

Hyde 'N' Seek Nursery - Kinning Park Business Centre

Day Care of Children

Kinning Park Business Centre
544 Scotland Street West
Glasgow
G41 1BZ

Telephone: 01414 296 238

Type of inspection:
Unannounced

Completed on:
1 July 2021

Service provided by:
Hyde 'N' Seek Ltd.

Service provider number:
SP2003003510

Service no:
CS2004061244

About the service

Hyde 'n' Seek Nursery - Kinning Park Business Centre has been registered with the Care Inspectorate since 1 April 2011. It provides a care service to a maximum of 87 children aged from six weeks to five years of age not yet attending primary school. The number of children in each age range is:

- 22 children aged under two years
- 35 children aged two to under three years
- 30 children aged three years to five years.

The service is provided by Hyde 'n' Seek Ltd. and operates from a business centre within an industrial estate in the south of Glasgow. The nursery has its own secure access and safely enclosed outdoor play areas. There are five playrooms and children also make good use of local outdoor areas including parks, where they can explore and enjoy energetic play in the fresh air.

The service is in partnership with Glasgow City Council to provide early learning and childcare for 3-5 year old children.

Hyde 'n' Seek Nursery - Kinning Park Business Centre's main aim is to create an environment that is safe, welcoming, stimulating and loving for children. A full copy of the service vision, values and aims is available from the nursery.

We started the inspection of Hyde 'n' Seek Nursery - Kinning Park Business Centre with an unannounced visit on Tuesday 29 June 2021. We continued the inspection virtually using Teams technology, telephone discussions and email communication. We concluded the inspection by giving feedback on Thursday 1 July 2021 to the manager, depute and service provider, via Teams technology.

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.

Our methodology for the inspection included:

- Observations of children's routines and staff interactions with children.
- Observations of infection prevention and control practice.
- Telephone discussions and email exchanges with the manager.
- Email exchange with four parents.
- Virtual discussions with six members of staff.
- Reviewing key records, policies, and written procedures relative to Covid-19.

What people told us

We asked the nursery to pass our contact details to parents so that they could share their experience of how the nursery had delivered care to them and their children during the pandemic. Six parents agreed to be contacted and chose to exchange emails with us.

All parents were highly satisfied with the quality of care provided for their children and praised the professionalism of staff. Their comments included:

"We have access to the parents' Facebook group and staff uploaded activity ideas, scavenger hunts, learning ideas and even read stories to the children. I think this was fantastic and I greatly appreciated the fact that the nursery still obviously cared about the wellbeing of the children, even during lockdown. My daughter was delighted to receive a lovely letter from her key worker and I personally found this extremely touching as it was a great reflection on how much the staff cared about the children and letting them know that they were still thinking of them."

"I can't thank the staff enough for the continued support when my daughter returned to the nursery, and how the situation was explained to her as simply as possible and staff tried to make day to day as normal as possible. All additional hygiene put into place was great and staff are making sure children are safe in all possible ways."

"I liked that children and members of staff didn't get into the building until they had had their temperature checks. We had to sign a form before they had started back that asked if the children had any symptoms of coronavirus. They were not allowed into nursery until they had a negative result that they could show to management. The nursery in my opinion did very well throughout the whole pandemic, especially as it was something that no one has had to deal with before. They kept us all up to date, did everything they could to make sure everyone was keeping well and continue to keep our children as safe as they possibly can while at nursery."

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?	4 - Good
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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?

4 - Good

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.

From the evidence gathered during the inspection process, we evaluated the service to be operating at a very good level under this indicator. We observed that staff interactions with children were nurturing and playful. Children were cared for in groups, or 'bubbles' in keeping with national guidance. We liked that bubbles were further divided into smaller groups that helped children build an attachment with their keyworker and friendships with their peers. Staff knew children's individual personalities and preferences well. Staff described sensitive settling in procedures for different age groups of children, whether that was children returning from lockdown or those new to the nursery. This contributed to children feeling safe and secure.

Parents told us that social media was used to very good effect to maintain relationships between the nursery and families during periods of lockdown or nursery closure. There were child friendly examples of communication such as staff film clips of using loose parts play in the garden and personalised letters from keyworkers to children. This helped families feel a connection and supported children's continued learning at home.

During our inspection visit older children confidently showed us around their space. There were lots of photographs of children throughout the nursery, which gave them a sense of inclusion and belonging. Staff explained how they communicated with parents to let them know about younger children's routines and activities during the day. They agreed it would be better if their oral report was supplemented by an email summary rather than paper. This will reduce the potential risk of spreading any infection between nursery and home.

We sampled children's personal plans and found they followed a clear format that drew on the wellbeing indicators from Getting it right for every child, GIRFEC. Plans were up to date and reflected children's rights, choices and wishes as well as their changing needs during the pandemic. Staff told us that they had summarised children's learning journeys in a report and posted this to parents. If parents replied with a comment, that was appended to the report. From examples of parents' comments we could see that staff valued and respected these when planning for children.

We reviewed systems for storing children's medication and found practice could be improved. Two bottles of paracetamol and one of cough mixture were stored unlabelled. A bottle of antihistamine had a child's name but was not accompanied by paperwork. We acknowledged that the administration of medication form for antihistamine was robust and included additional allergy management information. The manager could also confirm that the other medication had been signed into the nursery and administration forms completed but agreed to ensure all medication was individually labelled in future. This will contribute to the health and safety of children requiring medication. Further guidance can be found in our best practice guidance - 'Management of medication in daycare of children and childminding services' (2014).

Staff demonstrated a clear understanding of their responsibilities to protect children from harm and told us their training had been updated during the pandemic. Their training had included reference to Scottish Government supplementary guidance on the potential impact of Covid-19 on children and families. This meant children would be safeguarded if there were any concerns for their welfare.

Quality Indicator 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.

From the evidence gathered during the inspection process, we evaluated the service to be operating at a good level under this indicator. We could see that measures had been put in place that were in keeping with Scottish Government guidance and the core public health measures that underpin current operation of early learning and childcare services. Staff had participated in training to help them understand the need for enhanced cleaning to minimise the risk of Covid-19 transmission. As a result, the environment was generally clean and hygienic for children and staff.

Children spent a large part of their day in small groups. These groups had their own space with only one or two adults supporting them, which helped staff physically distance. Reducing the number of interactions that children and staff have is a key principle for lowering the risk of cross infection in settings. It means less people have to isolate in the event of a child or staff member becoming ill with Covid-19.

Children were maintained in their bubbles when playing outside. Children had scheduled outdoor experiences every day. Staff made some use of local amenities so that children could be active and explore the natural world in the fresh air. Maximising outdoor use can help lower the risk of transmitting Covid-19.

We observed that children were supported by staff to understand the need for good hygiene, for example ultraviolet light activities had been used with older children to demonstrate the importance of washing hands. Children had clearly had conversations about coronavirus as they could tell us enthusiastically about why we were wearing masks. There were plenty of child height handwashing facilities however we suggested to management that there could be more child friendly prompts displayed nearby to promote effective hand hygiene.

We reviewed the nursery risk assessments and found these mainly addressed the principles from the national Covid-19 guidance. Management had also incorporated recommendations from a Health and Safety visit to the setting, such as frequency of cleaning and cleaning materials. We asked that management be more vigilant about referring to Scottish Government and NHS Scotland guidance rather than UK guidance, which can differ. For example Test and Protect operates in Scotland. It would be beneficial if the link to Test and Protect was shared more explicitly with parents on the nursery website. However parents had told us that they appreciated all the infection control protocols that the nursery had put in place and confirmed that any changes to national guidance and restrictions during the pandemic had been shared with them. This contributed to the health and safety of everyone.

Although the above precautions taken by the setting meant children were protected, at feedback we highlighted areas where practice could be improved. There was good practice in limiting the capacity of the staff room, however we found the area to be cluttered with hanging coats overlapping. This made it difficult to keep the area clean and minimise cross infection. There were several instances where items were stored uncovered in toilets and nappy changing areas, again creating a risk of cross contamination. Staff were wearing face coverings in communal areas and storing these hygienically. However not all staff made sure

that they cleaned their hands before putting on or removing their face covering to prevent the spread of germs.

As much as possible staff were opening windows throughout the setting. However the design of the windows and the outside grilles meant that not all windows could be opened. New ventilation systems had been installed in some areas but were not all operating effectively during our visit. Ventilation is one of the core public health measures that underpin current operation of early learning and childcare services. We have made infection prevention and control practices an area for improvement to make sure that all the necessary precautions are in place to keep everyone safe. (Please see area for improvement one.)

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

- **Staffing arrangements meet the needs of children and families.**
- **Staff are well supported and confident.**

From the evidence gathered during the inspection process, we evaluated the service to be operating at a good level under this indicator. We found that staff felt connected and committed to their work and they demonstrated a positive ethos, which promoted a settled and secure environment for children.

Staff had participated in relevant training during the pandemic. They understood their additional responsibilities, for example could describe how one of them might organise an activity for children while the other cleaned touchpoints and children's resources. This contributed to a clean environment and happy children. Staff were aware of the cleaners' rotas but needed to be clearer about the division of some tasks, such as responsibility for replenishing soap and emptying bins. This would make sure that hygienic handwashing facilities were available for children's use.

Staff knew about the Covid-19 risk assessment for the nursery but it would be beneficial if they had more input in its collation. This would ensure that risk assessments were relevant to their playroom context and more likely that they were implemented.

Staff told us they felt safe at their work. They felt well supported by management and by each other. The manager was approachable and had made good use of informal communication and zoom team meetings to connect the whole team. Effective monitoring processes helped management identify areas of staff practice that could be improved. This meant staff were confident in their practice thus contributing to children's safety and wellbeing.

Areas for improvement

1. The service provider should ensure that infection prevention and control measures are effectively implemented, in line with current guidance. This includes:

- a) coverings in place on any items stored in toilet or nappy changing areas;
- b) minimise clutter in staff room; and
- c) adequate ventilation throughout the setting.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11), 'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes' (HSCS 5.19) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

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 management team and staff should monitor and review the pace and balance of the day to identify how children's learning is taken forward in the playrooms and outdoors. Children should be actively involved in their learning through spontaneous play opportunities and well planned purposeful play. Learning experiences should extend and sustain children's interest.

This ensures the environment is consistent with the Health and Social Care Standards which state that: - As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling (HSCS 1.30). - As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials (HSCS 1.31). - As a child, I play outdoors every day and regularly explore a natural environment (HSCS 1.32). - I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible (HSCS 1.35).

This area for improvement was made on 10 April 2019.

Action taken since then

There was no action plan submitted following last inspection. However, two of the priority areas in service improvement plan helped address this area for improvement through pedagogy in play. These were 'Embedding planning and tracking within the playrooms' and 'Development of environment, in particular our outdoor area'.

During our inspection visit children were engaged in play of their choice and confidently explained their playroom and its routines to us. Some of the staff planning was displayed and included children's ideas. We sampled children's personal plans and could see the range of activities that children had been involved with indoors and outdoors. The experiences offered reflected children's rights, choices and wishes as well as their changing needs during Covid-19.

This area for improvement had been addressed.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	4 - Good
5.1 Children's health and well being are supported and safeguarded during COVID-19	5 - Very Good
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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