

Kellands School Nursery Day Care of Children

Upper Manse Road
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Type of inspection:
Unannounced

Completed on:
27 September 2022

Service provided by:
Aberdeenshire Council

Service provider number:
SP2003000029

Service no:
CS2003015710

About the service

Kellands School Nursery provides a day care of children service. The service is provided from an annex within Kellands Primary School, Inverurie. The setting is registered to provide a care service to a maximum of 60 children aged 2 years to those not yet attending primary school with a maximum of 10 children in the two-three year old range.

Children are cared for in an open plan playroom, which contains a kitchen, self-contained toilets, and an enclosed rear garden.

About the inspection

This was an unannounced inspection which took place on 6 and 7 September 2022 between 09:30 and 17:15. Two inspectors carried out the inspection.

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

To inform our evaluation we:

- spoke with children and parents using the service;
- spoke with the staff and management;
- observed practice and children's experiences; and
- reviewed documents.

Key messages

- Some children experienced warm and caring interactions.
- Personal planning was not effective for all children and plans for children's care were not always used effectively.
- The service must make improvements to key areas of practice to ensure the safety and wellbeing of children.
- Effective management of potential cross-contamination in relation to infection, prevention and control practices were weak.
- Spaces within the setting needed to be developed to create a homely space for children to extend play, learning and support rest and relaxation.
- The environment benefited from natural lighting and direct access to an outdoor area.
- Quality assurance systems are not robust or effective and, at present, have little impact on the quality of the service for children and families.
- The deployment and number of staff working in the service was insufficient to meet the needs of all children.

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?	2 - Weak
How good is our leadership?	2 - Weak
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

1.1 Nurturing care and support

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

A number of parents shared their satisfaction and happiness of the care and support their children receive. Some children experienced warm and caring interactions and some staff were observed recognising and responding to children's needs. This practice was not consistent, as staff did not always appropriately and sensitively meet the needs of all children. For example, some children were observed distressed and disinterested, at various points in the day, and staff were unable to support them sensitively and consistently.

Personal plans were not effective for all children. Some staff were able to talk through children's needs and personalities. Parents highlighted issues in setting up 'Seesaw' accounts and receiving limited information around children's personal plans. One parent commented they had not had the opportunity to discuss or complete their child's personal plan. There was an inconsistent approach to the management of personal plans, with unclear information being logged, which posed a potential risk to children's wellbeing. For example, within children's files some information was disorganised and contained a mixture of old and current information. We outlined how children's care and learning should be based on up-to-date information to support health, wellbeing, and development. We have asked the provider and manager to make improvements to their personal plan process (see requirement 1).

Medication was stored safely and in line with best practice. Checks of medication were taking place. For most children there was clear information, which outlined how to manage their health needs. Core staff showed an understanding of children who required medication. However, there were some discrepancies in the records held for children that could potentially lead to children not receiving correct care. For example, some children with allergies did not have details on permission forms of the type of allergy and the signs and symptoms all staff should look out for. We outlined how the service should improve the management of medication records to ensure clarity and consistency, so that children's medical care is managed in a safe and organised way (see area for improvement 1).

Lunchtime and snacks were not a positive experience for most children. The lunch area was busy and noisy and at times children were not adequately supervised. Staff were task focussed and as a result missed opportunities to support children in language, independence, and social skills. Children with dietary requirements were also not fully considered. They were not provided with adequate alternative food and in some cases were not provided with suitable portions of food. We signposted the management and the provider to guidance in 'Setting the Table' available on the Care Inspectorate Hub (see requirement 2).

1.3 Play and learning

Children's play and learning was not supported by quality engagements and interactions from staff. There were missed opportunities to extend children's learning, and effective questioning was not used to engage and sustain children's interests. The combination of staff skills and experience, as well as staff's inconsistent knowledge of children, meant that some children became disengaged for prolonged periods of

time. For example, children were observed wandering around the playroom with little interaction from staff. Children's right to play was not maximised and we outlined how staff and management should consider how they can develop quality interactions to meaningfully support play and learning.

Planning approaches for play and learning were limited at the time of inspection, with limited records of planning in place. Staff spoke about planning being paused due to the challenges the service had been facing. Observations, future possibilities and next steps were not consistently logged. This resulted in limited opportunities for staff to evaluate children's progress and celebrate achievements. The service recognised this as an area to be developed (see area for improvement 2).

Requirements

1. By 5 December 2022, the provider must ensure that all children have a personal plan in place with information gathered, stored effectively and safely to support the individual health, wellbeing, and progress of children.

To do this, the provider must, at a minimum ensure:

- a) the manager and 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) 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;
- d) consistent, effective recording of important information in all personal plans, to meet children's safety and wellbeing needs;
- e) all personal plans are meaningful, working documents that include strategies of support and capture progress made; and
- f) personal plan information is stored and organised in a safe and secure place.

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 20 January 2023, the provider and the provider's catering team must ensure that children experience an unhurried and relaxed mealtime experience. The meals and snacks provided should cater for the needs and dietary requirements and children must be appropriately hydrated and nourished.

To do this, the provider must, at a minimum ensure:

- a) children have easily and appropriate access to drinking water;
- b) all children are provided with sufficient healthy and nutritious snacks; and
- c) the foods served cater for the needs and dietary requirements of all children.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/10) Regulation 4 (1)(a) Welfare of Users.

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

'I can drink fresh water at all times.' (HSCS 1.39); and
'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables and participate in menu planning.' (HSCS 1.33).

Areas for improvement

1. To support children's medical needs and to keep them safe and healthy, the provider and management must, at a minimum but not limited to ensure written information relating to children's medication is recorded, contains clear instructions and permissions. The actions staff should take to support a child, if they became unwell while in the care of the service, should be recorded.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

2. To support children to achieve their potential, the provider and management should improve the tracking and recording of children's development to inform purposeful and meaningful play and learning experiences.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6)

How good is our setting?

2 - Weak

2.2 children experience high quality facilities

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The environment was flooded with light, neutrally decorated and children had direct access to an enclosed, outdoor area. Children were able to move freely between both indoors and outdoors with ease which allowed them to make choices and supported them to be active and healthy. Children would benefit from the creation of some cosy, homely spaces, and homely touches to create a nurturing ethos. The creation of smaller areas to support rest and relaxation should children wish quiet time alone, or with a friend, should also be considered (see area for improvement 1).

We identified several issues with regards to the service not following best practice infection prevention and control guidance. For example, staff did not always use personal protective equipment (PPE) correctly and soiled clothing was not stored appropriately. Nappy changing areas were disorganised with aprons, wipes and nappies not properly stored as per nappy changing guidance. This did not promote effective management of potential cross-contamination in relation to infection, prevention and control practices and had the potential to put children at risk of infection (see requirement 1).

We found little evidence of children's likes and interests influencing the spaces they used. This resulted in the environment not supporting children to develop and reach their full potential. For example, most children were seen to wander aimlessly from one area to another, with little sense of fun or interactions from staff. Staff should support children by responding appropriately to their needs and interests.

Arrangements for security within the setting and outdoors were not well considered and there was potential for children to exit the setting or to be unaccounted across the day. Staff did not demonstrate the knowledge and understanding to keep children safe within the boundaries of the nursery. Regular head counts were not taking place and we identified gaps in fencing, where children could potentially leave. We asked the management to undertake training with staff in relation to the Care Inspectorate's 'Keeping Children Safe' campaign and to ensure fencing was made safe. To ensure children are kept safe from harm we have requested that the provider and management continually review their approach and systems for the ongoing monitoring, maintenance and repair works across the setting (see requirement 2).

Requirements

1. By 5 December 2022, the provider must ensure children are cared for in a clean, safe, and hygienic environment. Sufficient standards of hygiene and infection prevention and control practices should be monitored and followed as per guidance.

To do this, the provider must, at a minimum, ensure:

- a) effective cleaning practices are conducted throughout the day;
- b) effective handwashing is taking place at meal and snack times;
- c) staff are using PPE accordingly and as per guidance when carrying out key tasks; and
- d) storage of nappies, creams and soiled clothing are in line with Care Inspectorate nappy changing guidance.

This is to comply with regulations 4(1)(a) (Welfare of users) and 10(2)(d)(Fitness of premises) 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 that:

'I experience an environment that is well looked after with clean, tidy and well- maintained premises furnishings and equipment' (HSCS 5.22)

2. By 5 December 2022, the provider must ensure children are kept safe, both indoors and when playing outside.

To do this, the provider must, at a minimum ensure:

- a) necessary repairs to the building are reported immediately and action is taken to keep children safe;
- b) staff are aware of the factors which raise the potential risk of children leaving the environment unsupervised and take action to prevent any occurrences;
- c) staff are carrying out regular head counts and are confident in the number of children in attendance and their whereabouts; and
- d) the outdoor area, including the fencing, resources, and trees, are appropriately maintained to keep children safe and protected.

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

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

'My environment is secure and safe' (HSCS 5.19)

Areas for improvement

1. To support children's play and learning, as well as to ensure their health and wellbeing, the provider and management should, at a minimum, make sure children are provided with comfortable, warm, and welcoming nurturing spaces that take account of sleep, rest, and relaxation.

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'The premises have been adapted, equipped, and furnished to meet my needs and wishes' (HSCS 5.18)

How good is our leadership?

2 - Weak

3.1: Quality assurance and improvement are led well

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The vision, values and aims of the service had not been updated for some time and were not understood by everyone. We suggested the service reviews their values and aims to ensure all stakeholders were part of the vision going forward. Areas for improvement had been identified for some time with little improvement being made. For example, issues around staffing and the needs of staff being addressed through supervision sessions. The self-evaluation was no longer current and relevant to where the setting was now, due to various changes. Parents shared various concerns around staffing, the number of changes and general communication being poor.

We discussed how the service should take account of the identified priorities from this inspection to prepare an improvement plan. The plan should include achievable tasks, to ensure sustainable improvements, with clear timescales. This would enhance learning opportunities for children and support them to reach their full potential.

The service was in the initial stages of familiarising themselves with 'A quality framework for daycare of children, childminding and school aged childcare'. There was some evidence of reflection by the staff team, however this was not evaluative. We outlined how it would be beneficial for the service to carry out consultations and record how feedback has been actioned or taken forward, and to include all stakeholders to support improvement within the service.

There were gaps in the quality assurance processes within the service, and these were not effective in picking up areas where there were real weaknesses in practice or negatively impacting outcomes for children. For example, the monitoring of infection control, medication and maintenance issues were not identified prior to inspection. Therefore, children were experiencing inconsistent outcomes and put at risk. To support the development of the service, quality assurance and improvement must be reviewed, developed, and improved by management and the provider (see requirement 1).

Accidents and incidents were recorded and stored. However, we identified limited information within the records and no formal auditing taking place to identify common occurrences or steps to prevent recurrence. To ensure children are kept safe, the service needs to implement a system to track and monitor accidents and incidents (see requirement 2).

Requirements

1. By 17 February 2023, the provider must improve the outcomes for children and enhance their health, safety, and wellbeing.

To do this, the provider must, at a minimum ensure:

- a) effective quality assurance, self-evaluation, and improvement plans are in place, which have involved staff, children, and parents and lead to continuous improvement;
- b) the improvement plan is effectively monitored and embedded into practice; and
- c) that staff have the capacity and skills to support a programme of continuous improvement.

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

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

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

2. By 5 December 2022, the provider must improve the safety and wellbeing of children by reviewing their approach to accidents and incidents.

To do this, the provider must, at a minimum ensure:

- a) the Care Inspectorate is notified accordingly within 24 hours of any accidents and incident as detailed in 'records that all registered care services (except childminding) must keep and guidance on notification reporting'; and
- b) systems are in place to monitor and record accidents and incidents.

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

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

'I use a service and organisation that are well led and managed.' (HSCS 4.23)

How good is our staff team?

2 - Weak

4.3 Staff deployment

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The deployment and number of staff working in the service was insufficient to meet the needs of all children. Staffing levels and experience did not consider the complexity of children's needs or busy times of the day. For example, at mealtimes and transitions. We understood the service was in a period of change and competing with absences, staffing shortages, and managing various shift patterns. Parents stated the concerns they had with the new, unfamiliar faces in and around the nursery and the impact this has had on children. Staff also shared the limited quality time they had with the children to sit and play to truly engage in their learning. Insufficient staffing and the competing demands meant staff were unable to support play and learning and use the environment effectively. This compromised children's safety, wellbeing and resulted in missed opportunities to support children to reach their potential (see requirement 1).

Poor communication between staff resulted in gaps in interactions across the day and poor overall outcomes for children. We identified several staff were unfamiliar to children, the setting, the daily flow, and nursery routines. This meant not all children were being supported and not all children received the support they needed to meet their full potential. Staff shared that they recognised basic care, support, interactions between staff and children, handovers with parents, environment and observations could all further be developed and improved. Staff awareness of their role in improving standards across the setting should be an area of focus by the provider and the management team.

The induction programme was not effective in developing staff confidence and enhancing skills, knowledge and understanding. The guidance and support needed for new and unfamiliar staff to the setting was limited. This resulted in poor outcomes for children. To support continuous improvement and aid ongoing changes within the setting, the provider and management should review the support and mentoring of newer staff, along with considering how skills and confidence across the staff team is supported and leadership is shared across all levels of the service. We signposted the management team to the benefits of using the Scottish Government 'Early learning and childcare - national induction resource' (see requirement 2).

Requirements

1. By 6 January 2023, the provider must ensure the organisation and deployment of staff meets the needs of all children .

To do this, the provider must, at a minimum ensure:

- a) staffing across the setting is considered to ensure that key tasks, supervision of children, delivering care needs and engagement is of a high standard;
- b) staff understand their responsibility and are supported to effectively fulfil their responsibilities; and
- c) improvements are made to the management of absences and unexpected events.

This is to comply with Regulation 4 (1)(a) Welfare of users and Regulation 15(a) and (b)(i) Staffing 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
'My care and support are provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14)

2. By 5 December 2022, the provider must ensure children are provided with consistent nurturing interactions to support their health, welfare, and development.

To do this, the provider must, at a minimum ensure:

- a) staff undertake a robust induction when new to the setting, they must also receive an induction to their new role and responsibilities; and
- b) staff are effectively deployed and provide high quality outcomes for children.

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

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

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	2 - Weak
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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