices".

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

Requirements

Requirement 1

By 11 November 2019, you must ensure that children and parents experience a service which has a culture of continuous improvement because there are robust and effective quality assurance procedures in place. They should be confident that their service is well led and managed. In order to achieve this the provider must ensure that:

- the manager has sufficient time and the underlying knowledge to effectively improve outcomes for children; and
- continue to develop systematic and rigorous procedures for self-evaluation, auditing and monitoring all areas of the service using local and national guidance and which lead to clear plans for maintaining and improving the service.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 2011/210 3, 4 (1)(a) and 15 (b).

This requirement was made on 12 September 2019.

Action taken on previous requirement

This requirement has been amended and included within this report due to the service having had a period of closure this year.

Not met

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

Children should be cared for by a competent and confident staff team, who are supported to keep up-to-date with practice and use their knowledge to care for children well.

There should be a training plan in place which:

- is based on information gathered from staff monitoring, appraisals and self-evaluation;
- is regularly monitored to ensure that staff are making progress and are supported;
- ensures that all adults working in the nursery understand and practice the service's procedures effectively; and
- ensures that all staff have a confident understanding of good practice and are using their learning to improve children's experiences.

This is to ensure care and support is consistent with the Health and Social Care Standards 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 12 September 2019.

Action taken since then

Children were cared for by a committed and confident staff team, who were starting to use the information they had to plan for and support children. The manager was auditing the training attended by staff in order to assess the impact on children's experiences and plan for meeting further training needs. Whilst some elements of this area for improvement were met, we have included monitoring and reviewing of practice into requirement 1 within this report.

Previous area for improvement 2

The provider should ensure that staff are aware of the importance of reading children's personal plans. This would ensure important information is used to inform how the service will meet each child's health, welfare and safety needs.

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 area for improvement was made on 12 September 2019.

Action taken since then

Whilst staff were reading personal plans, the plans were not detailed enough with information from parents and other agencies to ensure consistency of approach. A further area for improvement was made to support more detailed personal plans.

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	3 - Adequate
5.2 Infection prevention and control practices support a safe environment for children and staff	4 - Good
5.3 Staffing arrangements are responsive to the changing needs of children during COVID-19	3 - Adequate

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