

Polkemmet Daycare Limited

Day Care of Children

Lairds Lodge
Polkemmet Country Park
Whitburn
Bathgate
EH47 0AD

Telephone: 01501 228 490

Type of inspection:
Unannounced

Completed on:
10 June 2021

Service provided by:
Polkemmet Daycare Limited

Service provider number:
SP2017012983

Service no:
CS2017360068

About the service

Polkemmet Daycare registered with the Care Inspectorate in April 2018. The service can provide care for a maximum of 30 children not yet attending primary school at any one time, of those 30 no more than 6 are aged under 2 years.

The service is situated in a small group of converted farm buildings in Polkemmet Country Park, West Lothian. There is a café next door, public parking and toilets nearby; with access to woodlands, walks and a play park. Children use one play space which has a separate section for 0-2 years. A kitchen, toilet and nappy changing area are located just off the playroom. A secure outdoor space is freely accessible for the children aged 2-5 years. A small cloakroom gives children space for their belongings. Large windows give the play space natural light and views of the forest.

The service is not accessible by local bus routes and is a short drive from local shops and amenities.

The aim of the service is stated as:

"Learning and Teaching: to provide a stimulating and challenging activities that will engage children and develop curiosity and creativity

Vision and Leadership: To have a shared vision with a focus on equipping children with skills for life and for the future

People: To work as a team, supporting one another

Culture and Ethos: To create a welcoming, nurturing and happy environment where all achievement is celebrated.

Our values guide the way we work, they are:

Respect, friendship and equity."

We carried out an unannounced inspection on Monday 7 June 2021 between the hours of 9:50 and 13:30.

This allowed us to see the space where children were cared for and observe them in their daily routines with staff. The inspection was continued virtually using video and telephone calls with parents, staff, the manager and the provider. Feedback was given by video call on Thursday 10 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 one inspector from the Care Inspectorate.

What people told us

Fourteen children were present during the inspection. All children looked engaged in their play and comfortable with the staff around them. They were happy to talk to us about their nursery. Some comments included:

"We sit at the table to eat snack and we have to wash our hands."

"I like painting the best."

"I like having soup for lunch."

We invited parents to contact us with feedback of their family's experience with the service. One parent responded positively about the care and support received by their child during the Covid-19 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

Quality indicator 5.1: Children's health and wellbeing are supported and safeguarded during COVID-19. 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 return to nursery following closures in a number of ways. Contact with parents gave staff the updated information needed to provide consistent care for children. Resettling was planned to suit each child's needs. This allowed children time to reconnect with familiar adults, whilst gradually spending time away from their family. Children understood the changes to their nursery through the use of child-friendly information, experiments about germs and the introduction of quiet spaces for children to relax in.

Children's wellbeing was considered by staff during the pandemic. Attachments between staff and children were evident. Children's non-verbal cues were understood and responded to with comfort and reassurance. Children were respected as staff listened to their ideas and thoughts.

Regular communication with parents allowed staff to gain and share information about children's care. This meant that children had continuity of care between home and the nursery. On reviewing personal plans, it was clear that more detail was needed to give clear guidance to staff about health needs and actions they should take to keep children safe and healthy (area for improvement 1).

The small setting offered a home from home atmosphere where children were relaxed and confident. Interesting play spaces had a mixture of natural and real resources for children to explore and experiment with. Children were free to move resources around the space and use them as creatively as they wished. Staff were aware of the different age groups potentially impacting on each others play and worked hard to prevent this.

Children's sleeping arrangements did not reflect best practice. The use of buggies and baby recliner chairs are not considered to be as safe or comfortable for sleeping babies in daycare settings. The manager demonstrated commitment to improving outcomes for children around sleeping arrangements by making some changes during inspection. These changes continued to develop following inspection with mats being provided for children to sleep on when indoors. We advised the manager to be clear about best practice in the service policies and procedures so they can support changes to children's routines if required (area for improvement 2).

5.2: Infection prevention and control practices support a safe environment for children and staff. Children are protected as staff take all necessary precautions to prevent the spread of infection.

Whilst the risk of Covid-19 to children, parents and staff was reduced as the service had considered the national Covid-19 guidance, the inspection highlighted areas for further improvement.

The setting was well ventilated and visibly clean. Enhanced cleaning meant that the most touched surfaces were regularly cleaned throughout the day. Whilst we did not observe this on inspection, staff confirmed the use of cleaning checklists to help them monitor when tasks were completed. Soft furnishings were laundered each day in accordance with the guidance. As children were sleeping in buggies and baby recliner chairs, the cleaning of these after each use was more challenging. The manager agreed to review this alongside area for improvement 2.

Parents did not enter the setting and instead dropped off and collected children at the gate to the garden. The manager agreed to review their process for showing prospective parents around the setting out of hours and we discussed using virtual tours instead. This would further reduce the number of different people entering the setting at this time. Information about signs and symptoms of Covid-19 were regularly shared with parents to remind them of the procedure to follow when children were unwell. This helped limit the spread of infection into the setting.

Children were supervised when washing hands. This supported their understanding of its importance and helped them to embed healthy habits into their daily routines. The setting had child sized sinks which made this easier for children to be independent. The quality of staff handwashing was inconsistent. We observed occasions when handwashing was not long enough or did not happen at all when it was needed to reduce infection risk (area for improvement 3).

We discussed the need for more detail in the Covid-19 risk assessment. This would give staff clear guidance in daily practice for further reducing the risk of infection transmission. The provider and manager also agreed to develop ways to monitor and ensure daily practice was consistently adhering to the national Covid-19 guidance (area for improvement 3). We referred the manager to the Care Inspectorate website and the provider updates for the most up to date Covid-19 information for the early learning and childcare sector.

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

Whilst the service was working within recommended staff to child ratio, the mix of staff and the deployment of them could have impacted on children's experiences. The manager demonstrated willingness to explore how this could be improved. Changes were made during inspection which had a positive impact on children's experiences. Good team work and communication between staff supported a positive flow to the routines of the day. This meant that children's play was not interrupted for tasks such as snack. Children were able to lead as staff effectively listened and responded.

Staff training needs had been identified. To further improve and enhance practice, staff would benefit from accessing a greater range of learning opportunities. This would offer different perspectives and ideas which would benefit children's outcomes further. Staff were aware of their responsibilities to reduce the risk of Covid-19 transmission through being kept up to date with changing guidance. They physically distanced from each other and were clear on what to do if they developed symptoms.

Whilst the manager could discuss her knowledge of the Covid-19 guidance, we did not always see this in practice. Effective handwashing was an example of this. We discussed the provider and manager's role in monitoring practice to reinforce the use of the guidance in all situations. This would require both the provider and manager to demonstrate and model best practice as well as having robust systems in place to check and assess the use of the guidance by other staff and each other. This would support the manager to identify areas requiring improvement (area for improvement 3).

The provider and manager were committed to improving the service they provide to children and their parents. Whilst they had a vision of what they wanted to develop, they needed some clarity about how they would achieve progress. We referred them to the self-evaluation and improvement bitesize sessions on the Care Inspectorate website. These would offer support on how to progress with identifying and making changes. For example setting specific small goals for the service to achieve which can be monitored and reviewed.

Areas for improvement

1. To enhance children's wellbeing, personal plans should be further developed to show clear detail about what the need is, how it impacts on the child and how the service will support the child.

This is to ensure 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. To support children to experience good quality and safe sleep during their nursery day, the manager should embed safe sleeping guidance, addressing specifically but not exclusively:

- Resources and space for children to sleep securely
- Staff understanding and practice to reduce the risk of children choking whilst settling to sleep
- Review the sleep policy and procedure to communicate and promote best practice to parents.

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. To further reduce risk of Covid-19, the service should review how it implements the national Covid-19 guidance into practice. The service should consider specifically but not be restricted to:

- Regular touchpoint cleaning
- Handwashing length and frequency
- Developing systems to quality assure practice.

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

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

Requirements

Requirement 1

The provider should develop a consistent, systematic approach to repairs and maintenance in the service. Repairs identified during inspection, detailed below, should be addressed within one month of the publication of this report.

A system of monitoring maintenance requirements should be in place within two months of the publication of this report. This is to ensure the environment is safe for children and staff.

Repairs identified during inspection:

uneven and gaping of laminate flooring

uneven metal step edging strip with protruding nails

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210 Regulation 4 (a) which state: make proper provision for the health, welfare and safety of service users.

This requirement was made on 1 July 2019.

Action taken on previous requirement

Laminate flooring looked newly fitted and safe for children. Staff completed monitoring forms daily to guide cleaning and maintenance of each play space. The manager gave examples of issues identified and rectified through this. A maintenance log was used when staff identified repairs required. The manager gave examples of repairs addressed from the log recently.

Met - outwith timescales

Requirement 2

The provider should ensure the requirements of regulatory bodies; the Care Inspectorate and Scottish Social Services Council, are adhered to within two weeks of the publication of this report. This should include:
following guidance for notifications of incidents and events that should be notified to regulatory bodies and ensure such notifications are made without delay
ensuring appropriate staff are registered with the SSSC within appropriate timescales

This is to ensure the provider complies with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 No 210 Regulation 4 (1)(a) and the Health and Social Care Standards which state: I use a service and organisation that are well led and managed (HSCS 4.23).

Guidance on Care Inspectorate notification procedures is available at: <https://hub.careinspectorate.com/media/1601/records-that-all-registered-care-services-except-childminding-must-keep.pdf>

Guidance for employers on Scottish Social Services Council registration is available at:
<https://www.sssc.uk.com/registration/employer-responsibilities/>

This requirement was made on 1 July 2019.

Action taken on previous requirement

The manager was able to talk through notifiable events for the care inspectorate, including Covid-19. The notification guidance was available in the service for reference. We advised the manager to always refer to the notification guidance and if in doubt contact the caseholding inspector.

All staff were registered appropriately with SSSC, with the exception of 3 new staff members who were still within the timescale to register. We advised this be actioned quickly to ensure timescales for registrations were met.

Met - outwith 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

It is recommended that systems for curriculum planning, implementation and evaluation be reviewed to ensure the following:

- outcome focus planning relevant to the age and stage of children attending
- staff interactions provide challenge and promote deeper learning
- children understand appropriate boundaries which enable them to be more focused on play and learning opportunities

Education Scotland provide a range of guidance documents in this area which can be accessed at: [https://education.gov.scot/scottish-education-system/Early learning and childcare \(ELC\)](https://education.gov.scot/scottish-education-system/Early learning and childcare (ELC)). Guidance can also be found on the Care Inspectorate Hub at: <https://hub.careinspectorate.com/resources/children-and-young-people/playgroups-and-nurseries/>

This would ensure that practice is in line with the Health and Social Care Standards which state: As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and story telling (HSCS 1.25) and 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 1 July 2019.

Action taken since then

This was not fully assessed during the Covid-19 focussed inspection, however improvements had been made. Planning was outcome focussed for each age group and evaluated with children. Challenge was

provided for children through experiences and resources which they led to further extend their play. Staff interactions encouraged exploration, curiosity, problem solving and validation.

Previous area for improvement 2

It is recommended that all risk assessments are reviewed and updated with consideration of the following:

- types of opportunities provided for children, with a particular focus on access to the country park
- risk benefits analysis of opportunities for children
- involving children in agreeing appropriate boundaries while accessing the country park
- addressing outstanding actions identified in risk assessments

This would ensure care and support is in line with the Health and Social Care Standards which state: I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions (HSCS 2.25) and, my environment is safe and secure (HSCS 5.17).

This area for improvement was made on 1 July 2019.

Action taken since then

This was not assessed during the Covid-19 focussed inspection and so will be looked at in the next inspection.

Previous area for improvement 3

It is recommended that the service consistently apply safer recruitment procedures when recruiting new staff. This should include:

- two references from appropriate sources, one of which should be from the previous or most recent employer
- records of additional checks made when a reference does not provide the necessary information
- PVG membership update prior to start date
- Registration with Scottish Social Services Council is undertaken within six months of taking up post.

This would ensure that practice is in line with the Health and Social Care Standards which state: I am confident that people who support and care for me have been appropriately and safely recruited (HSCS 4.24)

Safer recruitment guidance available at: <https://hub.careinspectorate.com/resources/national-safer-recruitment-guidance/>

This area for improvement was made on 1 July 2019.

Action taken since then

Safer recruitment procedures had been followed. We suggested the manager create a formal system to ensure continued SSSC registration is monitored and to enable this to happen in her absence.

Previous area for improvement 4

It is recommended that the provider develops systems for identifying and managing professional development based on the needs of the children and individual staff.

Professional development should focus on issues highlighted in this report including:

- child protection

- child development
- how children learn including schematic learning
- the role of the adult in play and learning.

This would ensure that practice is in line with the Health and Social Care Standards which state: I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes (HSCS 3.14)

This area for improvement was made on 1 July 2019.

Action taken since then

The manager had created a training plan identified through staff requests and observing staff practice. The manager was committed to realising that training plan in the coming months. Inhouse child protection training had been undertaken by all staff during the pandemic.

Previous area for improvement 5

It is recommended that the provider makes arrangements for the support and supervision of the manager. This should include:

- access to advice and guidance in relation to the requirements of the Care Inspectorate and Scottish Social Services Council
- identification of management specific development opportunities.

This would ensure that care and support is provided in line with the Health and Social Care Standards which state: I use a service and organisation that are well led and managed (HSCS 4.23).

This area for improvement was made on 1 July 2019.

Action taken since then

The provider acknowledged the need for the manager to be present in ratio during the pandemic. The recent appraisal of the manager has identified the focus back to managing as a development area. The provider and manager will continue to work on this over the coming months.

Previous area for improvement 6

It is recommended that the provider review all policies and procedures to ensure they are fit for purpose.

This would ensure that practice is in line with the Health and Social Care Standards which state: I use a service and organisation that are well led and managed (HSCS 4.23)

Policy and procedure reviews should include an initial focus on the following to ensure practice reflects policy:

Child protection
Complaints
Fire evacuation

Best practice guidance for child protection is available at: <https://www.gov.scot/publications/national-guidance-child-protection-scotland/>

This area for improvement was made on 1 July 2019.

Action taken since then

The manager informed us that the review of policies was ongoing and reviews of practice took place in accordance to changes in the Covid-19 guidance.

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	4 - Good
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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