

Claylands Nursery Limited

Day Care of Children

Claylands Farms
Clayland Road
Newbridge
EH28 8LZ

Telephone: 01313 334 701

Type of inspection:
Unannounced

Completed on:
7 October 2022

Service provided by:
Claylands Private Nursery Limited

Service provider number:
SP2003003496

Service no:
CS2016352076

About the service

Claylands Nursery Ltd can provide a care service to a maximum of 86 children not yet attending primary school at any one time; of those 86 no more than 30 are under two years; of those 86, 12 children over the age of three years will be cared for in the nursery's outdoor setting. The enclosed courtyard within the services premises must not be used in the provision of the care service.

Based just outside Ratho, west of Edinburgh, the service is a converted farm with buildings forming a central courtyard. Each age group of children is accommodated in different buildings with a large shared garden for all. The service does not benefit from public transport links however parking is available onsite.

About the inspection

This was an unannounced inspection on Monday 26 September 2022 between 08:50 and 14:15, returning for a second day on Tuesday 27 September 2022 between 9:10 and 14:30. The inspection was carried out by two inspectors from the Care Inspectorate.

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

In making our evaluations of the service we:

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

We gave feedback to the manager and provider by videocall on Friday 07 October 2022.

Key messages

The quality of nurturing interactions were inconsistent. Improvements are needed to ensure consistent positive experiences for children.

Children had access to a varied and stimulating environment, however attention to detail is needed daily to ensure they can use it to its full potential.

Personal planning should be further developed to ensure children's health, welfare and safety needs are consistently met.

A system to record, monitor and share information with other agencies must be developed and used, in order to safeguard children.

While the service worked within the minimum ratio of staff to children, there was insufficient staff to consistently meet children's needs.

Quality assurance processes must be purposeful and manageable in order to identify areas for development and aid improvement.

The new management team is motivated and committed to work on the improvements highlighted in this report.

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? | 2 - Weak |
| How good is our setting? | 3 - Adequate |
| How good is our leadership? | 3 - Adequate |
| How good is our staff team? | 2 - Weak |

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

How good is our care, play and learning?

2 - Weak

Quality Indicator 1.1: Nurturing care and support

We made an evaluation of weak for this quality indicator. Whilst strengths could be identified, these were outweighed or compromised by significant weaknesses. We have made requirements to ensure children's health, safety and welfare needs are met.

Children's individual wellbeing was compromised at times due to ineffective use of personal planning. All children had a personal plan outlining basic information relating to their needs. However, these did not always reflect staff knowledge of children, as information was known but not recorded. This resulted in strategies of support not being known or consistently used for children to reach their full potential. The provider must ensure staff are able to meet children's health, welfare and safety needs (see requirement 1).

Whilst staff and management were knowledgeable about procedures to safeguard children in the event of concerns being identified, information about children was not always used to plan their care. The service should capture key information about children in order to monitor and plan for their needs, sharing it with other agencies where required. This would contribute to keeping children safe and well (see requirement 2).

Children were generally nurtured and supported through their daily experiences, however this was inconsistent across the service. Relationships were important in the service, giving children a sense of belonging. Children had welcoming and personal interactions with people in a variety of roles, ranging from the cook to the provider. This interest and familiarity was reassuring for children. Interactions throughout daily routines were generally respectful, gentle and nurturing. However, some interactions were often dismissive and did not respectfully take children's feelings and wishes into consideration. This was confusing for children and gave a message that they were not listened to. The provider should ensure all interactions nurture and support children through their daily experiences (see area for improvement 1).

Children were offered a wide range of nutritionally balanced meals throughout the day. This contributed to their health and enhanced their preferences. A parent appreciated the quality of the food for their child, saying, "The food offering is amazing and the quality of the food and variety is great. The children receive a well balanced diet and lots of different foods to try".

However, mealtime experiences were of an inconsistent quality across the rooms. While some babies had a calm and supportive mealtime, other babies waited too long for their meal which caused upset. Play generally stopped for toddlers and preschool children, as staff focused on the practical elements of lunch. This meant children had limited flexibility to choose when to eat. Children had limited opportunities to be involved in the mealtime routines. This meant minimal benefit from the learning in self-care, food preparation and responsibility. Staff should explore a more flexible approach to mealtimes which supports children's individual wishes and promotes learning and self-care skills.

Quality Indicator 1.3: Play and learning

We made an evaluation of adequate for this quality indicator, where strengths only just outweighed weaknesses.

The quality of children's play and learning experiences were variable and could be improved. Some children

were having fun and generally had freedom and space to play. This meant they could use their imaginations to be creative with resources to follow their own ideas and interests. This freedom enabled children to try out new ideas, practice new skills and discover new understanding. Some play was interrupted by practical tasks or room routines, such as nappy changing and mealtimes. This was frustrating for children as their interests and concentration were often disturbed. The provider should ensure staff understand the play process and take steps to minimise disruptions where possible.

Outdoor play was of a good quality for most children. They used resources such as the mud kitchen and outdoor classroom to experiment, problem solve, discover and create. For example, children were enjoying mixing things together such as mud, water, leaves and discovering the texture it made. A parent said, "The staff are enthusiastic with the children and my child's confidence has really grown". Staff should be more observant and responsive to how children use the garden areas. For example, the toddler age group need open spaces to manoeuvre around in. This would support learning experiences to be as beneficial as possible.

Learning journals did not always demonstrate individual children's learning and progress. Each child had a learning journal online which kept parents informed of their activities and development. Monitoring of and planning for individual children's learning was therefore limited, which resulted in missed opportunities. The service should continue to embed the planning of next steps for each child to ensure opportunities reflect the child's interests and builds on their learning. This will help to secure children's progress as staff and parents work together to give support at the right time (see area for improvement 2).

Requirements

1. By 31 January 2023, the provider must ensure that all children's health, welfare, and safety needs are met.

Sufficient information must be gathered and recorded about all children as part of their personal plan, clearly setting out their individual needs and how these will be met. To do this, the provider must, at a minimum:

- a) ensure that all staff understand the purpose of personal plans and are familiar with Care Inspectorate guidance 'Guide for Providers on Personal Planning, Early Learning and Childcare'
- b) ensure that personal plans are written and regularly reviewed with children and parents to ensure that information is up to date to reflect children's current needs, wishes and choices
- c) ensure consistent effective recording of important information in all personal plans to meet children's safety and wellbeing needs, such as, information about required medication
- d) ensure that all personal plans are meaningful, working documents that include strategies of support and progress made.

This is to comply with Regulation 5(2)(b)(c) (Personal Plans) 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 state 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. By 30 November 2022, the provider must have procedures in place to safeguard children's health, welfare and safety.

In order to ensure children get the right help at the right time, the provider must ensure key information and events are recorded, monitored and used to plan children's care, in partnership with other agencies if necessary.

This is to comply with Regulation 4(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 care and support is consistent with the Health and Social Care Standards (HSCS) which state: `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).

Areas for improvement

1. In order for children's wellbeing to be considered and nurtured, the provider should ensure interactions are child-centred, responsive and respectful for all children at all times.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: `I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the focus of people's attention` (HSCS 3.1).

2. In order for children to meet their full potential, the provider should continue to implement and embed the monitoring of and planning for individual children's next steps in play and learning. The use of best practice document Realising the Ambition (Scottish Government 2020) will support increased knowledge of what children need at varying stages and the adults role in enabling them.

This will ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: `I am supported to achieve my full potential in education and employment if this is right for me` (HSCS 1.27).

How good is our setting?

3 - Adequate

Quality Indicator 2.2: Children experience quality facilities

We made an evaluation of adequate for this key question, where strengths only just outweighed weaknesses.

The setting was comfortable and sufficiently furnished to care for children safely. Good ventilation, natural light and fresh decoration made the rooms pleasant places to be. The displaying of children's work was celebratory and recognised children's efforts, giving them a strong message that they mattered. A parent said "It's an amazing happy space; the garden is brilliant and we love that the children are outside, learning about nature as much as possible and having fun. The indoor spaces have been renovated and rooms improved over the last year, which has been good". Going forward, the provider should ensure all rooms continue to reflect a homely environment for children, which is warm, inviting and stimulating of their interests.

A large outdoor space was split into distinct areas to accommodate multiple groups of children accessing it at the same time. The areas were varied and offered different challenges and opportunities in a natural environment. For example, an outdoor classroom offered more structured learning opportunities, whilst a large grassy area gave space to move and explore. Attention to detail was needed at points to secure children's involvement and achievement. For example, water for children's use was put into a container too big and heavy for them to manage.

Resources were not always well-maintained. During inspection, parts of the preschool room and garden had

not been made ready to engage children. Whilst we acknowledged that the garden was a rustic natural environment, the maintenance issues observed should have been identified as part of daily risk assessments. For example, water trays had old water still in them from the week before and a sheet of tarpaulin providing some shelter was falling down. The limited attention to detail made some areas look neglected, which was neither warm nor inspiring for children. The provider should ensure rooms and resources are ready to welcome children to play (see area for improvement 1).

The provider was continuing to develop the facilities to support the developmental needs of children attending. Both indoor and outdoor spaces were well-resourced for varying preferences, interests and learning needs. Loose parts and natural materials were available for children to explore and use creatively in their play. This provided endless possibilities for children. An outdoor toilet and changing facility had been added. This offered children a different experience and meant they didn't have to leave the play space for too long.

Areas for improvement

1. To ensure children feel welcomed, stimulated and challenged by their environment, the provider should ensure play spaces are inviting, interesting and prepared for use.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

How good is our leadership?

3 - Adequate

Quality Indicator 3.1: Quality assurance and improvements are led well

We made an evaluation of adequate for this key question, where strengths only just outweighed weaknesses.

The service had a shared vision and aim to provide quality experiences for children in their care, however the recent pace of change within the team meant that they were not always reflected in practice. A number of recent management and staffing changes had led to instability within the team. This resulted in the quality assurance processes not being consistently used to aid improvement. The management team should now work together to define their roles and responsibilities to aid the improvements highlighted through their quality assurance processes. Children's outcomes would then be enhanced.

Although parents were communicated with and involved in a variety of ways, this could be enhanced. Parents were kept up to date through methods such as social media, noticeboards and open days. This informed parents about children's play and learning so it could be complemented at home. A parent said, "There are daily updates for parents on (social media) where we get to see lots of photos of the day as well as an individual journal personal to each child". However another parent felt these updates were not regular for their child. They said, "(Social media) is relied on too heavily for nursery closures/illness/open days - important communications should be phoned/emailed or texted to parents, (social media) doesn't always allow you to see page updates and I know some parents have missed updates". The service should ensure information for parents is consistent and relevant so it can be used by parents to keep informed.

Quality assurance, including self-evaluation and improvement plans were beginning to develop, however

were not yet leading to continuous improvements. In order to make these processes purposeful and lead to improvements, they should reflect best practice for comparing against. Spreading them out throughout the year will also make them more manageable. The provider should refer specifically to the `Health and Social Care Standards` (Scottish Government 2017) and `A quality framework for daycare of children, childminding and school-aged childcare` (Care Inspectorate 2022) for guidance on what children should expect from a registered service. However, whilst the managers continue to be included within room ratios, they remain less able to hear, recognise and respond to issues raised by staff or through practice observations. Recent recruitment of new staff should support this to change.

Moving forward the provider must ensure areas requiring development are identified, in order to improve outcomes for children. Issues highlighted in this report, such as resource maintenance and gaps in children's personal plans should be identified through accurate use of quality assurance processes and then remedied. To aid improvements, the provider should also consider the support given to staff who are mentoring and modelling practice for unqualified or less experienced staff. They must demonstrate their knowledge and understanding of current best practice documents and service policies. Regular and recorded support and supervision of staff should be used to set actions and monitor progress of this in a strengths-based and enabling way. This would empower staff, raise confidence and focus them on their role in supporting children.

How good is our staff team?

2 - Weak

Quality Indicator 4.3: Staff deployment

We made an evaluation of weak for this key question. Whilst strengths can be identified, these are outweighed or compromised by significant weaknesses. We have set a requirement to ensure children's health, safety and welfare needs are met.

The approach to staffing within the service was not outcome-focused which impacted on children's experiences. The recent changes to the team meant that although the service was working within the minimum ratio of staff to children, practical tasks often overtook the meeting of children's needs. Whilst staff made attempts to engage with children in play, they were often needed by other children or to carry out practical tasks. There was little flexibility to be responsive to children and so their cues often went unanswered. For example, children who wanted to return indoors from the garden, often had to wait, which for some caused upset. In some cases, the ratio numbers led staff decisions rather than consideration of outcomes for children. For example, children being moved to other rooms for the day to accommodate staffing needs. The provider must ensure there is sufficient staff to meet children's health, welfare and safety needs at all times (see requirement 1).

An effort was made to ensure children had continuity of staff, however this was not possible when covering staff breaks or absences. Due to the team communicating with each other being fluid between rooms, staff generally had basic knowledge of children in each room. A parent acknowledged this, saying, "The staff seem to know my child well and always chat to them as well as me at drop offs and pick ups". This was not enough however to ensure each child had consistently positive experiences in response to their needs.

During inspection some staff did not receive sufficient breaks. This meant that they were unable to rest and refresh their energy for engaging with children. Moving forward, the provider should ensure staff use their entitled breaks to ensure positive outcomes for all.

The service was working with apprentices in each room, with the aim of nurturing and developing

experienced and qualified staff. Whilst this was future-proofing the service, it had implications on the skill and experience mix in each room and the modelling of good practice. A parent raised the issue of ensuring new staff were introduced by the service, and said, "New starts should be formally communicated to parents in email/text, etc. The majority of time, we find out by accident at the door when handing my child over. Which is bad, but even worse, the person answering door doesn't introduce themselves". The provider should ensure families are kept informed of staff changes. This would improve communication, help parents feel more at ease with any changes and would allow relationships and trust to be built between staff, parents and children (see area for improvement 1).

Requirements

1. By 30 November 2022, the provider must ensure children's health, welfare and safety needs consistently met by enough staff.

In order for children to be safe and reach their full potential, the provider must ensure there is enough staff throughout each day to meet their needs. Points to consider, but not exclusively are:

- a mix of knowledge, skills and experience in each room
- staff in enough numbers to fully meet children's needs throughout the day
- flexibility in order to respond to children's individual needs, particularly during busier parts of the day such as mealtimes.

This is to comply with Regulation 4(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 state "My needs are met by the right number of people" (HSCS 3.15) and "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation" (HSCS 4.15).

Areas for improvement

1. In order to improve communication and allow relationships to be built between staff, parents and children, the provider should ensure that families are kept informed and introduced to any new staff.

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

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 service should further consider the content and monitoring of personal plans to ensure care is consistent and relevant. This may include reviewing what information is being gathered and recorded, in

particular details of any support strategies being used.

The system to monitor personal plans should ensure that the plans are reviewed, accurate and up to date to ensure children's needs are being met.

This is to ensure care and support 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 20 July 2021.

Action taken since then

Children's personal plans were being reviewed at least every six months with parents, offering up to date information about children. However, staff knew further key information about children which was not recorded anywhere. This meant that the personal plans did not fully reflect children's wellbeing and learning needs or how they were being met. This also had the potential to impact on children's safeguarding as key events or information were not being used to assess the child's needs.

The personal plans were not being monitored to ensure they adhered to legislation or were sufficient to meet children's needs. This meant that gaps in planning for wellbeing and learning needs were not identified and addressed.

This area for improvement has not been fully met, therefore we will set a new area for improvement to support further development of personal plans.

Previous area for improvement 2

To ensure children and staff are kept safe from spread of infection the service should ensure hand washing facilities are fully stocked. The outdoor provision should ensure sufficient facilities to promote good hand hygiene routines in line with current Covid-19 and infection prevention and control guidance.

This is consistent with Health and Social Care Standard 4.11 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

This area for improvement was made on 20 July 2021.

Action taken since then

Children had access to indoor and outdoor handwashing facilities. All were easily accessible and stocked with soap and paper towels. Children were encouraged and supported to handwash at key points throughout the day.

This area for improvement has been met.

Previous area for improvement 3

To ensure safer recruitment processes are being carried out in line with best practice the manager should develop a system to clearly monitor what safer recruitment protocols have been carried out, by when and by whom.

This is consistent with Health and Social Care Standard 4.24 'I am confident that people who support and care for me have been appropriately and safely recruited.'

This area for improvement was made on 20 July 2021.

Action taken since then

Following the last inspection, all staff files were audited and some new references were requested. A checklist had been introduced to each staff members file. This supported the monitoring of when key processes in safer recruitment had been carried out. The service should add dates to when these processes were carried out to support safe decision making regarding new staff starting post. Going forward, the provider should ensure the monitoring of safer recruitment is embedded into practice.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

| | |
|--|--------------|
| How good is our care, play and learning? | 2 - Weak |
| 1.1 Nurturing care and support | 2 - Weak |
| 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? | 2 - Weak |
| 4.3 Staff deployment | 2 - Weak |

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