

Cornton Nursery Day Care of Children

40 - 42 Lomond Crescent
Cornton
Stirling
FK9 5DN

Telephone: 01786 237 910

Type of inspection:
Unannounced

Completed on:
14 May 2021

Service provided by:
Stirling Council

Service provider number:
SP2003002689

Service no:
CS2003015004

About the service

This service registered with the Care Inspectorate on 1 April 2011.

Cornton Nursery is a day care of children service, provided by Stirling Council, within the Cornton area of Stirling. The service is registered to provide a care service to a maximum of 66 children not yet attending primary school at any one time. No more than 6 are aged under 2 years; No more than 20 are aged 2 years to under 3 years. During school holidays care can be provided to children up to the age of 12 years with no more than 6 are aged under 2 years, no more than 20 are aged 2 years to under 3 years. The service has good links to the local community amenities and public transport routes. The children has use of three playrooms and garden areas. There is additional space for small meetings and events like parent groups.

The service aims to "ensure all children feel welcome, secure, valued and enabled to develop positive relationships and a sense of belonging".

Staff promote "children having equal access to play experiences, enabling them to use and develop knowledge and skills and appreciate the local and wider environment".

We started the inspection of Cornton Nursery with an unannounced visit on the afternoon of Tuesday 4 May 2021. We continued the inspection virtually and concluded the inspection by giving feedback on Friday 14 May 2021.

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. The inspection activities were carried out by three Care Inspectorate inspectors.

We check services are meeting the principles of Getting it Right for Every Child (also known as GIRFEC), Scotland's national approach to improving outcomes and wellbeing of children by offering the right help at the right time from the right people. It supports them and their parent(s) to work with the services that can help them. There are eight wellbeing indicators at the heart of Getting it Right for Every Child: safe, healthy, achieving, nurtured, active, respected, responsible and included.

What people told us

We observed the children as they played, had snack and received care from the staff. Children were happy at nursery and staff were caring in their interactions.

To get feedback from parents we asked the service to share our details with them. We communicated with six parents and carers. This included by email and phone calls. Overall, parents were happy with the care and support their children were receiving in the service. Below are some comments which represent parents' views:

'My child's learning and needs have been supported even when distance learning.'

'My daughter has thrived since returning. She loves all the staff.'

'My child had to do the settling in process after lockdown which wasn't easy for her but the staff were great and allowed me to stay for garden settling in sessions until she was more settled. She is now loving her time at nursery!'

'We feel very informed and safe, with restrictions always changing we feel the nursery is consistent in sharing up to date information.'

'We have received regular information about covid via nursery and Stirling council generally. Any questions directly to nursery have been responded to promptly by the nursery via email. They also communicate regularly via class dojo.'

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.

Key areas we assessed include the extent to which:

- children are nurtured and supported throughout their changed experience in their early learning and childcare setting
- effective communication with families enables responsive care to support children through changing circumstances.

Children were supported to understand the need for extra hygiene measures in a variety of ways. These included mind maps, rhymes, stories and experiments about how germs spread. The children had also created posters which were displayed around the service promoting the COVID-19 FACTS. Children received warm, nurturing care from staff who helped them to deal with their emotions. Staff supported children with different aspects of their changed experience at nursery in a helpful and sensitive way. This helped children to feel understood, valued and respected.

Families were well-informed and felt listened to by the service. They received up to date and frequent information about changes to practice, routines and the building works over the past year. Photographs of the team were posted on the private Facebook page which helped children and parents to know who their keyworkers would be. Parents confirmed they received good communication about the changes due to the pandemic. One parent said, "We are very pleased with the way Cornton nursery has handled COVID-19. Procedures are always easy to understand for example how to exit and enter the building was shared with pictures."

Transitions for children were well-thought out and offered them opportunities to get to know their new room, carers and friends. Children benefitted from video call and outdoor introductions with staff and new friends. Physically distanced garden visits for new children enabled a personal introduction. The children were able to maintain some links with friends they had before the cohorts were introduced. These measures helped children to feel comfortable, respected and safe.

Most staff were aware of and understood how to recognise and report child protection concerns. It was clear that the team had worked hard to support families in times of need. There were effective links with the health visitors and other professionals within the community. Some staff need to be more aware of their individual role and responsibility to protect children. The potential impact COVID-19 had on children's lives and attendance was not fully explored or understood by all staff. This could result in potential safeguarding concerns not being identified or challenged. We discussed this with the management team and found they had a thorough overview and would support staff whilst additional training and support was given in child protection, see area for improvement one.

Children had opportunities to access the toys and equipment around the rooms and outside. There was time and space for children to decide how they wanted to spend their day. However, there was scope for aspects of creative and sensory play opportunities to be more accessible and wide ranging, particularly in the under three's room. Creative and sensory play for this age range of children can offer a sense of calmness. This could help children to internally process and manage the changes imposed due to COVID-19 and lockdowns.

There were procedures in place to check and update children's contact details and general information. This helped staff to understand and plan for children's changeable needs. Parents received calls from staff during lockdowns and prior to returning which helped ensure the team were informed and enabled to care for the children. However, there was scope for better planning for children with additional support or medical needs. Long-term medication forms should be reviewed in line with best practice. All information held on children should support the team to meet the children's individual needs. This should be reviewed in appropriate timescales to ensure instructions and information from parents is kept current. Information should enable staff to support and challenge children appropriately. See requirement one.

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

Key areas we assessed include the extent to which:

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

Staff were aware of the precautions to minimise the potential spread of infection. The team were undertaking asymptomatic testing which alerted them to any possible cases of COVID-19 so that swift action could be taken to prevent the spread. Consideration had been given to the anxieties of parents, children and staff who had medical needs or characteristics that made them more susceptible to the virus. Procedures were in place, such as individual risk assessments and different drop off and collection times for children. This helped protect children, staff and parents from the virus.

There were enough materials for staff to perform hand hygiene and cleaning. They had a schedule of cleaning and extra support to help them undertake cleaning duties at busy times, such as lunchtime. These procedures helped towards a clean and tidy environment. The team should be mindful of cleaning procedures, times and paperwork to be completed to ensure consistent and effective cleaning practices remain in place.

The team had communicated regularly with the parents about the procedures for a suspected outbreak. Staff described the protocols and there were helpful flow charts and checks they followed to ensure that the correct information was shared with the relevant agencies. This helped keep everyone safe as the staff and families followed the COVID-19 public health advice when there was a suspected case.

Risk assessments were regularly updated to inform the team about the risks of COVID-19 and how to minimise these through their practice. Staff used personal protective equipment (PPE) during routine tasks, such as when changing nappies or dealing with bodily fluids. There were mixed responses from staff when we asked if they had received training and knew how to safely put on and take off their PPE. It is important that a review of this knowledge and practice is undertaken promptly to ensure that staff are protected at work. This will limit the spread of infection and promote good health. See requirement two.

It was part of daily practice to keep the room ventilated throughout the day. This helps to increase air flow and reduces the likelihood of the virus spreading to keep children and staff healthy. We found the disabled toilet had been used as an isolation room for symptomatic children. This room was not well ventilated and potentially took away an accessible facility. We highlighted this during our visit and it was changed that day to another room.

Children and staff were prompted to wash their hands often. Risk assessments, posters and check lists indicated that this should be regular to be effective in minimising the risk of the spread of COVID-19. However, there were missed opportunities where effective hand washing should have taken place. The youngest children were not consistently supported to wash their hands. It is imperative that staff remain vigilant and support children intently when they are washing their hands. See requirement two.

Some of the youngest children were unable to wipe their noses unaided. Staff were not proactive in noticing when children needed help to wipe their nose. COVID-19 is a respiratory infection and it is important to support children to keep their faces, hands and noses as clean as possible. Some of the rhymes we observed in older rooms could be used to engage the youngest children and help them begin to understand the importance of not spreading germs. See requirement two.

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

Key areas we assessed include the extent to which:

- staffing arrangements meet the needs of children and families - staff are well supported and confident.

The team were supported and included in the life of the service even though they had been through a period of substantial change in the past year. Supply staff were welcomed and participated in meetings and planning which made them feel valued. Staff benefitted from wellbeing 'check in' chats with management and the individual support arrangements put in place for their health and safety due to COVID-19.

Staff training and information was available on COVID-19 including the use of PPE and the procedures for effective hand washing or using alcohol-based hand rub. What's App, emails and Teams online meetings gave the team opportunities to ask questions and share information. However, some staff we spoke with stated they had not had training in certain core areas of COVID-19 mitigations. Similarly, some staff had completed the training and could not remember the steps to take. It is important that training is revisited, and staff are able to put their new knowledge into practice to enable them to retain what they have learned. See area for improvement two

Staff used face coverings to help minimise the potential spread of COVID-19. They wore them in communal areas or when physical distancing was not possible. At times, staff did not follow appropriate wear and care instructions for the safe use of face coverings. There were also times when staff found it difficult to maintain their physical distance. Staff should remain aware and remind each other of the safety measures to reduce the spread of COVID-19. See area for improvement two.

The team worked well together to support children and put them first. For example, they upheld a child's rights when they indicated they did not want to engage in an experience. The nurture principles of the service were put into practice as the team gave children comfort and cuddles unreservedly. The team helped each other when situations were more difficult and made sure their colleagues had support. These procedures ensured that children felt respected and safe in the care of staff.

The team said the past year had been difficult and they were pleased to be back in their own buildings and rooms. They explained how they had become strong supports for each other and reduced anxieties by sharing concerns and discussing them. The senior management team had been unable to monitor staff within rooms due to the varying risks of COVID-19. Our findings within this report have highlighted the need for more supervision and feedback on practice throughout the service. As we learn more about the virus and how to keep safe the management team are well-placed to re-introduce monitoring, support and supervision across the service. This will help to ensure that children and staff are protected from COVID-19. See area for improvement three.

Requirements

1. The provider must ensure information in children's care and support plans is updated and reviewed at least every six months. Long term medication forms should be updated in line with best practice. Information should remain current and reflect children's specific care and support needs. Where required, individual strategies of support should be developed and monitored within these plans. Staff supporting these children must be fully aware of their needs and how they can help children to achieve their full potential.

Timescale – By Wednesday 30 June 2021

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - SSI 210 Regulation 5 (1) and 2 (a)(b), Personal Plans. A provider must, after consultation 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 user's health, welfare and safety needs are to be met.

This also ensures that care and support is consistent with the Health and Social Care Standard 1.15 which states, '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'.

2. The provider must ensure that children's health, safety and wellbeing is supported during the pandemic. By Friday 11 June 2021 the provider must ensure that infection prevention and control measures are strictly followed in line with current guidance. This will support a hygienic environment and help protect children, families and staff from COVID-19.

The main areas of improvement needed are as follows:

- a) Staff can safely put on, take off and dispose of personal protective equipment appropriately.
- b) Enhanced hand hygiene measures are in place for children and staff in line with current guidance. Staff should wash their hands before exiting and on entering rooms. Staff should work with children to improve their handwashing practice, for example, ensuring this lasts for 20 seconds. They should also ensure that handwashing is carried out at appropriate times in the day such as when arriving in the service, before and after eating and before going home.

c) Staff notice when children need help or reminded to wipe their nose. If children can wipe their own nose, they should be encouraged to do this and then wash their hands appropriately and, if needed, with supervision.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(d) Welfare of Users. It is also to ensure that care and support is consistent with the Health and Social Care Standard 4.11 which states, 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

Areas for improvement

1. The provider should ensure staff at all levels have a sound knowledge of child protection, including the less obvious signs and patterns that could alert them to a concern. The team should consider how the impact of COVID-19 may have affected families and as a result put more children at risk. This will ensure the team are confident and competent in reporting concerns to keep children safe and protected.

This will ensure that care and support is consistent with the Health and Social Care Standard 3.20 which states, 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.'

2. The provider should ensure that staff have regular opportunities to revisit and revise information and training on COVID-19. This will help the team to remember and embed this new knowledge into their practice. Doing so will ensure that staff are fully informed of their responsibility to minimise the spread of COVID-19 through their daily practice and in the case of a suspected outbreak. The provider should also ensure staff follow the advice on the proper wear and care of face masks and coverings. This will better ensure the effectiveness of the face coverings to minimise the spread of COVID-19 and help keep everyone healthy.

This is to ensure that care and support is consistent with the Health and Social Care Standard 4.11 which states, 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

3. The provider should ensure that staff receive frequent and effective support, supervision and monitoring of practice. They should support the team to continue to develop their methods of self-evaluation using internal and external tools. To support the continuous improvement of the service tools such as Key Question 5, the Health and Social Care Standards (2017) and How Good is our Early Learning and Childcare may be utilised.

This is to ensure that care and support is consistent with the Health and Social Care Standard 4.19 which states that, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

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	3 - Adequate
5.3 Staffing arrangements are responsive to the changing needs of children during COVID-19	3 - Adequate

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