

Mayfield Private Nursery Day Care of Children

148 Albert Road
Crosshill
Glasgow
G42 8UF

Telephone: 01414 234 723

Type of inspection:
Unannounced

Completed on:
4 June 2021

Service provided by:
Mayfield Private Nursery

Service provider number:
SP2005007418

Service no:
CS2005094804

About the service

The service was registered with the Care Inspectorate on 1 April 2011 to provide a daycare of children service to a maximum of 41 children from birth to those not yet attending primary school. Funded early learning and childcare is provided in partnership with Glasgow City Council. The provider is Mayfield Private Nursery.

The service operates from a large semi-detached house in the Crosshill area of Glasgow and is located close to public transport links, main roads and local amenities. At the time of our inspection, some temporary changes to the way children accessed and used the space were in place, which was in response to the Covid-19 pandemic.

We carried out an unannounced onsite inspection of the service on 01 June 2021. We then concluded the inspection remotely on 02 and 03 June 2021. This included the use of video technology to interview staff and observe children's play. We provided feedback to the manager and deputy manager on 04 June 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. This inspection was carried out by two inspectors from the Care Inspectorate.

The aims of the service include:

- To provide secure, safe, inspiring and challenging nursery environment for our children to develop individually reaching their full potential.
- To create a safe, happy welcoming nursery.
- To be confident and ambitious within our children and staff.
- To build positive relationships with all.

What people told us

We spoke to three parents by telephone and received emailed comments from a further two parents over the course of this inspection. All parents told us they were happy with the service. Parents commented positively on the care their children received and the level of communication they received from staff.

One parent told us they had raised an issue around how children were arranged into groups during the pandemic. This had been taken on board and quickly resolved by the manager to ensure children's friendships were taken into account.

Children were observed to be happy and settled during the inspection. We spoke to three children about handwashing and they confidently told us they knew how and when to wash their hands to keep away germs.

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.

Warm and nurturing approaches were being used by staff throughout our visit. Children were offered cuddles and reassurance as appropriate, which contributed to providing a caring environment.

The garden areas had been developed and refurbished recently and children had fun playing outdoors. The manager agreed to review the use of the outdoor area by the 3-5 room to ensure all children were able to spend time outdoors every day.

As a result of Covid-19 restrictions, changes had been made to settling in processes. Staff and the manager told us that this had sometimes been challenging with some children taking longer to settle. Staff were working closely with parents to ensure children were given the correct support. Parents commented positively on the efforts of staff with one noting that, while their child was upset at first, they were now eager to go to the nursery.

The experiences being provided to children, particularly in the baby room and 2-3 room, were not as extensive as they could have been. Adult-led experiences were observed to be taking place in all rooms with limited opportunities for children to make independent choices. This meant that opportunities for children to develop their understanding, thinking, investigation and problem solving skills were limited. This had been identified at the previous inspection with a recommendation being made. We have repeated this as an area for improvement within this report. **See area for improvement 1.**

Children's personal plans had been developed in partnership with parents and carers, and were reviewed regularly to support meeting children's needs. We discussed how plans should continue to be developed to include more detailed strategies.

We identified some issues with how safety protocols were being followed during our inspection, including the secure entrance, use of fire doors and storage of emergency medication. When we pointed these out to the manager they were addressed immediately. However, we advised that the manager must make sure staff are aware of their responsibility to follow all protocols to keep children safe from harm. **See area for improvement 2**

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

A Covid-19 risk assessment was in place, which supported the implementation of the current national Covid-19 operating guidance. This was reviewed when guidance changed and had been shared with staff to ensure they carried out required tasks to a good standard.

Staff had completed training before the service reopened and had undertaken a recent refresher. We saw this being used in practice to minimise the spread of infection. In particular, staff were conscious of cleaning resources if they had been in children's mouths and ensuring children washed their hands when needed, including after sneezing and at the correct times across the day.

Children were being supported with handwashing and told us how they washed their hands on the way in to the nursery and that this helped get rid of germs.

Observations of handwashing for children showed how they were supervised by staff and washed hands for the correct time and always used soap and water before drying hands thoroughly. This contributed to reducing the potential spread of infection within the service.

Rooms were well ventilated, bright and airy with each room benefitting from large windows that could be opened safely to promote a positive airflow. Drop-off and collection procedures were in line with guidance and took place outside of the premises. These measures reduced the risk of Covid-19 being transmitted between staff, parents and children.

Parents told us that the service had provided regular updates on national guidance, including testing and when to keep children at home. Staff also understood this and had a clear understanding of the protocols to be followed should a child develop Covid-19 symptoms while attending the service. As a result, the likelihood of Covid-19 being transmitted in the service was reduced.

Overall infection prevention and control practice was good, although improvements were required relating to the use of face coverings. We accepted that plans were in place to provide washable bags and reusable masks to staff. However, we agreed with the manager that interim measures should still ensure that masks are stored correctly when not in use to prevent cross-contamination.

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

Staff worked well as a team and communicated with each other to support key tasks such as hand washing and cleaning. Staff were happy in their workplace and this contributed to a positive atmosphere for children.

Parents commented positively on their relationships with staff and felt that staff cared for their children well. One parent commented that it had been harder to get to know staff due to face coverings and limited contact and handover times. The manager noted that plans were being developed to increase the information shared about staff through social media. We agreed this may be helpful in supporting new parents to get to know staff while restrictions remain in place.

While overall staffing levels were sufficient to meet ratios, additional staff would have been beneficial at key times of the day to ensure that children's experiences were not compromised.

For example, lunch time and nappy changing times where staff had additional tasks to complete. Some staff were also required to work with more than one group of children over the course of a week. This could increase the impact of a Covid-19 outbreak in the service and was not in line with current national operating guidance. In addition, this contradicted the measures outline in the service's own risk assessment. **See area for improvement 3.**

We sampled paperwork that showed staff had undertaken various training courses since the last inspection. However, staff were unable to discuss how this training had impacted on their practice or had contributed to supporting children's outcomes. We discussed with the manager how staff should be encouraged to reflect on any training undertaken and how monitoring the impact of training on children's experiences would support improvement.

Further audits of staff practice would support the manager to identify any gaps in knowledge and skills. We found some examples of good practice in relation to infection control, but noted other examples where practice could be developed, particularly in relation to the quality of children's experiences.

Formal appraisals had not taken place recently and the manager confirmed these were scheduled for the near future. Adopting a more formal system for reviewing staff practice would support the manager to work with staff to identify their strengths and areas for development. **See area for improvement 4.**

Areas for improvement

1. The provider should ensure that all children have access to, but not be limited to, imaginative, creative, schematic play, role play, explorative, messy and sensory and STEM experiences on a daily basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

2. To ensure children's health, safety and wellbeing, the service should develop their approaches to keeping children safe. This includes ensuring emergency medication is easily accessible and that staff are aware of all protocols including the safe use of fire doors and ensuring the entrance to the premises is secure at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'My environment is secure and safe. (HSCS 5.17) and I experience high quality care and support because people have the necessary information and resources. (HSCS 4.27)

3. The provider should review the staffing model in place to support responsive care being provided to children at all times. This includes ensuring that the current staffing model complies with national guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'My needs are met by the right number of people' (HSCS 3.15) and 'My care and support meets my needs and is right for me.' (HSCS 1.19).

4. The provider should implement formal appraisal and supervision processes to support staff to provide high quality care for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: '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).

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

The provider should review and audit the paperwork relating to personal plans, planning for learning and observations to ensure that the information being recorded was meaningful, individualised and allowed effective monitoring of children's learning and development needs and progress.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 9 May 2019.

Action taken since then

Personal plans had been moved to a digital format since the last inspection.

This allowed the manager to easily view and audit plans and identify where any improvements were required. We sampled plans and found that they contained the information required to support staff to care for children. Therefore, this area for improvement has been met.

Previous area for improvement 2

The provider should ensure that all children have access to, but not be limited to, imaginative, creative, schematic play, role play, explorative, messy and sensory and STEM experiences on a daily basis.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

This area for improvement was made on 9 May 2019.

Action taken since then

The range of experiences available to children was not as extensive as it could have been. Children could choose from some play types, although we observed that children were sometimes directed away from where they wanted to play due to other routines or because of the staffing model being deployed. Therefore, we have repeated this area for improvement at this inspection.

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

enquiries@careinspectorate.com

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