

Happy Days Nursery Eskbank Day Care of Children

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Eskbank
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Telephone: 01316 604 567

Type of inspection:
Unannounced

Completed on:
8 July 2022

Service provided by:
Abacus Nursery Limited

Service provider number:
SP2003002961

Service no:
CS2003012066

About the service

Happy Days Nursery Eskbank provides a service to a maximum of 85 children between the age of birth and 12 years, of whom a maximum of 24 may be under two years of age. Happy Days Nursery Eskbank is located in a residential area of Eskbank and is provided from a detached building with a large outdoor area.

The service accommodation on the ground floor consists of the toddler room, nappy changing area, the early learner room, open plan kitchen, foyer/office area and toilet facilities. The first floor accommodation consists of two playrooms for babies, nappy changing area and a staff room. School age children have access to a room on the ground floor of the property with access to the garden, which is also used for mealtimes. The nursery has a large garden area which provides a variety of different experiences for all ages. The toddler room, early learner children and school age children have direct access to the gardens from their playrooms.

About the inspection

This was an unannounced inspection which took place on 28 June 2022. 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
- reviewed feedback from parents about the service
- spoke with staff and the manager
- observed staff practice and children's experiences
- reviewed relevant documents.

Key messages

- Staff knew children well as individuals and responded to them with care
- Children were encouraged to make choices about their play and had lots of access to outdoor play to support their wellbeing
- The manager was working well to begin to develop a positive culture of self-evaluation in the team
- The manager should work with staff to continue to improve the play and learning experiences offered to children and ensure they are sufficiently varied and challenging
- Arrangements for medication procedures and levels of suitable staffing required improvement.

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 strengths only just outweighed weaknesses.

1.1 Nurturing Care and Support

Children generally appeared settled at nursery and staff treated them with care and kindness. Older children had developed friendships which enhanced their wellbeing and were familiar with nursery routines. They were confident in the environment and mostly happy to approach staff for help when needed. This showed they felt comfortable. One parent told us that staff were 'really pleasant and kind'. Staff knew children well and sometimes asked them about their home lives. Overall however, interactions showed a need for some development. Staff often focused on tasks and supervision and more attention was needed to promote children's attachment, sense of nurture and relationship building. We have made this an area for improvement (see area for improvement 1).

Mealtimes were generally positive experiences for children. They developed a sense of responsibility and independence as they helped themselves, poured their own drinks and enjoyed healthy food. We discussed that staff should sit with children to encourage social interaction, improve supervision and use this time more effectively to build relationships with children. Older children should be encouraged to eat their snack sitting down together and be offered fresh water to drink. We discussed with the manager that to ensure safe practice, it would be useful to revisit good practice guidance about safe food preparation and prevention of choking.

Children's personal plans were created in partnership with parents and included a range of information about children's needs. This effectively helped staff to get to know children and plan for their care. These were regularly reviewed and updated to take account of changes in children's needs.

We reviewed procedures for storage and administration of medication and found this required improvement. For example, medication was not consistently stored in line with good practice or appropriately labelled. A requirement was made about this at the last inspection and will therefore be carried forward (see requirement 1).

1.3 Play and Learning

Most children had fun while playing at nursery. Babies and younger children enjoyed songs and drawing pictures which encouraged their creativity. Older children had choice throughout the day about where they wanted to play, including lots of time outdoors. They enjoyed plenty of energetic play including climbing and running games. This helped children to keep active and promoted their physical wellbeing and development. However, the environments and quality of interactions were not sufficiently rich and well-planned to provide children with enough challenge. Overall, most staff need more support to develop skill in using thoughtful interaction to engage with children and extend their learning.

Approaches to planning were at an early stage of development. They were beginning to take account of children's ideas and older children's interests were documented in their floor book. The team were building their confidence with this approach. More support was needed to provide appropriate depth and challenge for children in their learning. We also discussed the importance of regular stories, songs and games for children in developing skills across their learning. We have made this an area for improvement (see area for improvement 2).

Staff made regular observations of children's play to build a picture of their development over time and shared these with parents. This helped families to be involved and share in their child's experiences. While staff knew children well, more consideration was needed in relation to strategies for children who required additional support. A consistent approach with regular review was needed to ensure children made the best possible progress.

Requirements

1. By 22 July 2022, in order to ensure that children's health needs are met the provider must improve the systems in place for recording the medication needs of children and the administration of medication. To achieve this, the provider, must at a minimum:

- a) ensure that all allergy and medical needs are clearly recorded and shared with staff caring for those children
- b) provide information and training for staff on the procedures in place to ensure that medication is stored, recorded and administered in line with good practice guidance.

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

Areas for improvement

1. To effectively meet children's needs, staff should use best practice and research to implement nurturing approaches and skilled interactions that improve outcomes for children. Staff should be supported to develop the knowledge, expertise and skills to sensitively support and promote children's wellbeing. This should include child protection training for those staff who have not yet received it.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To effectively provide children with high quality play and learning experiences, alongside a child-led approach, staff should ensure a range of opportunities are planned for children which provide challenge, meet their interests and developmental needs.

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 fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling' (HSCS 1.30).

How good is our setting?

3 - Adequate

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

The nursery was set out so that children could feel comfortable in the environment and make choices about where they wanted to play. Older children had their own boxes to store their work which helped them to feel a sense of belonging. Their artwork was displayed around the playrooms which showed children's ideas mattered and helped them to feel valued.

Children had plenty of space for energetic play, quiet comfortable spaces they could relax and lots of natural light and ventilation. Staff looking after younger children needed more support to provide children with a nurturing environment. For example, babies were initially confined to buggies in the garden rather than creating a safe space for them to play. This did not meet their needs or respect their right to play.

During the inspection, most children spent the majority of the day outdoors. Children took part in active play using the range of natural climbing frames and some creative activities like painting were provided which children enjoyed. Babies took part in messy play activities which supported their sensory development. Overall however, the environment did not provide children with resources and activities that offered sufficient challenge. For example, the outdoor areas lacked enough suitable resources to promote children's developing numeracy and literacy skills. Puzzles and games were disorganised and incomplete so children could not find easily what they needed to play. We have made this an area for improvement (see area for improvement 1).

There were generally effective arrangements for monitoring, maintenance and repair of the playrooms. The manager had worked to ensure all staff were aware of procedures to report any issues to ensure prompt repair. It was acknowledged by staff that some areas of the nursery would benefit from being refreshed. Staff regularly reviewed safety arrangements across the nursery to assess and remove risks to children. They spoke to children about keeping safe and encouraged them to make choices that respected each other's safety. For example, staff discussed with children how high it was safe to climb while playing in the garden.

Staff showed an understanding of the need for effective infection control. Most younger children were encouraged to wash hands at appropriate times such as before eating and did this well. Appropriate policies and procedures were in place that helped guide staff and cleanliness was regularly included in monitoring arrangements. However, improvements were needed in some areas of practice. For example, staff did not always wash hands after wiping children's noses or ensure resources were clean for children to use. We have made this an area for improvement (see area for improvement 2).

The nursery's policy about use of digital technology suitably safeguarded children and guided staff about appropriate practice. The manager ensured staff used technology safely to support learning and programmes used by the nursery to communicate with parents had restricted access as required. We discussed ensuring children's files were always stored safely and available when needed.

Areas for improvement

1. To support children's wellbeing, development and learning, the provider should ensure that playrooms and garden areas are suitably resourced for children's play. Play experiences, toys and resources should be organised, well maintained and attractively set up for children to promote purposeful play.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.' (HSCS 5.21).

2. To support children's health and wellbeing, the provider should ensure that infection prevention and control practices are improved in line with good practice. This should include, but is not limited to, ensuring good handwashing practice and clean, well maintained equipment and resources for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, with strengths just outweighing weaknesses.

The service had an appropriate vision and values which put children's care needs and development at the heart. This was shared with parents and available for staff to support their work. Although at early stages, the manager had begun to create a culture where staff were consulted and encouraged to be part of making positive changes. Staff told us they felt able to ask questions and seek support from the manager when needed. One parent told us that there was a 'great service'.

The manager understood the importance of consulting with families when making changes or planning for improvement in the nursery. This was done in a range of ways including using social media and questionnaires. For example, parent ideas were sought about how to deliver feedback about children's experiences that met their expectations. Children's ideas were also sought when making changes to the nursery such as the garden area. The team now needs to add depth to the way in which children are consulted to show how their ideas influence improvement and sustain any changes implemented.

The manager had worked well to initiate a planned approach to monitoring and self-evaluation. This was at an early stage of development but showed consideration and a drive to improve outcomes for children and families. Regular monitoring took place which highlighted what was working well and areas for improvement. For example, the deputy manager often visited the playrooms and made observations about staff practice. However, important areas for improvement, although recognised, were not consistently resolved. The manager now needs to build a greater sense of accountability within the team to ensure goals are understood, progressed and achieved. We made a recommendation about this at the last inspection and this will therefore be carried forward as an area for improvement (see area for improvement 1).

The nursery had an improvement plan in place with identified goals for the academic year. These put children's experiences and learning at the heart and included development of the outdoor learning environment. A number of challenges including staffing changes had impacted the progress of these plans. The management team now needed to reassess where improvements have been made and where adjustments are required to make goals specific, measurable and achievable.

Areas for improvement

1. To improve upon outcomes for children, quality assurance systems should be developed further to assess and improve the quality of the provision in line with best practice. The team should take responsibility for positively contributing to improvement and be accountable for the quality of their work.

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

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, with strengths just outweighing weaknesses.

On the morning of the day of the inspection, the nursery needed more staff to effectively meet the needs of babies and younger children. The rooms had joined together to try to ease supervision needs while additional staffing was sought. The team tried their best to meet children's needs but their combined lack of experience meant this was challenging and outcomes for children were not always positive. For example, children were unsettled due to unsuitable routines and a lack of preparedness for the day. We have made a requirement about this (see requirement 1).

Older children benefitted from staff who knew them as individuals. This supported continuity of care as staff had some knowledge about children's lives, their development and how they were getting on at nursery. Staff breaks were planned to minimise the impact on children. When temporary staff were needed, the manager tried to request individuals that children were familiar with to support children's wellbeing. Changes to staffing arrangements were also communicated with parents to keep them informed about matters affecting their child's care. Parents were welcomed warmly into the nursery at collection times which helped staff to share information about each child's day and build positive relationships. One parent told us that staff were like 'extended members of their family'.

We discussed with the manager that both the early learner and toddler rooms required more support to ensure effective leadership and high quality experiences for children that met their needs. The staff teams lacked strong leadership or sufficient knowledge about best practice which impacted outcomes for children. Skills within the team would benefit from continuous assessment and appropriate support arrangements put in place. We have made this an area for improvement (see area for improvement 1).

Staff had access to a range of appropriate training opportunities to help them develop their skills and knowledge. Success was celebrated in the nursery and staff were encouraged to identify areas of learning they wished to progress. They were flexible and positive about their roles. The management team had an understanding of the range of skills and experience across the team. The manager tried to use this knowledge to deploy staff to best meet children's needs but important gaps in the team meant this was difficult to consistently achieve.

An induction was in place to help new staff gain the necessary knowledge. The manager regularly met with staff to support their development and was mindful of staff wellbeing. This positive practice helped her to support staff in their roles and build a team ethos. The induction process should continue to be structured and increasingly personalised to ensure effective mentoring and skill development.

Requirements

1. By 15 July 2022 the provider must ensure children's needs are met through effective staffing levels.

To do this the provider must, at a minimum:

a) ensure that at all times staffing levels are appropriate to meet the care, health, welfare and safety needs of children.

This is to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI/210).

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS)

which state that:

'My needs are met by the right number of people' (HSCS 3.15).

Areas for improvement

1. To ensure positive outcomes for children, the provider should ensure that effective leadership arrangements are in place in each playroom. Leaders should be suitably trained with the right level of knowledge, skills and expertise to lead their team, model good practice and ensure high quality care and learning experiences 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 and organisational codes' (HSCS 3.14).

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

Requirements

Requirement 1

By 31 August 2021, in order to ensure that children's health needs are met you must improve the systems in place for recording the medication needs of children and the administration of medication. To achieve this you must:

- Ensure that all allergy and medical needs are clearly recorded and shared with staff caring for those children
- Provide information and training for staff on the procedures in place to ensure that medication is stored, recorded and administered in line with good practice guidance.

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

This requirement was made on 18 August 2021.

Action taken on previous requirement

This requirement is not met and has been made again.

Not met

Requirement 2

. By 31 August 2021 the provider must ensure the safety and welfare of children by developing systems to demonstrate that all staff have been deemed fit to be employed following robust safer recruitment processes.

This is in order to comply with:-

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(2011/210) - regulation 4 Welfare of users and regulation 9 Fitness of employees.

This requirement was made on 18 August 2021.

Action taken on previous requirement

Action taken to meet this requirement, recruit staff safely and follow current guidance.

Met - within 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

To effectively support children's care, development and learning, processes for documenting personal plans should be improved. Agreed strategies for supporting children should be understood by all staff, regularly monitored and reviewed to ensure the best outcomes for children. This is consistent with Health and Social Care Standard 1.15 – 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.'

This area for improvement was made on 18 August 2021.

Action taken since then

Action taken to meet this area for improvement. Personal planning processes improved.

Previous area for improvement 2

To promote positive outcomes for children, staff should use best practice and research to promote good outcomes for children. This is to ensure staff have the knowledge, expertise and skills to sensitively support and promote children's wellbeing.

Ref; Health and Social Care Standards: 3.14: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisation codes. 4.11: I experience high quality care and support based in relevant guidance and best practice.

This area for improvement was made on 18 August 2021.

Action taken since then

This area for improvement has been carried forward under key question one. Additional work is required to progress this area for improvement and improve outcomes for children.

Previous area for improvement 3

1. To improve upon outcomes for children, quality assurance systems should be developed further to assess the quality of the provision in line with best practice. This is to ensure that care and support is consistent

with the Health and Social Care Standard (HSCS) 4.19 which states 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

This area for improvement was made on 18 August 2021.

Action taken since then

This area for improvement has been carried forward under key question 3. Additional work is required to progress this area and improve outcomes for children.

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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