

Carli's Kindergarten Ltd Day Care of Children

33 Napier Street
Linwood
Paisley
PA3 3AJ

Telephone: 01505 805 228

Type of inspection:
Unannounced

Completed on:
28 May 2021

Service provided by:
Carli's Kindergarten Ltd

Service provider number:
SP2007009038

Service no:
CS2021383142

About the service

We carried out an unannounced on-site inspection of Carli's Kindergarten Ltd service on Wednesday 26 May 2021. To complete the inspection, we used video technology to interview staff and telephone to engage with the parents as part of the process. The manager sent us relevant documents requested electronically. Feedback was given to the manager on Thursday 27 May 2021 using Microsoft TEAMS.

The service was registered with the Care Inspectorate on 19 March 2021 to provide a daycare of children service to a maximum of 59 children not yet attending primary school at any one time. No more than 15 are aged under 2 years; no more than 12 are aged 2 years to under 3 years and; no more than 32 are aged 3 years to those not yet attending primary school full time.

The service aims include "To create a nursery environment which encourages curiosity, discovery and imagination through uninterrupted play, incorporating real life experiences".

A full statement of the service's values, aims and objectives was available to people who used 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 two inspectors from the Care Inspectorate.

What people told us

We saw warm and friendly relationships between children and staff. Children were having fun and making choices with the resources available to them.

Six parents responded to our request for feedback. The parents were happy with the service provided. They told us that information to support Covid-19 guidance was shared with them regularly. Shared posts on social media and home learning packs further supported their child's learning. Photographs of children's experiences were shared with them through the SEESAW app, this showed their children following their interests and having fun.

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 well being are supported and safeguarded during Covid-19

We identified some strengths that supported children's health and wellbeing during the Covid-19 pandemic. Children's emotional wellbeing, personal care and development needs were being supported, because of the caring and nurturing approaches from staff.

We saw warm and supportive interactions between staff and children. Staff praised children in a soft and engaging way. Giving them cuddles and reassurance when needed. Children took part in play experiences that were both adult and child led. This supported their play, learning, wishes and choices.

The lunch time experience was sociable and relaxed in the 2-3 playroom. Staff engaged with children in a supportive manner, helping them with feeding when needed. Careful consideration should be given to the lunch time arrangements within the 3-5 playroom. For example, the time children must wait to wash their hands, the length of time taken to be served their lunch and the use of cutlery available to promote own self-help skills and reduce the spread of germs.

Children were reminded to wash their hands as part of the daily routine. A timer was used making it a fun experience. Children aged 2-5 years had regular opportunities to play outdoors, which helped to reduce the risk of transmission.

Information in respect of Covid-19 and other economic support was shared with families generically through Facebook and individually by telephone. Settling in procedures were safe and supported individual children and families. Staff spoke about children's personal care, learning needs and interests and the different plans in place to support children. Parents that we spoke to, told us that staff shared the children's plans with them. However, they were not involved in setting targets for their child. (See Area for Improvement 1).

Information to support children's cultural needs and allergies was accessible in the kitchen. This supported the cook when preparing children's meals and snacks. However, we noted that children's information to support their allergy, dietary and medical needs were not consistently reviewed or updated in consent forms or within the child's plan in line with current best practice. In some cases, updated information had not been signed or dated on behalf of the child's parent. There were some inconsistencies also with the receiving, recording, and storage of medication at the service. This should be reviewed to maintain children's health, safety, and wellbeing. (See Area for Improvement 2).

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

The service shared their Covid-19 policy with parents. We saw that parents were not allowed past the small hallway area of the nursery and both parents and staff wore a face mask at drop off and collection times.

Hand sanitiser was readily available for staff to use at each playroom door, entry and exit points. We saw that staff washed or sanitised their hands after touching their mask, face or when coming in from outdoors. Staff rooms were clean, tidy, and well ventilated.

During our visit we observed potential hazards in some areas used by children. For example, cluttered worktops and windowsills. Porous materials and personal belongings that have the potential to spread bacteria and germs. Unclean nappy changing area and playroom fridge. Sterilising fluid to clean toys within children's reach which was promptly removed by staff after we pointed out the risk.

On the second day of inspection, management and staff told us about the additional safety measures that were now in place. Staff interviews highlighted that staff had a clearer understanding of the cleaning routines and their responsibilities to ensure they were being carried out effectively.

We spoke to staff during inspection as to the importance of infection control measures and how they can minimise risk and maintain safety for children. We highlighted the need for staff to complete regular visual risk assessments and implement control measures, as appropriate to reduce or remove potential hazards. (See Area for Improvement 3).

Staff described the appropriate actions to take if they or a child was to become unwell or displayed symptoms of Covid-19 at home or at the service. The service should consider the suitability of an isolation space, to keep staff and children safe. Consideration should be given also to the implementation of routine temperature checks to ensure playroom temperature remains consistently between 16-22 degrees.

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

We found that staff deployment was good and consistent with best practice. Staff were responsive to children's needs and generally avoided becoming task orientated. There was enough staff to ensure that cleaning routines could be carried out without compromising the care of children. Cleaning rotas were in place and shared with management weekly.

Covid-19 policies was shared with staff as and when information was changed or updated. The playrooms were adapted to support physical distancing. Clear guidance was in place for staff around the use of face masks and wiping down any shared resources. Staff kept a safe two metre distance indoors and outdoors where possible. Staffing ratios were consistent within the playrooms. Management was available to support staff during lunch times when needed.

Staff told us that they felt supported by management. Wellbeing meetings and phone calls had taken place before staff returned, with individual support given. Staff told us that they felt comfortable to approach the manager with any concerns. She was very easy to talk to. Parents also confirmed this and valued the support from the manager.

We found that staff had a good understanding of their responsibilities to keep children safe from harm and had attended up to date child protection training. Staff knew who their child protection officer was and who to share information with in respect of any child protection concerns.

We sampled staff recruitment files and found that they had been recruited in line with safe recruitment guidance. For example, the required safety checks had been completed prior to staff members starting employment with the service.

We saw that training records were in place for staff that detailed the training they had undertaken to support own professional development. To support staff training further, robust monitoring procedures should be planned for and used to evaluate the effectiveness that training has had in supporting quality experiences and outcomes for children. (See Area for Improvement 4).

Areas for improvement

1. The service should include key strategies and review dates within children's personal care plans. To support how children's individual care needs will be met collectively. Regular evaluations and monitoring of plans will support a consistent approach.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: "My personal plan (sometimes referred to as my 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)

2. The service should ensure that children remain safe, healthy, and supported. Adequate permission should be sought to administer medication within the service. Allergy and dietary information should be updated within the child's care plan. To support staff with the correct procedures to follow. Providing effective and consistent care.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24) and "I use a service and organisation that are well led and managed." (HSCS 4:23)

3. The service should ensure that children are cared for in a safe and hygienic environment and sufficient measures are in place to protect children during the Covid-19 pandemic and long term.

To achieve this the manager should:

(a) Monitor staff practice to measure their understanding of infection prevention and control training undertaken to ensure staff are implementing this safely within the service.

(b) Carry out a detailed audit, reviewing infection control practice across the service to ensure compliance with Health Protection Scotland guidance 'Infection Prevention and Control in Childcare Settings (Day care and childminding settings).'

(c) Review the service procedures for cleaning indoors and update cleaning schedules to ensure they include accurate details of what has been cleaned and when cleaning has taken place.

This is to ensure that the environment is consistent with Health and Social Care Standards, which states: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

4. The service should have robust monitoring procedures in place, to evaluate the impact of staff training, and effectiveness that training has had. This will ensure the consistency of quality experiences and outcomes for children using the service.

This is to ensure that the environment is consistent with Health and Social Care Standards, 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).

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	4 - Good

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Compass House
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