

Thrive Childcare and Education Happitots Inverkip Day Care of Children

4 Kip Park
Main Street
Inverkip
Greenock
PA16 0FZ

Telephone: 01475 529 900

Type of inspection:
Unannounced

Completed on:
11 October 2022

Service provided by:
Enchanted Forest Nursery (Inverkip)
Ltd

Service provider number:
SP2012011768

Service no:
CS2011305898

About the service

This service registered with Care Inspectorate on 3 April 2012.

Thrive Childcare and Education Happitots Inverkip is provided by Enchanted Forest Nursery (Inverkip) Ltd. The service operates from the first floor of a two storey building in the Inverkip area of Inverclyde. The service is registered to care for a maximum of 62 children within the following age ranges:

- no more than 20 are aged under 2 years;
- no more than 20 are aged 2 years to under 3 years and;
- no more than 22 are aged 3 years to those not yet attending primary school

The service has partnership status with Inverclyde Council to provide commissioned places for some children.

About the inspection

This was an unannounced inspection which took place on Tuesday 4 October 2022. The inspection was carried out by three inspectors from the Care Inspectorate and feedback was provided to the management team on Tuesday 11 October 2022. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, 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 17 of their parents by email
- spoke with the staff and management team
- observed practice and daily life for the children attending the service
- reviewed documents.

Key messages

Children were helped to form positive relationships as most staff interactions were warm, caring and nurturing.

Children's wellbeing was supported as the calm and respectful approach of staff helped them to feel secure.

Children were actively and meaningfully involved in leading their play, they were able to express their choices and opinions.

The management and staff team should ensure children's privacy and dignity is respected at all times, including during personal care routines.

The management and staff team should review the practice for meal times to ensure all children experience calm, unhurried positive mealtimes.

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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

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

How good is our care, play and learning?

4 - Good

Overall, we evaluated this key question as good. Several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator: 1.1 Nurturing care & support

We evaluated this quality indicator as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Children were happy and experienced warm, caring interactions to support their overall wellbeing. Children were provided with meaningful praise and encouragement and we observed children approach staff for comfort and reassurance, confident that their needs would be met. This demonstrated that positive attachments had been formed and that children felt comfortable and secure within their environment.

Staff were proactive in consulting parents to ensure they felt included in their child's day. Effective communication through various methods including; newsletters, weekly email updates, verbal discussions and the use of an online portal called Parent zone, supported changes in children's care routines to be implemented quickly. Parents told us, "I like the quality and frequency of the information I receive for my child, I especially love seeing photos of them playing" and "Communication is a real strength of the nursery. There is always a stream of information and updates and the Parent zone app is really something special".

Personal plans were in place for all of the children that we sampled. We found that staff were responsively updating plans to reflect individual changes in children's care and that plans had been reviewed with parents regularly. Parents spoke positively about their involvement in their child's plan, with one parent stating, "We are actively involved with this personal plan and it is updated regularly with the our child's key worker". However, we found that for some children, their plan did not consistently record strategies on how their health, welfare and safety needs would be met. We discussed with the management team that clear support strategies should be identified for all children and suggested that this is further considered as part of the monitoring arrangements within the service.

Where children required support with personal care, interactions were warm and caring supporting positive relationships. However, we observed two occasions where children's privacy was not respected when they required clothing to be changed. Through sampling photographic evidence we identified that for the purpose of creative or water play young children were often removed of their clothing, compromising their privacy and dignity. We have asked that staff practice is reviewed to ensure staff understand the importance of respecting children's privacy and dignity at all times (area for improvement 1).

We observed lunch routines and found that foods provided were respectful of children's food preferences and allergies and that children could choose where to sit during mealtimes supporting friendships to form. However, we found that improvements could be made to ensure all children experience a positive mealtime. For example, we saw that staff did not always sit with children to support social interaction, not all staff understood the importance of children experiencing a relaxing and unhurried mealtime and that some staff practice increased the risk of cross contamination. We have asked that mealtimes are reviewed to ensure staff practice consistently supports positive mealtimes for all children (area for improvement 2).

Quality Indicator: 1.3 Play & learning

We evaluated this quality indicator as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

We recognised that improvements had been made to the quality of resources available to most children to ensure they could make informed choices about their play within a welcoming environment. Play materials were available in a way which supported children to express choice and we observed children actively involved in leading their play and learning through a balance of spontaneous and planned experiences that promoted independence.

Planning approaches were child centred and responsive to children's interests and life experiences. As a result, children were happy in their play. However, we found that limited evaluations of planned and responsive learning impacted on the breadth and depth of experiences offered to children. Detailed planning evaluations should consistently be implemented to support staff to identify where to extend experiences to scaffold learning, introduce new skills and provide appropriate levels of support and challenge for children.

Online learning journals supported learning and development to be shared with parents promptly and parents spoke positively of this process. We discussed with the management team how observations and assessments of learning could be further developed to ensure next steps are identified and tracked. To further support parents to be actively involved in their child's learning, the service had recently re-established a home links programme. We encouraged the staff to continue to develop this.

Staff demonstrated some understanding of child development and relevant theory relating to their role, however, we observed some occasions where staff were not implementing their learning into practice. For example, we observed that children were not consistently supported to transport play materials to enhance their learning and that staff were not fully implementing planning approaches to fully support younger children's schemas. Staff would further benefit from revisiting learning materials relating to schemas and Education Scotland's guidance *Realising the ambition: Being me* to further improve their knowledge and understanding.

Areas for improvement

1. To ensure all children experience calm, unhurried positive mealtimes, the management team and staff should review the lunch time experience and make necessary improvements. At a minimum, improvements should include;

- a) Review organisational and national meal time guidance with staff. This should include, NHS Health Scotland's guidance, 'Setting the table, nutritional guidance and food standards for early years childcare providers in Scotland'.
- b) Ensure staff sit with children to promote social interaction and to ensure staff are well placed should a choking episode occur.
- c) Ensure drinking water is available and easily accessible at all times throughout the day.
- d) Ensure staff have access to appropriate food preparation space to ensure children's meal plates are not placed on the floor. This will prevent the likelihood of bacteria spreading.

e) Increase opportunities to support children's participation and independence during mealtimes.

f) Management should monitor the quality of meal times to ensure a positive experience is consistent for all children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can enjoy unhurried snack and mealtimes in as relaxed environment as possible' (HSCS 1.35).

2. To protect children's privacy and dignity at all times, the management team and staff should ensure that children's clothing is not removed for the purpose of creative play and that when children do require to have their clothing removed for the purpose of personal care, this is carried out within an appropriate private space.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).

How good is our setting?

4 - Good

Quality Indicator: 2.2 Children experience high quality facilities

We evaluated this quality indicator as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Most areas within the service were clean, comfortably furnished and welcoming with natural light and ventilation. Cleaning schedules and risk assessments were in place and completed as appropriate. We found that staff worked well together to identify and remove risks to children and arrangements were in place for maintenance and repairs within the setting.

Staff and management reflected on previous accidents and incidents which had occurred in an attempt to prevent them happening again. As a result, children benefitted from a safe and secure setting with a range of measures in place to reduce the likelihood of harm.

The indoor environments were mostly structured to take account of all children's stages of development and learning. Play spaces reflected children's interests and good use of natural open-ended resources and creative materials supported children to explore their curiosity and develop problem solving skills. We identified some improvements were required within the two-three playroom to ensure the playroom was inviting and stimulating for children. Through quality assurance processes, the management team had already identified that improvements were required within this area and a plan was in place for sufficient improvements. We encouraged the management team to continue with their plans.

We found that some improvements had been made to the garden space, and that the service had plans to make further improvements, including extending the space to support children's creativity and curiosity outdoors and to ensure a suitable space for younger babies. We encouraged the management team to continue with their plans.

We found that the service had worked to improve children's outdoor experiences and made satisfactory use of areas in the local community including the local multi use games area, the beach, the forest and Inverkip marina. However, we found that the quality of children's experiences whilst attending these areas, and the period of time children access outdoors could be further improved. We have suggested that the management team further monitor the quality of children's outdoor experiences to ensure all children access high quality experiences outdoors each session.

How good is our leadership?

4 - Good

Quality Indicator: 3.1 Quality Assurance and improvement are well led

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Regular staff meetings provided opportunities for staff consultation, to share best practice guidance and to engage staff in the self-evaluation processes. This supported staff to be reflective in their practice and staff told us that they informally discussed what was working well and what needed to be improved to enhance experiences for children. However, it would be beneficial to further improve the recordings of discussions and actions resulting from meetings to ensure that any next steps are recorded and revisited. This would ensure service improvements were well led to meet the needs of children and families.

We found that the monitoring processes in place considered staff practice, best practice guidance and the environment for children. Staff at all levels were involved in monitoring processes using peer assessments. This supported a shared vision for supporting improvement. We found that further improvements could be made to the formal auditing procedures to ensure where areas for improvement had been identified, these are revisited to support positive outcomes for children and families.

We found key strengths in the opportunities to consult with parents and involve them in the ongoing developments within the service. Parents told us that regular emails, questionnaires, interactive notice boards and informal chats supported them to feel consulted. We observed a 'you said, we did' wall which demonstrated parents' views were listened to and actioned. However, we found that further opportunities should be implemented to consult children in a meaningful way to ensure their views inform improvements. This would ensure that children felt included and listened to at all times.

The management team were engaging with Care Inspectorate's improvement team to make improvements to the quality-of-service delivery in line with the service improvement plan. We would encourage the management team to continue to engage with this programme of support to ensure that any improvements implemented are sustained and improve outcomes for children and families.

How good is our staff team?

4 - Good

Quality Indicator: 4.3 Staff Deployment

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

There were sufficient numbers of staff to ensure children were supported throughout their session. Management planned for staff absences and supported families to be prepared for staff changes by sharing weekly staff updates. Parents spoke positively of this and confirmed that they felt informed of any changes to staffing that impacted their child's care.

Staff communicated well with each other to limit disruption to children's care. We observed staff recording personal care routines promptly, telephones were used to seek support and reduce times staff left the room and communication diaries were used to share key details to ensure all staff had the necessary information to meet children's daily care needs.

Almost all staff told us they felt supported by the management team who they found to be approachable. Staff had regular professional development review meetings where they discussed aspects of their role, including; training opportunities, personal wellbeing and areas of practice to further develop. This enabled staff to feel supported within their role.

Staff were deployed throughout the service based on their knowledge, skills and experience to ensure they could meet children's needs. However, whilst we observed that most interactions were positive, some interactions from staff did not fully support children's wellbeing. For example, we observed one child being rushed during mealtimes. We shared our observations with the management team who agreed to further monitor newly recruited staff to ensure that all children receive respectful interactions and nurturing care and support from staff at all times.

We found that staff champion roles were not consistently imbedded and were not improving experiences for children. We encouraged the management team to continue with their plans to re-establish champion roles linked to staff knowledge and skills. It would be beneficial for the management team to source appropriate training for staff relating to their allocated role and for them to monitor the impact of these roles to ensure they support positive experiences and improved outcomes for children and families.

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 provider and the manager should continue to monitor the quality of experiences and play resources available to children to ensure children receive high quality play opportunities within a rich, exciting and enabling environment. Play experiences should offer breadth and challenge whilst promoting play, learning and continued enjoyment.

This is to ensure that the environment is consistent with the Health and Social Care Standards which state; "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices" (HSCS 5.21), "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) and "As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials" (HSCS 1.31).

This area for improvement was made on 6 September 2021.

Action taken since then

We observed that the quality of play experiences had improved for children attending the service. We sampled a variety of monitoring records and audits which demonstrated that the management team were monitoring the quality of children's experiences to support improvements. We discussed with the management team the importance of continuing this practice to ensure children consistently receive high quality play and learning experiences.

We received sufficient evidence to demonstrate that this area for improvement had been met.

Previous area for improvement 2

To ensure that children can make choices about their play and have sufficiently regular access to the outdoors we recommend that the provider and the manager further improve the outdoor play space to ensure this provides suitable play opportunities and experiences for all children, including young babies.

This is to ensure that the service complies with the Health and Social Care Standards which state; "As a child I play outdoors every day and regularly explore a natural environment" (HSCS 1.32).

This area for improvement was made on 6 September 2021.

Action taken since then

We observed that some developments had been made to the small garden area. The service have gained permission to extend their current garden space and have plans in place to refurbish this area fully to include areas of varying textures and sheltered space to ensure this can be accessed in all weathers.

We received sufficient evidence to demonstrate that this area for improvement had been met, however, we discussed with the manager how further monitoring of outdoor access should be implemented to ensure all children have opportunities to access outdoors during their sessions.

Previous area for improvement 3

To promote a high quality of care and support for children all staff should access further training or self-learning in Child Protection. In addition, newly appointed, trainee and agency staff and students would benefit from receiving child protection awareness training as part of their induction to the service. This would ensure all staff working directly with children had an understanding of how to protect and safeguard children.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state; "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) and "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

This area for improvement was made on 6 September 2021.

Action taken since then

On the day of our inspection we observed newly recruited staff completing child protection training as part of their induction process. We reviewed training logs and found that all staff had received inhouse training on child protection and that staff had also accessed online training through Azilo.

We received sufficient evidence to demonstrate that this area for improvement had been met.

Previous area for improvement 4

Management should uptake an audit of staff practice in relation to infection control procedures to ensure that staff are knowledgeable, competent and suitably trained. Staff practice should be reflective of best practice guidance, "Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)".

This is to ensure that the service complies with the Health and Social Care Standards which state; "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This area for improvement was made on 6 September 2021.

Action taken since then

Environmental audits were carried out with a focus on infection prevention and control practice. We found that staff practice had improved in this area.

We received sufficient evidence to demonstrate that this area for improvement had been met.

Previous area for improvement 5

The provider should Implement a plan for further support and training for the management team to ensure the manager, the interim manager and depute manager are provided with the opportunity to develop skills appropriate to their role and seek support and guidance where required. Any staff new to their position would further benefit from the allocation of a mentor to ensure they are sufficiently inducted to their role and are confident with implementing organisation policies and procedures.

This is to ensure that the management and leadership is consistent with the health and social care standards which state; "I use a service and organisation that are well led and managed" (HSCS 4.23).

This area for improvement was made on 6 September 2021.

Action taken since then

We found that the induction process for members of the management team had improved and that the newly appointed deputy manager had received an appropriate induction and period of support. The organisation provides opportunities for managers to meet and discuss practice and offer support.

We received sufficient evidence to demonstrate that this area for improvement had been met.

Previous area for improvement 6

The management team should further develop and implement systems for monitoring and evaluating the service. Robust quality assurance systems should be in place to support the service to develop and improve outcomes for children. In order to achieve this the management team should;

- (a) Further develop the monitoring calendar to outline when specific monitoring tasks will be undertaken.
- (b) Ensure monitoring of staff practice and the implementation of organisational policies and procedures is carried out frequently and purposeful feedback is provided to support staff to make and sustain improvements.
- (c) Further develop self-evaluation processes to ensure this reflects the service strengths and areas for further improvement. The service would benefit from implementing the use of a self-evaluation framework such as Education Scotland's 'How good is our early learning and childcare'.
- (d) Consult with and involve all stakeholders including staff, children and parents in self-evaluation processes.

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

This area for improvement was made on 6 September 2021.

Action taken since then

We sampled various forms of quality assurance documents and found that systems had been further developed.

We received sufficient evidence to demonstrate that this area for improvement had been met, however, we discussed with the management team the importance of revisiting areas where required improvements had been identified.

Previous area for improvement 7

To ensure staff are confident, competent and able to reflect on and improve their practice, the management team should further develop their process for undertaking staff professional development reviews. This will ensure that staff are provided with the opportunity to discuss their professional development and identify individual achievements and areas for further development.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards which state 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).

This area for improvement was made on 6 September 2021.

Action taken since then

We found that processes were in place to ensure staff received regular professional development reviews (PDR). We found that the PDR process provided sufficient opportunities for staff to discuss their professional development and identify individual achievements/successes and areas for further development.

We received sufficient evidence to demonstrate that this area for improvement had been met.

Previous area for improvement 8

The provider and management team should complete a written retrospective account or internal investigation for the incident detailed within this inspection report and document their findings, any future learning and identified training needs for staff, any disciplinary action taken and any referrals to the regulatory body Scottish Social Services Council (SSSC).

This is to ensure that the management and leadership is consistent with the Health and Social Care Standards which state; "I use a service and organisation that are well led and managed" (HSCS 4.23).

This area for improvement was made on 6 September 2021.

Action taken since then

We found that the management team had completed an internal investigation for the incident detailed within the previous inspection report and had documented their findings, making appropriate referrals to the regulatory body SSSC.

We received sufficient evidence to demonstrate that this area for improvement had 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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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