

# Seton House Nursery Day Care of Children

3 Seton Terrace  
Dennistoun  
Glasgow  
G31 2HU

Telephone: 01415 501 587

**Type of inspection:**  
Unannounced

**Completed on:**  
14 December 2021

**Service provided by:**  
Ms Christina Ritchie

**Service provider number:**  
SP2003001173

**Service no:**  
CS2003005654

## About the service

Seton House Nursery is registered to provide care and education to a maximum of 54 children aged from birth to those not yet attending primary school.

The nursery is located within a three-storey townhouse in the Dennistoun area of Glasgow. Children are cared for in three age groups, those under one, those one to two years and those two to five years. Their accommodation comprises of playrooms, and toilets and changing facilities. In addition, there are three outdoor areas for the children, front and rear gardens at the premises and an adjacent communal garden.

As part of this inspection, we took into consideration Key Question 5 - Operating an early learning and childcare setting (including out of school care and childminders) during Covid-19 with a specific focus on Quality Indicator 5.2: Infection prevention and control practices support a safe environment for children and staff. We will report on the overall performance of this indicator in Theme 1 Quality Care and Support.

This inspection process included an onsite visit and virtual meetings with staff. The manager emailed a sample of documents. These included a sample of policies and procedures, training records, meeting minutes and risk assessments.

The Care Inspectorate is committed to improving the health and wellbeing of all children receiving a care service to ensure they have the best start in life, are ready to succeed and live longer, healthier lives. The Care Inspectorate has an important role to play in supporting this approach in inspecting care services for children.

We check that services are meeting the principles of Getting it Right for Every Child (also known as GIRFEC). This is Scotland's national approach to improving outcomes and wellbeing for children by offering the right help at the right time from the right people. It supports them and their parent(s) to work with services that can help them. There are eight wellbeing indicators at the heart of Getting it Right for Every Child: safe, healthy, achieving, nurtured, active, respected, responsible and included.

## What people told us

During the inspection, we invited parents to provide feedback. Those that responded did so by email.

From the feedback provided by parents, we found they were happy with the staff's support of their child/ren. For example, parents told us:

"I have been very happy with the staff overall."

"The girls are all amazing with (child's name) and he enjoys his time there - which puts our mind at ease!"

"I couldn't be happier with the service provided especially during these difficult times."

"I am very happy how quickly the staff in the tweenie room got to know (child's name) and how well they all get on."

Further feedback from parents can be found within the quality theme evaluations within this report.

## Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at their improvement plan and quality assurance paperwork. We made some suggestions as to how quality assurance processes could be further developed to give clear direction and drive forward improvements.

## From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	2 - Weak

## Quality of care and support

### Findings from the inspection

Our focus in this inspection area was to establish how well the service met the needs of children that used it. We found some strengths; however, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made two requirements for improvement.

We were not satisfied that the service had appropriate infection control procedures in place to support a safe environment for children and staff. We identified areas that must be improved in respect of infection control procedures. For example, donning, doffing, and storing of face coverings and hand hygiene practice. (See requirement 1).

Staff administered medication to children that required it; however, we found the service policy and procedure had not been followed. For example, children's personal plans did not clearly outline their needs or agreed support (see recommendation 1) and previously administered medication had not been recorded. To ensure children's safety, we asked the management team to make immediate improvements and to be certain that all staff were clear about their responsibilities. We were satisfied with the improvements that were made. To safeguard children's future wellbeing and ensure improvements are maintained, the service must now review and further develop its approach to the safe administration of medication. (See requirement 2).

We previously reported that staff's knowledge of child protection practice varied, and we suggested that training for all staff should be arranged. Whilst some progress had been made towards increasing staff's knowledge of local child protection procedures, we found staff knowledge was still variable and at times opportunities to discuss children's wellbeing needs had been missed. To support staff to recognise and consider potential risks to a child, the management team should ensure that all staff participate in formal child protection training and have regular opportunities to discuss the children in their care. (See recommendation 2).

Children had opportunities to be social and have fun whilst celebrating cultural festivals.

This was done through organised and freely chosen play experiences, including trips into the community. This helped to increase children's motivation for learning.

Children had a pleasant meal experience. The service had recently recruited a new cook who was clear about their responsibility to meal plan based on children's dietary requirements and preferences. This meant children were safer because they were not exposed to potentially harmful food. Whilst we found the cook to be clear about their responsibilities, the management team had not completed some essential recruitment checks to keep children safe. For example, confirmation of qualifications. (See requirement 1 within the quality theme of staffing).

## Requirements

### Number of requirements: 2

1. By 1 February 2022, the provider must demonstrate how children are better protected from the risk of infection because infection prevention and control procedures have been improved. To do this, the provider must, at a minimum:

- ensure risk assessments and control measures better reflect changing circumstances, protocols, and guidance.
- ensure that adequate levels of ventilation are provided, in line with existing guidance. For example, Space to Grow and Coronavirus (Covid-19): early learning and childcare services.

<https://hub.careinspectorate.com/how-we-support-improvement/care-inspectorate-programmes-and-publications/space-to-grow/>

<https://www.gov.scot/publications/coronavirus-covid-19-early-learning-and-childcare-services/pages/infection-prevention-and-control/>

- ensure staff receive more regular training and are better supported to implement any new learning into practice. This might include developing existing monitoring systems or creating more opportunities for professional discussions.
- ensure the appropriate use of Personal Protective Equipment (PPE).
- improve the procedures and promotion of enhanced hand hygiene.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users and procedures for the prevention and control of infection) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My environment is secure and safe' (HSCS 5.17).

2. By 1 February 2022, the provider must outline how they will ensure children's welfare and safety is protected because there is a safer and more robust approach to administering medication. To do this, the provider must, at a minimum:

- review and update the service Administration of Medication policy and procedure. The policy should highlight the records that staff must complete to support safer practice.
- ensure that staff are clear about their roles and responsibilities in the safe administration of medication.

This is to comply with Regulation 4(1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

## Recommendations

### Number of recommendations: 2

1. To support children's wellbeing, learning and development, the provider should ensure that children's personal plans are comprehensive and used effectively to meet their individual wellbeing needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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. To better protect children from harm, the provider must ensure that all staff have the skills and knowledge necessary to identify when a child needs support or protection. Consideration should be given, but not limited to:

- reviewing and updating the current Child Protection and Safeguarding policy and procedure. This should detail the service's information and risk assessment recording systems.
- ensuring staff have regular opportunities to participate in formal child protection training.
- ensuring that staff have frequent and routine opportunities to discuss children's care and support needs with senior staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

**Grade:** 2 - weak

## Quality of environment

### Findings from the inspection

Our focus in this inspection area was to evaluate the environment from which the service is delivered. In this area, we found some strengths; however, to ensure children achieve positive outcomes improvements must be made.

During the previous inspection we recommended the service improve ventilation systems and install a partition in the nappy changing area. This was to ensure everyone was safer from infection and so that children's privacy and dignity was maintained. The service had not achieved this; therefore, the recommendation remains in place. (See requirement 1 within care and support and recommendation 1 within environment).

Children and staff were exposed to potential harm because of inadequate risk management within the team. We observed several hazards within the spaces used by children. For example, some cleaning products were not securely stored away, and broken resources were left on the stairway. (See requirement 1).

Children had enough space indoors for their daily care routines to be met, and to play and learn within. The spaces used by children were visibly clean and staff had taken the time to display some of the children's work. This meant that children were cared for in a pleasant environment.

Almost all the furniture and resources were suitable and reflected the needs of children. For example, infants within the service had lots of opportunities to develop their physical skills because staff had designed their indoor play space to meet their needs. This was supporting children to develop and learn.

Children had opportunities to visit community spaces. For example, the local library and adventure playground. This helped to foster a sense of belonging within the community and one parent told us "I love how my son gets taken out on trips to the park". Whilst children did spend some time outdoors, we found that this was only a few times a week. This is an area that the management team agreed to improve because evidence suggests that being outdoors can limit the transmission of Covid-19 and support the wider wellbeing need of children.

## Requirements

### Number of requirements: 1

1. By 1 February 2022, the provider must ensure children are able to play and rest in a safe environment. To do this, the provider must, at a minimum:

- ensure hazardous liquids are securely stored away from children's spaces,
- ensure that food is safely and appropriately stored,
- ensure that all food is labelled with an expiry or use by date,
- improve staff visual risk assessments and audits of the environments.

This is to comply with Regulation 4(1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My environment is secure and safe' (HSCS 5.17).

## Recommendations

### Number of recommendations: 1

1. To support children's wellbeing and development, the provider should further develop the service policy and procedure for nappy changing and ensure that areas used to provide personal care are suitable and in line with best practice guidance.

Consideration should be given, but not limited to:

- how the area looks and feels to a child?
- what facilities and practice are in place to support good infection control procedures?
- what measures have been taken to ensure the changing area is consistent with best practice guidance?
- what the service has done to meet any recommendations made at the last inspection.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'As a child, if I require intimate personal care there is a suitable area for this, including a sink if needed' (HSCS 5.4).

Best practice guidance is linked below:

<https://hub.careinspectorate.com/media/1558/nappy-changing-guidance-for-early-years-and-childcare-services.pdf>

<https://hub.careinspectorate.com/how-we-support-improvement/care-inspectorate-programmes-and-publications/space-to-grow/>

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

Our focus in this inspection area was to evaluate the quality of the staff, including their qualifications and training. In this area, we found some strengths; however, to ensure children achieve positive outcomes improvements must be made.

Whilst the service operated within the guided adult to child ratios for early learning and childcare settings; we found; children's safety was still compromised. Some staff were not registered with the appropriate professional body, and in one playroom for children under two, the majority of staff were still in training. As a result, the management team and other staff were routinely required to support children. Without registration, staff are unable to perform their normal care duties, responsibilities and should not have unsupervised contact with children. During the inspection we asked the manager to ensure that staff were deployed so all children were cared for by qualified and professionally registered staff. Satisfactory action was taken to manage the situation; however longer-term improvements are necessary to ensure there is always adequate levels of staff caring for children. (See requirement 1).

A start had been made to increasing staff's access to formal training. As a result of recent training, some staff had begun to make improvements to children's play and learning experiences. For example, staff within one playroom had begun to increase opportunities for children to play with numbers and language.

Children and their families benefited from respectful and trusting relationships because staff understood the importance of working in partnership with parents. Parents spoke positively about the staff. For example, they told us "the staff have been excellent at supporting (child's) transition to starting nursery" and "I have been very happy with the staff". Staff's commitment to working in partnership with parents meant that, despite restricted access to the physical space, parents were able to stay connected to the service.

The majority of staff maximised children's individual opportunities to communicate. We observed children enjoying songs, small group reading, and the majority of staff went down at the children's level to discuss topics of interest. To ensure that all children are supported to become confident communicators, communication and staff interactions could be routinely discussed as part of the wider quality assurance.

Some staff had begun to use floor books to increase the involvement of children in the planning and evaluation of their play environments. This increased some children's sense of belonging and ownership of their learning.

## Requirements

### Number of requirements: 1

1. By 28 February 2022, the provider must ensure that all children are cared for by suitable staff, in numbers that are appropriate to meet the health, welfare and safety of children. To do this, the provider must, at a minimum:

- ensure enough qualified staff are available to supervise, support and to meet the needs of the children.
- ensure that all staff are registered with the appropriate professional body by the mandatory registration date.
- review staff roles and responsibilities and ensure all staff are registered on the correct part of the SSSC register.
- review and further develop the service recruitment and retention of staff policy and procedure. This should include a more robust staff induction.

This is to comply with Regulation 4(1)(a) (Welfare of users) and 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

Best practice linked below:

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

## Recommendations

### Number of recommendations: 0

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

Our focus in this inspection area was to establish how well the service met the needs of children that used it. We found some strengths; however, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made two requirements for improvement.



The management team was receptive to advice offered and responded to the improvement requests made during our inspection. However, almost all the recommendations and requirements made at the previous inspection had not been achieved. To provide clearer and more consistent leadership which drives forward improvement and protects the wellbeing of children, the provider must improve the current approach to quality assurance. (See requirement 1).

During our visit we completed a safer recruitment audit and found that a few staff had not been recruited in line with safer recruitment and selection of staff best practice. Recruitment processes, such as obtaining Protection of Vulnerable Group checks had not been completed prior to staff start dates. Best practice recruitment is crucial to ensure the right people, with the right skills and values are in roles where they are expected to keep children safe and to support them to achieve positive outcomes. (See requirement 1 within quality theme staffing).

There had been a recent partnership formed with Glasgow City Council. It was evident this was a positive change. We were told by a representative of Glasgow City Council that staff were receptive to improvement advice offered. However, another partner professional raised concern that, at times, advice shared with staff had not been followed. As previously highlighted, the team were at differing stages of their professional training. To ensure that all children benefit from high quality care and support that reflects their individual wellbeing and developmental needs, the leadership team should review and further develop their approach to staff induction. A robust induction is needed to ensure that all staff have, or are working towards obtaining, the skills, knowledge and understanding required to maximise children's outcomes and keep them safe. (See requirement 1 within quality theme staffing).

Staff told us that the management team were approachable and that they had supported their wellbeing during the pandemic. This contributed to staff feeling part of a supportive team. Staff benefited from one to one meetings. We suggested increasing the frequency of the meetings and, where necessary, including focused discussions about children's needs and constructive discussions about staff's practice, skills, and knowledge. This will ensure staffs' one to one meetings contribute to the continual improvement of the service and encourage a culture of reflective practice.

The management team should improve the process for notifying us of events and situations that prompt formal notification. For example, suspected or confirmed cases of Covid-19'. Such notifications are important to enable regulatory bodies to monitor best practice, provide appropriate support and guidance, and act should it be necessary to protect the public. We have included guidance, linked below.

[https://www.careinspectorate.com/images/documents/coronavirus/Records\\_that\\_all\\_registered\\_care\\_services\\_except\\_childminding\\_must\\_keep\\_and\\_guidance\\_on\\_notification\\_report](https://www.careinspectorate.com/images/documents/coronavirus/Records_that_all_registered_care_services_except_childminding_must_keep_and_guidance_on_notification_report)

## Requirements

### Number of requirements: 1

1. By 1 February 2022, the provider must submit an action plan outline the priority action that will be taken to improve the current approach to quality assuring the service. To do this, the provider must, at a minimum:

- focus on outcomes for children,
- identify area of strength and how to build on these,
- identify areas requiring improvement with clear action plans for improvement,
- consider how they will involve all stakeholder in the quality assurance system,

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'As a child, I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.16).

## Recommendations

**Number of recommendations:** 0

**Grade:** 2 - weak

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

## Previous requirements

### Requirement 1

The management team must establish a clear quality assurance procedure within the service that ensures they have a stringent overview of all aspects of the service. The procedure must include a formal improvement plan which identifies targets for improvement, responsibilities and timescales.

This is to ensure that the management and leadership is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

It is also necessary to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) Welfare of users - A provider must - (a) make proper provision for the health, welfare and safety of service users.

Timescale for meeting this requirement: February 2020.

**This requirement was made on 17 January 2020.**

### Action taken on previous requirement

The management team had introduced an improvement plan, but this did not provide the stringent overview required.

**Not met**

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

### Previous recommendations

#### Recommendation 1

The provider and manager should ensure that children's personal plans are used effectively to ensure their individual wellbeing needs are met.

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

**This recommendation was made on 17 January 2020.**

#### Action taken on previous recommendation

Children did have personal plans in place; however, from the sample we reviewed, we found that they did not include significant information relating to children's needs or their planned support.

This recommendation is not met and therefore continued.

#### Recommendation 2

The provider should arrange for further improvement work to be carried out in the toilets and changing areas.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My environment is safe and secure' (HSCS 5.17).

**This recommendation was made on 17 January 2020.**

#### Action taken on previous recommendation

The provider had not completed the improvements recommended at the previous inspection.

The recommendation is not met and therefore continued.

#### Recommendation 3

The provider should ensure that the staff team have access to training and professional development opportunities that support both their individual professional development and improved outcomes for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional codes of conduct' (HSCS 3.14).

**This recommendation was made on 17 January 2020.**

## Action taken on previous recommendation

A training schedule had been implemented and staff had participated in training. For example, practitioners from the 3-5 room had been mentored by an Early Learning Lead from Glasgow City council. As a result, improvements had been made to the children's environment and experiences.

This recommendation is met.

## Recommendation 4

The provider should ensure that they adhere to their recruitment procedures at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This recommendation was made on 17 January 2020.

## Action taken on previous recommendation

The manager had made improvements to their procedures; however, we identified some aspects of the systems that had not been followed and some that still needed to be developed.

This recommendation is not met and therefore continued.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
25 Oct 2019	Unannounced	Care and support
		Environment
		Staffing
		Management and leadership
		4 - Good
		4 - Good
		4 - Good
		3 - Adequate

Date	Type	Gradings	
31 May 2018	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
4 May 2017	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
30 Jun 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
13 Aug 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
8 Oct 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
28 Sep 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
30 Nov 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
30 Sep 2009	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

Date	Type	Gradings	
11 Sep 2008		Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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