

Early Steps Nursery Day Care of Children

The Pyramids Business Park
Easter Inch
Bathgate
EH48 2EH

Telephone: 01506 636 394

Type of inspection:
Unannounced

Completed on:
8 December 2022

Service provided by:
Carol & Graham Armstrong a
Partnership

Service provider number:
SP2008009820

Service no:
CS2008177451

About the service

Early Steps Nursery is registered to provide an early learning and childcare service to a maximum of 63 children at any one time between birth to the end of primary seven. The service is in partnership with West Lothian Council and offers funded early learning and childcare to eligible children.

The nursery building is situated in purpose-built accommodation located within a business park near Bathgate, West Lothian. The nursery accommodation consists of a main hall, which is used as an additional play area, cloakroom, and dining room. The hall leads to the other parts of the nursery, including the kitchen, office, and playrooms. There is direct access to the outdoor play areas from the nursery playrooms. The children also use grassed areas to the front of the nursery building and a private woodland within the grounds of the business park.

About the inspection

This was an unannounced inspection which took place on Monday 5 December between 09:30 and 14:30 and Tuesday 6 December 2022 between 09:30 and 18:30. 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
- spoke to staff and management
- heard from three parents via email
- observed practice and daily life
- reviewed documents.

Feedback was given to the service via video call on Thursday 8 December 2022 between 14:00 and 16:00.

Key messages

Staff needed to continue to develop their skills, experience, and knowledge to help all children reach their full potential.

Staff were beginning to work better as a team. The newly appointed deputy manager demonstrated a clear understanding about areas to be improved. This meant that the service was potentially in a better place to drive forward required improvements.

The quality of the environment was inconsistent. Improvements were needed to ensure consistently positive experiences for children.

The manager and staff must develop quality assurance systems to improve the quality of the service.

Children's personal plans were not effectively used to meet children's individual needs, as well as their wishes and choices.

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?	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

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

QI 1.1 Nurturing care and support

Children were confident and relaxed in the service and had positive relationships with staff. Some children requested to sit beside particular staff members at lunchtime and made requests about who they wished to change their nappy. This showed us that children had developed trust and felt secure with them.

Children knew the routines and, overall were settled in the service. Not all opportunities observed fostered dignity, and respect. For example, there were occasions when staff missed cues from nonverbal children who were seeking to interact or be comforted.

At the previous two inspections we asked that the service reviewed and improved all children's personal plans. This was made a requirement at the last inspection. The service must take responsibility to put a system in place to ensure that all children have an effective personal plan. All personal plans must be meaningful, working documents which should identify strategies of support and progress made by children. Effective plans would enhance opportunities for children's current needs and wishes to be supported. To date, there has not been satisfactory progress, therefore we have extended the requirement at this inspection (see requirement 1).

Throughout the service, children were offered nutritional homemade food. Healthy alternatives were given if children did not like what was on offer. Parents shared that they would like to be more involved in reviewing menus. One parent told us that they would be like to know what the menu was for each day, so that they could discuss this with their child. This would offer parents and children the opportunity to be included and influence menu planning.

The quality of mealtime experiences for children varied across the service. Improvements had been made and continued to be made for children aged two years and over. To develop independence and self-help skills, self-service had been introduced for children aged three years and over. Such opportunities should now be introduced into the 2-3 playroom, to support independence skills. Staff sat with children and were meaningfully engaged in conversations. This meant that it was a sociable experience which was respectfully enjoyed. To keep children safe & healthy the service could develop their own choking and weaning policy, using the Care Inspectorate Guidance. This would ensure that all staff are knowledgeable in this area.

For younger children, under two years of age, the lunch time experience was less positive. Disorganised routines resulted in ineffective hand washing procedures. Children experienced excessive waiting time because they were asked to sit at the table too early and had to wait while their food cooled down. Whilst staff did sit with children at the table conversations were mostly amongst adults and at times about children. For children to feel valued and respected lunch time experiences for younger children should be improved. Effective monitoring of mealtimes would drive improvement (see requirement 1 in How good is our leadership?).

There was scope to improve the management of medication procedures to keep children safe and healthy. Management should implement a clear, consistent approach to recording information. Records should clearly outline signs and symptoms, and stepped approaches to support individual children. To avoid confusion and to ensure that children's needs were being effectively met, records should only contain the most up-to-date information (see area for improvement 1).

QI 1.3 Play and learning

We recommended at the previous inspection that children should be supported to direct and lead their learning, try out their ideas and test their own theories. The balance of spontaneous and planned play experiences to promote children's choice and independence was variable across the service. Therefore this area for improvement remains in place (see area for improvement 2).

Children in the 2-3 room benefitted from a breadth of interesting and stage appropriate experiences, and learning spaces were set up to reflect this. Moving forward staff would benefit from upskilling their knowledge and understanding in line with current best practice of how children develop and learn. This would support all children, across the service, to develop and learn at an appropriate pace whilst being challenged to reach their full potential. Current child development, theory and practice was not used effectively to develop quality play and learning experiences for all children. As a result, not all children were provided with quality learning opportunities to challenge their thinking and extend their learning. Similarly, there were limited approaches in place to evaluate children's progress and achievements (see area for improvement 2). The newly appointed deputy manager recognised this gap in staff knowledge and practice. They were in the process of delivering training to address this issue, using the best practice document: Realising the Ambition (Education Scotland, 2020).

Not all children got the support they needed to reach their full potential. Staff should increase their knowledge and understanding to work effectively with children who have additional support needs and recognise when to seek further support from other professionals when strategies need reviewed (see area for improvement 3).

All playrooms had direct access to an age appropriate play area. Access to regular outdoor experiences varied across the service. Children under two did not have the opportunity to go outside on their first day of inspection. All children should have daily access to the outdoors to experience active physical play to enhance their emotional and physical wellbeing. Staff should look at alternative ways to engage the children in outdoor activities during cold and wet weather so they can continue to benefit from the experiences offered during outdoor play. Management had self-identified that the outdoor play experiences could be improved. Plans were in place to use the adjacent woodland more regularly. Such experiences can lead to the development of healthier lifestyles, promotes curiosity and increases self-esteem and confidence.

Requirements

1. By 31 December 2021 all children must have a personal plan which contains the relevant information about their development, health, welfare, and safety needs.

All personal plans must include a section to help children progress and planned next steps to support their continued development and be reviewed with parents and children, at least once every six months or sooner.

The manager must monitor the quality of personal plans to ensure they are meaningful working documents, which demonstrate how the service meet children's personal outcomes.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 Personal Plans.

This is also to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that, as a child: "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).

An extension to this timescale has been agreed to 28 February 2023.

Areas for improvement

1. For all children to be kept safe and healthy, the provider should improve the management of medication procedures and apply this in practice. This should include, but not be limited to, improved recording. Records should clearly outline the signs and symptoms, and when and how to access emergency procedures should medication not be effective in managing children's conditions. This should include clear plans for children who have allergies or food intolerances but do not require medication.

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 because people have the necessary information and resources' (HSCS 4.27).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This is to ensure staff skills and knowledge is consistent with the Care Inspectorate guidance, Management of medication in daycare of children and childminding services (2014).

2. For all children to develop and learn at an appropriate pace whilst being supported to direct and lead their learning, try out their ideas and test their own theories, the provider should ensure that all staff are trained to develop a sound knowledge and understanding of child development. This would include current national practice guidance to deliver high quality play and learning experiences. Staff should then apply their training in practice to improve outcomes 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).

3. For all children to get the right support they need to reach their full potential. Staff should increase their knowledge and understanding to work effectively with children who have additional support needs and recognise when to seek further support from other professionals when strategies need reviewed.

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).

How good is our setting?**3 - Adequate**

We evaluated this key question as adequate, where there are strengths, but these are only just outweighed by weaknesses.

QI 2.2 Children experience high quality facilities

The service had made some positive improvements since the last inspection. The addition of an exciting outdoor play hut enhanced opportunities for school aged children to improve emotional wellness and self-directed learning. Similarly, we had encouraged the provider to consider the décor of playrooms to create a more neutral colour scheme. Redecoration to tone down bright colours had improved the setting and aided children's ability to develop concentration skills through sustained play.

The environment was secure, which kept children safe. All children had an accessible, safe place to keep their personal belongings, which helped them to feel included and valued. Playrooms were well ventilated and benefited from natural lighting. Children had direct access to the outdoor from the nursery play areas.

Some interesting toys and equipment supported children's interests and curiosities, for example open ended resources. However, some spaces, for example, the playroom for the youngest children, were poorly resourced. Improvement was needed to encourage children to engage in purposeful play to support learning and development. Similarly, children who attended the out of school care would benefit from the creation of cosy homely spaces. This would give them the opportunity to comfortably relax after a busy day at school, or a quiet space to read a book. This would help children to feel valued and respected. Monitoring of play spaces would support staff to consider areas for improvement.

At the last two inspections we made recommendations around infection prevention and control practice and procedures. Whilst some areas had been addressed, we remained unsatisfied that the service had appropriate infection control procedures in place to support a safe environment. For example, staff practice around hand washing procedures, and when supporting children to effectively wash their hands. Monitoring and acting upon such concerns should lead to improvement. This area for improvement remains in place and has been adapted to reflect our findings in this inspection (see area for improvement 1).

Areas for improvement

1. To keep children safe and healthy, the provider should revisit and develop the setting's policy, procedure, and staff practice in controlling infection, and apply their training in practice. This should include but not be limited to children and staff being supported to understand the need for consistently effective hand hygiene.

This is to ensure 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).

This is to ensure staff skills and knowledge is consistent with the Health Protection Scotland (HPS) guidance, Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings (2018).

How good is our leadership?

2 - Weak

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

QI 3.1 Quality assurance and improvement are led well

Since the previous inspection there have been several staffing changes. As a result, staff were beginning to work better as a team. The newly appointed deputy manager demonstrated a clear understanding about areas for improvement. This meant that the service was potentially in a better place to drive forward required improvements to enhance outcomes for children.

The quality of children's care and learning experiences was mixed across the service. At three previous inspections we recommended that the service further developed quality assurance systems to have clear priorities, which were focussed on improved outcomes for children. Requirements and recommendations made at previous inspections had either not progressed at an acceptable pace or had been met but then not sustained. This meant that children were not being given the best care and learning opportunities. We asked parents what they felt could be improvement in the service, and they told us, "Overall, organisation including daily updates, photos and videos" and "the communication between the managers and parents could be improved."

Inconsistencies in practice were not sufficiently challenged to raise standards to bring about positive change to outcomes for children. For example, inconsistent support for children who required additional support. Not all staff that we spoke to could tell us confidently about child protection procedures to keep children safe. Management agreed to revisit child protection and safeguarding procedures with all staff, including agency staff. This should include management responsibility to notify the Care Inspectorate about allegations of abuse. Continued monitoring of staff knowledge in this area would ensure that children remained protected from harm.

Moving forward, all staff need to develop an understanding of their responsibility to belong to shared values, aims and objectives to positively inform practice. This would support staff to reflect on their practice in a meaningful way. Leaders should create conditions where all people feel confident to initiate well-informed change and share responsibility for the process. Management and staff must be accountable to ensure that self-evaluation leads to high quality care, which is tailored to the needs of children and families. Improvements made must be sustained to ensure continuity of wellbeing, care and learning for all (see requirement 1).

There was scope for children and families' views to be more actively sought to inform the development of the setting. The service could consider introducing methods which could include children and families in decision making about planned improvements. Some parents shared that they had not been asked for their views and that they would welcome more involvement.

Requirements

1. By 28 February 2023, the provider must implement effective quality assurance processes to ensure that all children benefit from improving quality care, play and learning.

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

- a) implement effective quality assurance processes that recognise strengths and address areas for improvements. With a focus on developing effective personal plans, management of medication procedures, child protection procedures, value-based staff practice and mealtime experiences
- b) develop a strategy to enhance the continued use of best practice documents to evaluate the service provided and identify areas for improvement. This should include the good practice guidance: A quality framework for daycare of children, childminding, and school-aged childcare (Care Inspectorate, 2022).

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 that: '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?

2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

QI 4.3 Staff deployment

All staff that we spoke to shared that whilst it was a newly formed team they felt that it was a supportive team. Similarly, almost all staff told us that they felt supported by management. This increased potential for staff to work together to improve outcomes for children. Parents shared that their children had positive relationships with staff and told us, "My child gets along well with the nursery staff and uses their names a lot out with nursery. They are often very happy to go to them on arrival" and "my child's face lights up when we mention the names of their carers."

The approach to staffing within the service was not always outcome focused. At points across the day there were gaps in specific skills needed to keep children safe and to promote high quality outcomes for children. Examples included lunch time experiences for younger children, which lacked value-based practice and raised concerns around children's wellbeing. Ineffective staff deployment also impacted on appropriate support being given to children who required additional support. This limited opportunities for children to develop and learn at an appropriate pace.

Moving forward, effective deployment of skilled staff would ensure that consistent care always supported children's wellbeing and resilience. Skilled and experienced staff were at times, focussed on task orientated duties. This left less experienced staff to support children with care routines and play experiences. Clear roles and responsibilities for managers and room leaders would enhance opportunities and protect time to allow them to make positive change and drive forward improvement. This would improve wellbeing, play and learning outcomes for all children.

Newly recruited or inexperienced staff were not given sufficient guidance to support them to meet children's needs. For example, a staff member who was on their second day, was given the responsibility to support a child with additional needs on their own. This led to missed opportunities to meet that child's needs to support and extend their development and learning. This was because they did not have the appropriate information, skills, knowledge and experience.

Areas for improvement

1. To ensure consistency of quality care, play and learning for all children, the provider should consistently and effectively use a comprehensive induction programme for staff. This should include but not be limited to the guidance: Early Learning and Childcare – National Induction Resource (Scottish Government, 2019). Staff should then apply their induction training in practice to improve outcomes for children.

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).

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

Requirements

Requirement 1

All children must have their needs, wishes and choices met at the right time.

By 31 December 2021 all children must have a personal plan which contains the relevant information about their development, health, welfare, and safety needs.

All personal plans must include a section to help children progress and planned next steps to support their continued development and be reviewed with parents and children, at least once every six months or sooner.

The manager must monitor the quality of personal plans to ensure they are meaningful working documents, which demonstrate how the service meet children's personal outcomes.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 Personal Plans.

This is also to ensure care and support is consistent with the Health and Social Care Standards which states that, as a child: "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)

This requirement was made on 25 November 2021.

Action taken on previous requirement

There has not been satisfactory progress made to ensure that personal plans were meaningful working documents, which demonstrate how the service met children's personal outcomes.

This requirement was not met and will be reinstated with a new timescale of 28 February 2023.

Not met

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

All children should have appropriate time and space for uninterrupted play, to develop their cognitive, social, emotional, and physical capacities. The pace of the day should be considered to provide more opportunities for free play. Children should be supported to direct and lead their learning, try out their ideas and test their own theories.

This is to ensure that care and support is consistent with the Health and Social Care Standard which state that "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 1:13)

This area for improvement was made on 25 November 2021.

Action taken since then

There were improvements in the pace of day and more opportunities for children to experience interrupted play. However, adult led experiences and limited open ended, creative resources minimised opportunities for children to direct and lead their learning. This reduced their chances to try out ideas, and test their own theories.

This area for improvement has been repeated under QI 1.3 How good is our play and learning.

This area for improvement had not been met.

Previous area for improvement 2

All children should experience a learning environment which is rich in opportunities for them to engage with ideas and foster skills for learning. For example, decision making, reasoning, creativity and problem solving. This should include:

- adequate core resources, including open-ended natural materials, to provide children with access to a wide range of experiences and resources suitable to their age and stage
- attractively displayed and presented toys and materials to entice children's interest to engage in quality play experiences
- consideration to the décor of playrooms to create a more neutral colour scheme, with homely touches and spaces where children could relax, feel safe and develop concentration skills through sustained play
- proactive systems to source and research best practice guidance and curriculum approaches, such as 'Realising the Ambition', 'Our Creative Journey', 'Space to Grow', 'loose parts play toolkit' and the 'Health and Social Care Standards'.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: "As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity." (HSCS 2:27)

This area for improvement was made on 25 November 2021.

Action taken since then

We acknowledged progress made in the over 3's playroom. Improvement was needed to enhance the quality and quantity of appropriate resources for children under the age of two. Therefore, whilst we have met this area for improvement, there will be detail in the body of the report about further areas to be developed.

This area for improvement has been met.

Previous area for improvement 3

The manager should revisit and then further develop the setting's policy, procedure and staff practice in controlling infection. This should include:

- children being supported to understand the need for consistent good hand hygiene
- children supported to wash hands before and after key activities and routines, such as snack and mealtimes
- all adults wearing masks when dropping off and collecting children, in line with Covid-19 national guidance
- essential repairs are carried out without delay.

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

This area for improvement was made on 25 November 2021.

Action taken since then

Whilst essential repairs had been carried out other concerns remained. Staff practice around their own hand washing procedures and supporting children to effectively wash their hands. Concerns were also raised about stained soft furnishing in the under two's room and in out of school care. Monitoring and acting upon such concerns should lead to improvement.

This area for improvement has been repeated under QI 2.2 Children experience high quality facilities.

This area for improvement had not 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	2 - Weak
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
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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