

Linthaugh Nursery School Day Care of Children

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Type of inspection:
Unannounced

Completed on:
17 June 2021

Service provided by:
Glasgow City Council

Service provider number:
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About the service

On 11 June 2021 we started an unannounced inspection of Linthaugh Nursery School. Feedback was provided on 17 June 2021.

Linthaugh Nursery School is provided by Glasgow City Council. The nursery operates an early learning and childcare service for a maximum of 100 children aged from two years to those not yet attending primary school.

Linthaugh Nursery School is accommodated in a purpose-built modular building in Pollok, southwest Glasgow. The building comprises of three large playrooms for children and appropriate toilet and changing facilities. There are also kitchen, office and staff facilities. The building has outdoor play areas to offer children opportunities for outdoor play and learning.

The aims of the service state that "together with families and communities we enable each child to be the best they can be through wonderful experiences that enrich and extend their learning."

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 was carried out by two inspectors.

As part of the inspection process, we completed an onsite visit and virtual meetings with staff. The manager emailed a sample of documents. These included policies and procedures specific to Covid-19, meeting minutes and risk assessments.

What people told us

During the inspection we invited parents to provide feedback. We received two emails from parents. Both parents told us they were happy with the care their child received.

The parents told us:

"Our little girl thrives and has a special bond with her teachers and all in her bubble."

"When the nursery was closed during lockdowns, we got weekly calls just to check we were ok."

"Twitter help us see what goes on at nursery."

"I don't worry when our little one is at nursery as I totally trust that she is safe."

"The HT has also been very supportive in my experience too, personable and very approachable."

Furthermore, we received feedback from two external professionals that work alongside the service to support children's needs. Both were positive about their experience of the service and highly praised staff for their innovative approaches to maintaining partnership working with them during the pandemic.

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 Our focus in this inspection was to establish if children's health and wellbeing are supported during covid-19 pandemic. We found some strengths in this area; however, to ensure children achieve positive outcomes improvements must be made.

Children experienced warm, caring, and nurturing interactions from staff. After returning from lockdown staff had implemented a whole setting nurture approach that focused on children's emotional wellbeing. Children were encouraged to talk about themselves and their feelings. This resulted in children being less anxious about the changes to their care. During our visit to the setting all children were settled and engaged in their play and one parent told us "my son has become so confident since starting at Linthaugh and speaks fondly of the staff, his friends and what he's been learning."

We recognised the value of embedding a nurture approach across the whole service; however, we found instances where staff had not reacted promptly to indicators that a child could be at risk of harm, assessments of children's needs and risks had not always informed support plans and information held on vulnerable children was not consistently reviewed and updated (see requirement 1).

Children had personal plans in place. Personal plans had been updated with information provided by parents; however, some plans did not set out how children's health, welfare and safety needs were to be met. The senior leadership team told us they intended to improve personal plans. We agreed that this should be included within their improvement priorities (see area of improvement 1).

Staff used fun and imaginative ideas to engage children in the establishment of new routines. For example, children were involved in the cleaning of toys after use, created posters to display handwashing instructions for their friends and were supported to tell stories about their own experiences. This supported children to understand the need for the changes to their daily care experiences and contributed to the hygienic environment.

Children were able to make choices in their play because staff had designed the playrooms and outdoors so resources could be freely accessed. This promoted children's independence despite the additional restrictions in place to keep them safe during the Covid-19 pandemic.

5.2 Our focus in this inspection area was to establish if infection prevention control practice supported a safe environment for children and staff. We found important strengths with some areas of improvement.

The senior leadership team had arranged children and staff into smaller groups to reduce the interaction that children and staff had. We found the groups were outwith the maximum capacity guidelines. The leadership team should revisit their approach to groups with the aim of further reducing the number of potential interactions that children and staff have. This is to decrease the likelihood of Covid-19 transmitting and to minimise the impact 'isolating' has on children, families, and staff (see area of improvement 2).

A Covid-19 risk assessment was in place which included reasonable steps to protect staff, children, and others from Covid-19. It was evident that the plans were reviewed regularly to ensure new learning was accounted for. We asked the manager to ensure that risk assessments take account of visitors to the setting.

Staff understood the new arrangements for cleaning within the service. They had received updated training on Covid-19 and infection prevention and control practice. The spaces used by children and staff were visibly clean. From our conversations with staff, it was evident they were a dedicated team willing to take on additional tasks to keep children safe. As a result, children experienced a hygienic environment.

Physical distancing was followed by adults in the setting, and this included families. A drop off and collection system was in place that reduced the risk of groups gathering in and around the setting. Staff rooms were reconfigured to support the physical distancing rule of two metres. This was helping to reduce the potential transmission of Covid-19.

Personal Protective Equipment (PPE) was used appropriately when providing personal care and in communal areas within the setting. Furthermore, staff were observed safely applying and removing face-coverings. When not in use, face-coverings were stored in washable pouches. This was helping to reduce the risk of cross infection.

Children were supported to understand the need for good hygiene and effective use was made of pictures, stories and activities. This made experiences fun, enhanced children self-care skills, encouraged independence, and contributed to children's learning.

Quality Indicator 5.3: Our focus was to establish if staffing arrangements are responsive to the changing needs of children during COVID-19. We found important strengths with some areas of improvement.

Almost all staff were familiar with the settings policies and procedures. To ensure that children are kept safe because all staff have a clear understanding of their responsibilities the senior leadership team should review and further develop the quality assurance systems (see area for improvement 3).

The service was appropriately staffed to meet the children's needs and attention was paid to the additional demands placed on staff in response to Covid-19. Staff ratios enabled continuity of care for children.

Staff had considered the challenges that physical distancing presented when they interacted with parents. They stayed connected to families during lockdowns and were mindful about discussing sensitive information outside with parents. Some parents said they would like more opportunities to discuss their child's individual development and needs. We asked the manager to continue to promote the ways that parents and staff can communicate about children's care and support.

Staff had increased the time children spent outdoors because they understood this would limit the risk of transmission and encouraged energetic play. This also supported staff to complete additional tasks without compromising children's care, play and learning experiences. To fully maximise children's time outside staff may wish to consider ways to support handwashing outdoors.

Staff report that they are a supportive team and told us the pandemic had brought them closer together. This resulted in staff helping each other to ensure care and support was consistent and stable for children during periods of change.

Staff told us the manager was compassionate and understood their individual needs during the pandemic. This resulted in them feeling supported and able to focus on the children's care and support.

We received feedback from partner professionals. They told us the service was very welcoming, and that staff embraced the advice offered to them. Despite the challenges of the pandemic, this was ensuring that children with additional support needs were better able to achieve their potential.

Requirements

1. By 19 July 2021, the provider must ensure that all staff are clear about their role and responsibilities in relation to child protection and safeguarding. Furthermore, the provider must be assured that all information held on children has been assessed to identify risks and needs. This information must inform children's plans. Priority should be given to the following:

Complete an audit of children's files. This is to ensure the information held is up to date and supports staff's assessment, analysis, and next step planning- particularly if a child is vulnerable or staff have concerns for their welfare. Any information identified that should have been shared with partner professionals, and that was not, should be passed on to the relevant agency immediately. The outcome of this audit must be shared with us by 19 July 2021.

Submit to us an action plan outlining how they will ensure that local and national policies and procedures in place to safeguard and protect children are embedded into practice.

This is in order to comply with Regulation 4.1(a), welfare of users- a provider must make proper provision for the health, welfare and safety of service users, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 and to ensure care and support is consistent with the Health and Social Care Standards, which states: as a child, "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3:20).

Areas for improvement

1. To ensure that children experience stability in their care, the service should further develop their personal plans. Personal plans should clearly outline how the service intends to meet every child's health, welfare, safety and learning needs. In line with legislation, these should be reviewed with parents at least once every six months or when there is a significant change.

This is to ensure that care and support is consistent with the Health and Social Care Standards, 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" (HSCS 1:15).

2. The leadership team should revisit the Scottish Government's guidance on limiting contact between children and staff and then align their approach with current guidance. This is to decrease the likelihood of Covid-19 transmitting and to minimise the impact 'isolating' has on children, families, and staff.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: "My care and support is consistent and stable because people work together well (HSCS 3.19) and as a child, "I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11).

3. To ensure that children receive high quality care and support, the leadership team should further develop their quality assurance system. The following should be included:

A monitoring calendar to evaluate the quality of practice.

Periodic audits of information recording systems to ensure they support staff, inform decision making and keep children safe (Personal plans, registers, records of concern, chronologies...)

Planned and purposeful opportunities to revisit, discuss and review policies and procedures. This is to ensure staff are confident about their role and responsibilities.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: as a child, "I benefit from a culture of continued improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19).

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	4 - Good

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