

Wee Gems Corstorphine Ltd

Day Care of Children

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Type of inspection:
Unannounced

Completed on:
14 June 2022

Service provided by:
Wee Gems Corstorphine Ltd

Service provider number:
SP2014012321

Service no:
CS2014327562

About the service

Wee Gems Corstorphine Ltd can care for a maximum of 70 children aged from six weeks to entry into primary school. Situated in a converted house in a residential area of Edinburgh, the service is close to local amenities and transport links.

About the inspection

This was an unannounced inspection which took place on Tuesday 8 June 09:50-14:30 and Wednesday 9 June 09:15-13:15. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service and four parents by email
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

We gave feedback virtually on Tuesday 14 June 2022 to the management team.

Key messages

The quality of care and support was inconsistent across the service.

Children's needs were not met consistently as staff were not always aware of their strategies of support.

The quality of play and learning was inconsistent across the service.

There is potential to support staff development through training, peer modelling and self-reflection.

Team members were committed to the families whom they work with and the team they work in.

Management were quality assuring aspects of the service and planning for improvements.

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, play and learning?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

3 - Adequate

We evaluated this key question as adequate, where the strengths just outweighed the weaknesses.

Children were mostly respected as individuals with preferences. Their permissions were sought during care routines. Feelings were validated, whilst support was offered and not given without children's permission. Children's choice was mostly respected. Some children were encouraged, praised, empowered, and enabled with self-care, play and social situations. This promoted their self-care skills, independence and sense of achievement. A parent said "(They provide) whole hearted care for the children". However, we also saw some children having restricted choice which meant their experiences were not so positive. Consideration should be given to the consistency of care and support throughout the setting to ensure all children receive high quality care and interactions (see requirement 1 in `How good is our staffing?` section).

Mealtime experiences were mixed across the service. Preschool children and babies enjoyed a sociable, safe and unhurried mealtime. They ate at their own pace and were supported sensitively by staff. Some independence was being promoted with children practising skills such as clearing their plate away or pouring a drink. Other age groups however, had limited choice regarding when to eat which interrupted their play. This meant that some children had lunch before they were ready for it, whilst others had to wait.

Children enjoyed safe and comfortable sleeping arrangements throughout the service. Low lighting, quiet spaces and individual mats offered space to rest.

All children had a personal plan which outlined their care, support and learning needs. These were mostly used to plan, monitor and review children's progress. This meant that children were known and their needs were being met by staff. However, we saw examples throughout the service where personal plans were not detailed enough, or not used to support children and some were not reviewed with parents. For example, strategies of support planned for children were not always known by staff or implemented in the rooms. This meant that some children were not getting the care and support they required to achieve their potential (see area for improvement 1).

Medication needed by children was present in the service, however not all medication was stored with administration instructions. This increased the risk of children not getting the correct medication when required or in a timely manner. We advised storing both the medication and records together to support a timely intervention. Further detail in the medication forms across all rooms would offer staff clearer instructions on how to administer and when.

Following an upheld complaint, the service had developed the management of allergies and health needs. This meant that systems were in place to ensure staff were aware of how to keep children safe and healthy.

The quality and range of play experiences was mixed throughout the service. Mostly, children could direct their own play and follow their own ideas. This meant that they were being creative, using their imaginations to develop their play and learning. For example, preschool children were experimenting with paint, using it to mix colours and explore the texture on their hands and paper. The play experience in the 2-3 room did not foster children's curiosity or creativity. Children did not have freedom to direct their own play as their time was focused on practical tasks such as tidying. Some opportunities for staff to challenge children's thoughts and extend their learning were missed (see area for improvement 1 in `How good is our staff team?` section).

A parent spoke positively about the play and learning experiences, saying "My child has plenty of opportunity to learn and enjoy herself, is gently stretched by her key worker, is getting on well with staff and children, and always comes home happy about her day".

Areas for improvement

1. In order for all children's needs to be met consistently, the manager should ensure personal plans are detailed and up to date across the service. The manager should consider that:
 - Needs are identified alongside parents and planned for with enough detail to guide staff in their actions
 - The staff are knowledgeable about the needs and plans of children in their care, including covering staff
 - Needs and progress are reviewed alongside parents at least every six months, to support further development.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "My personal 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) and "My care and support is consistent and stable as people work well together" (HSCS 3.19).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where the strengths just outweighed the weaknesses.

The quality of the setting for meeting children's needs, varied throughout. Parts of the setting were welcoming and homely such as the babyroom. It was light and well ventilated. Wall displays were thoughtful so children could interact with them. On the other hand, the other areas were dark with tired decoration. Wall displays were too high for children to engage with and were needing updated. This environment was not welcoming or pleasant for children.

Age groups had their own play space to allow their setting to plan for their needs and preferences. This had not happened in the 2-3 room. Resources were sparse and uninviting, offering children limited inspiration. The other playrooms had a range of appropriate resources, reflecting children's stages and interests. Rooms were set out so children could easily move around and have space to play. Low furniture made resources accessible for children to make their choices independently. Children had been using technology to support their learning. This equipment was broken and had not been fixed, resulting in those opportunities being unavailable to children. We would encourage management to have this remedied and look to expand the use of technology throughout the age groups.

All children had daily access to the outdoors for fresh air and variety. The local community was used for parks and walks, offering more natural environments to explore. A parent said "The increased focus on outdoor learning has been highly beneficial following sustained periods of lockdown and restrictions". Children were safe in the garden areas due to the entry system on the gate for visitors and ongoing risk assessing by staff. Some rooms had direct access to their garden area and could free flow in and out according to their play. We asked the manager to consider continued access outside for children during transition times such as lunches and staff breaks. In the rooms with no direct access to their garden, children could choose when to go out as staff noticed children's wishes.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where the strengths just outweighed the weaknesses.

The manager was new to the role and to the early learning part of the sector. They had made a good start on becoming familiar with the children and routine processes. Their commitment to staff wellbeing was having a positive impact on staff morale as staff felt appreciated and supported. The manager was working on filling gaps in their knowledge regarding early learning and childcare best practice, particularly for the under three age group. We directed the manager to the Care Inspectorate's website The Hub and to particular documents such as the Health and Social Care Standards (Scottish Government 2017) and Realising the Ambition (Education Scotland 2020).

Parents were involved in their children's care through ongoing discussions and updates with staff. A parent confirmed this by telling us "We are constantly updated with our child's progress via observations on the app either with day to day observations or with their general development and milestones. The handovers at drop off are also informative about the daily routine of the nursery and highlights of the day or any issues". We advised the manager to develop this further as we move away from the covid-19 restrictions. Parents presence in the service would support the maintaining of relationships and improvements to the provision.

The manager's quality assurance processes were starting to be used to aid improvement. For example, change had been planned to improve the updates and reviews of children's personal plans. As reflected in 'How good is our care, play and learning?', this change had not yet been embedded enough to impact positively on children's outcomes. We encouraged the manager to continue developing their quality assurance processes, keeping the impact on children the central focus.

Senior management had identified areas for development through their own quality assurance processes and were taking steps to address them. We were confident that many of the issues highlighted in this report had already been identified and were being addressed as priority.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where the strengths just outweighed the weaknesses.

Children were protected from harm as safer recruitment processes were carried out prior to new staff starting. This ensured they were fit to work with children. The inspection process highlighted a potential recruitment issue which we asked senior management to explore further. New staff were engaging in an induction plan to become familiar with routines, processes and children. Mentors were assigned to new staff to support and guide however we became aware of missed opportunities to challenge practice. This resulted in inconsistent outcomes for children. We would encourage management to ensure there is time for new staff to continue their learning through shadowing, observing or reflecting on practice (see area for improvement 1).

Most children experienced good interactions which reflected staff knowledge and understanding. It was also representative of staff commitment to their work and the children whom they cared for. A parent said "The staff have been amazing during this difficult time and I can't praise them enough".

The level of knowledge, skills and experience was mixed throughout the setting, resulting in inconsistent outcomes for children. We found that not all children were known well by staff who were caring for them. This meant that their needs were not being met consistently or according to their personal plan. We also saw opportunities to extend children's play and learning were missed as staff were new to the rooms or children (see area for improvement 1). Specific practice observed during inspection was discussed with management to reiterate that all children should always expect quality care. In summary, whilst the basic ratios were being met across the whole service, not all children were having their care needs met sufficiently (see requirement 1.)

Requirements

1. By 30 September, the provider must ensure that children are cared for by enough staff who are skilled, knowledgeable and experienced to meet their needs.

To do this, the provider must at a minimum:

- Ensure ratios of staff to children meets the minimum requirement as outlined in the National Care Standards, however are also planned in accordance with the needs of children and staff in each room
- Ensure quality assurance processes are highlighting practice which requires improvement in order to enhance the quality of experience for children; and then planning to improve that practice
- Ensure staff are confident and competent enough to challenge and support each other's practice, through mentoring, modelling and whistleblowing.

This is to comply with Regulation 4(1)(a) and (d) (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 care and support is consistent with the Health and Social Care Standards (HSCS) which state "My needs are met by the right number of people" (HSCS 3.15) and "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional codes" (HSCS 3.14).

Areas for improvement

1. To ensure children are better supported in their play and learning, the manager should engage staff in further training and reflection on child development, play and the adult's role in them.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "I am supported to achieve my potential in education and employment if this is right for me" (1.27) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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