

St. Mary's Playgroup Day Care of Children

St. Mary's Primary School
63 East London Street
Edinburgh
EH7 4BW

Telephone: 01315 561 634

Type of inspection:
Announced (short notice)

Completed on:
16 December 2020

Service provided by:
St. Mary's Playgroup Committee

Service provider number:
SP2003003119

Service no:
CS2003013343

About the service

St. Mary's Playgroup is registered to provide a care service to a maximum of 21 children aged two and a half years to those not yet attending primary school.

During holiday periods the age range of children cared for will be three to seven years.

The service is situated in premises in the grounds of St. Mary's Primary School in Broughton central Edinburgh. Accommodation consists of a playroom, kitchen and toilets. Children have access to a covered outdoor play area.

We undertook the inspection of this service using both an onsite visit and virtual methodology which includes the use of technology to inspect services.

This was a focused inspection in order to evaluate how well people were being supported during the Covid-19 pandemic. We evaluate the service based on key areas that are vital to support the wellbeing of people experiencing care during the pandemic.

What people told us

We were not able to make contact with any parents during the inspection.

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

5.1 Health and Wellbeing

Before the service reopened families were given information on the steps staff had taken to prevent the spread of infection during the pandemic, on the signs and symptoms of Covid-19, and on how to arrange a test if they had concerns.

Staff were caring and consistent in their interactions with children. They had used children's interests as a basis for the activities provided. This meant that children were busy and focused. The manager understood the benefits to children's general health and wellbeing and the reduced opportunities for spread of infection that came from playing outdoors on a regular basis. Since reopening children were offered longer and more frequent opportunities to play outdoors.

Staff were sensitive in their approach to settling new children. They recognised the additional stress the pandemic created for parents and children using a new service. During our on site visit we saw an example of a child being settled in. Staff had created a calm and positive environment allowing the child to explore at their own pace and offering time for reassurance to the parent.

Staff supported children to wash their hands regularly however this was not always done for the recommended minimum amount of time required by current best practice. In addition in some circumstances staff were using hand gel on children's hands as they were not aware of the updated guidance relating to the use of hand gel in young children. The provider made the required changes when they were pointed out to them. We gave the service information on how to check the Scottish Governments website and how to sign up for the Care Inspectorates regular provider updates. We identified this as an area for improvement. (See improvement 1).

Most children's personal plans had been updated to reflect their current development, needs and interests. However we found information in a child's plan relating to a potentially serious medical condition with no information about how this should be treated or the action to be taken in the event that the child became unwell while in the care of the service. We made a requirement about this. (See requirement 1).

5.2 Infection prevention and control

Before the service reopened the manager attended training provided by the host school which looked at infection control with a focus on Covid-19. She cascaded information from the training session to staff. We suggested that going forward it would be helpful if both members of staff could attend relevant training. The committee agreed to look at how this could be achieved if future training opportunities became available.

We found the environment, toys and resources were in a clean and safe condition. Staff had studied professional guidance issued by the Scottish Government on reopening the service. They took steps including reviewing risk assessments and creating enhanced cleaning check lists which were signed as evidence of completion. Work had been done on windows which allowed them to be safely opened allowing a free flow of air through the service. Information on the actions taken before the service reopened were shared with parents who commented positively on the steps taken by the service to prevent the spread of infection.

We saw that staff has sufficient supplies of Personal Protective Equipment and were confident in describing how and when this should be used and safely disposed off.

Staff were aware of the importance of social distancing in preventing the spread of infection. In order to prevent congestion at pick up and drop of times they had introduced staggered pick up and drop of times.

During the inspection we saw that staff were wiping down children's tables and other surfaces using an approved anti bacterial product, however they were not following the manufacturers instructions on how long the product should be left in place in order to be effective. We pointed this out to the manager who took immediate steps to rectify the situation. The area for improvement identified in section 5.1 above applies to this statement.

Staff had recently attended child protection training. The manager had completed level 4 advanced training for managers. In conversation staff were clear about the actions they would take in the event of concerns over children's wellbeing.

5.3 Staffing

The committee and the manager confirmed that they had no concerns over staffing levels within the service. A former member of staff who had retained their Scottish Social Services Council registration was available to provide cover if required. We reminded the committee of the need to keep this situation under review should circumstances change.

Staff were aware the signs and symptoms of Covid-19 and how and when to seek a test. We saw that staff followed social distancing guidance when working together and in their interactions with parents.

The staff team told us they worked well together and were clear about their roles. Our observations during the virtual and on line inspection were that staff communicated well and were given guidance from the manager to support them in their role.

The service described the positive relationships they had developed with other professionals including the host school, local health visiting service and the local authority early years development officer who had worked with the staff to support improvement.

Some of the written evidence required for the inspection had to be sent to us electronically because it was not available during the site visit. The manager told us that sometimes times additional cleaning duties and time constraints on the services use of the building, meant work had to be taken home to be completed. We discussed our concerns over security and the fact that if key information was not in the building and available to staff at all times this could have an impact on the service. In addition we were aware that some recycled paper used for drawing contained information which might potentially identify individuals. We identified this as an area for improvement. (See improvement 2).

Requirements

1. In order to ensure that children's care and support needs are met the provider must by the 15 February 2021 ensure that where information relating to a child's medical condition is recorded in their personal plan this should be accompanied by clear written information stating the action staff should take to support the child if they became unwell while in the care of staff.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for care services) Regulation 2011, Scottish Statutory Instrument 2011/210 4(1). A provider must (b) make proper provision for the health, welfare and safety of service users.

Areas for improvement

1. Staff should ensure that they remain up to date with, and follow, best practice in the control of the spread of infection. They should regularly check the Scottish Government and Care Inspectorate websites and sign up for provider updates.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards that state:

"I experience high quality care and support based on relevant guidance and best practice" (HSCS 4.11).

2. The committee should ensure that confidential paperwork is not removed from the service. In addition they should ensure that recycled paper is checked before use to ensure that it does not contain any confidential information.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards that state:

"My privacy is respected" HSCS Principle - Dignity and Respect.

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

Requirements

Requirement 1

In order to ensure that children's care and support needs are met the provider must by 13 December 2019 consult with each service user and, where it appears to the provider to be appropriate, any representative of the service user, within 28 days of the date on which the service user first received the service prepare a written plan (the personal plan) which sets out how the service users health, welfare and safety needs are to be met. In order to comply with this the provider must review the personal plan at least once every six months whilst the service user is in receipt of the service.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for care services) Regulation 2011, Scottish Statutory Instrument 2011/210 5(1) and b(iii).

This requirement was made on 15 October 2019.

Action taken on previous requirement

A personal plan had been developed for each child, the plans had been reviewed on a six monthly basis.

Met - within timescales

Requirement 2

In order to ensure that children's health needs are met, the provider must by the 13 December 2019 make proper provision for the health, welfare and safety of children attending the service. In order to comply with this the provider must ensure that appropriate procedures are in place for the prevention and control of infection which comply with best practice guidance and are understood and used by staff.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for care services) Regulations 2011, Scottish Statutory Instrument 2011/210 4(1)(a) and 4(1)(d).

This requirement was made on 15 October 2019.

Action taken on previous requirement

Staff were following effective hygiene procedures when providing personal care.

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

Children's learning folders should contain clear information about children's progress. Next steps to support individual learning needs should be identified. Folders should be updated whenever significant event/ achievements take place.

This is in order to confirm that care and support is consistent with Health and Social Care Standards 1.19 and 3.14.

This area for improvement was made on 15 October 2019.

Action taken since then

Children's learning folders contained relevant observations and next steps

Previous area for improvement 2

The provider should ensure that all staff receive an induction into the service as soon as possible on taking up a post in the service. This should include becoming familiar with key policies including child protection. In addition a training plan should be established which ensures that mandatory training in child protection, first aid and food hygiene is in place. This is consistent with Health and Social Care Standard 3.14.

This area for improvement was made on 15 October 2019.

Action taken since then

A system had been developed to ensure a full induction into the service took place for all staff.

Previous area for improvement 3

The provider should ensure that staff receive training which supports their understanding of child development. Training should support their understanding of the importance of empowering children and encouraging them to become active learners. This is consistent with Health and Social Care Standards 2.27 and 3.1.

This area for improvement was made on 15 October 2019.

Action taken since then

A training programme had been put in place to start to address staffs specific needs.

Previous area for improvement 4

The provider with input from staff should take action to ensure that they address the recommendations and requirements made in the body of the report. They should ensure that a formal system of quality assurance is developed and that the manager has sufficient resources to monitor the overall quality of the service. This consistent with Health and Social Care Standards 4.11 and 4.23.

This area for improvement was made on 15 October 2019.

Action taken since then

The committee and management team have worked together to address requirements and areas for development made in the previous report.

Previous area for improvement 5

The provider with input from staff should develop an evidence based improvement plan. The plan should identify key priorities for the service focused on providing positive outcomes for children . The plan should be monitored regularly to ensure it remains on track to be met. This is consistent with Health and Social Care Standard 4.19.

This area for improvement was made on 19 October 2019.

Action taken since then

The service had made a positive start in developing an improvement plan.

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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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