

Woodend Nursery Day Care of Children

Glenburn Wing Cottages
Woodend Hospital
Eday Road
Aberdeen
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Telephone: 01224 556 008

Type of inspection:
Unannounced

Completed on:
24 November 2022

Service provided by:
NHS Grampian

Service provider number:
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CS2003001768

About the service

Woodend Nursery is a day care of children service situated in a building within the grounds of Woodend Hospital in the city of Aberdeen. The service is registered to provide a care service for a maximum of 47 children aged three months to not yet attending primary school.

The service is close to local schools, a nature reserve, green area adjacent to the nursery and other amenities. The children are cared for in a two storey building. Children from three months to two years are cared for in two playrooms on the upper level, with two to five year olds cared for in one playroom on the ground floor. The children have access to a secure, enclosed outdoor area.

About the inspection

This was an unannounced inspection which took place on Wednesday 23 November, 07:45 and 17:45 Thursday 24 November 07:45 and 14:30. 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 two family members of children using the service
- received feedback via email from two parents and carers
- spoke with seven staff and management
- observed practice and daily experiences
- reviewed documents.

Key messages

- Children were cared for compassionately by staff who nurtured positive relationships between the children.
- Lunch arrangements should be improved to offer consistently high quality experiences and care for all children.
- The outdoor areas provided children with good quality play and learning experiences
- Inconsistencies in personal plans meant that some individual needs were not effectively supported.
- Quality assurances processes were not always effective in identifying areas for improvement.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

How good is our care, play and learning?

3 - Adequate

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

1.1 Nurturing Care and Support

Children were supported by staff who nurtured them with compassionate, responsive care across their daily experiences. Children experienced respectful, kind, caring relationships with staff, who encouraged children to share these values in peer interactions.

Children were able to enjoy unhurried mealtimes. There were times when children in the two to five age group were unsettled as they waited for their lunch to be served. Staff were often task focused and could, therefore, have missed potential choking incidents. We discussed the importance of being able to respond immediately to such emergencies. We advised that staff deployment should be evaluated to consider how children could be safely supported (see area for improvement 1). There were few opportunities for children to develop independence skills at snack and lunch times. Staff should evaluate how to increase children's involvement in preparing and serving food.

Children were supported to be well hydrated as their individual water bottles were available at all times. However, these were not always accessible at child height. When we advised the service of this they took immediate steps to improve the accessibility of fresh drinking water to the children.

Children's care, wellbeing, learning and development were supported by information recorded in personal plans. We found inconsistencies where important information to support individual children was missed. There was insufficient space on the current document format for detailed information to help staff support children effectively. The service should look at developing child's plans to share information that helps individual needs to be met. This should include details of strategies in place to support children's experiences and outcomes.

Children's learning and development of language was supported by staff who communicated calmly, positively and thoughtfully. In the two to five year olds' group, children's thinking, learning and play were extended by staff's skilful use of questions. Children's communication was supported by staff introducing Makaton signing across the service. Staff told us they were keen to gain further training in the use of Makaton. Children in the baby and toddler rooms would benefit from interactions which increased the introduction of more spoken language. For example: they could have introduced numeracy language by counting the times an action was carried out.

We found inconsistencies in the storage and management of medicines, which increased the potential for errors with medication. The service took immediate action to remedy this situation. The service should now consider their audit systems to sustain good practice.

Children's overall wellbeing, safety and protection are supported by chronologies which capture significant events in their lives. Chronologies recorded the involvement of partner agencies supporting individual children's needs. We advised that including next steps for all chronology entries would help to support positive outcomes for children. Chronologies were stored securely in a way that respected children's dignity and privacy. Children's safety, care and wellbeing were supported by accident and incidents being correctly recorded and shared with parents and carers.

1.3 Play and Learning

Children were actively engaged and happy in their play. Children's ideas and curiosity were supported by staff who enabled them to make choices about their play. For example: a group of children who wanted to explore how water would run down a slope they had created with loose parts, were supported to follow this activity through.

Children's learning was extended and enriched by staff who used skilful and open ended questioning to develop play. Children in the twos to fives room were able to lead their play by selecting from accessible resources. Staff were quick to respond to their requests for other resources.

We observed in the toddler and baby playrooms that, although resources were accessible to children, they were not always presented in a way which would foster their curiosity and inspire play. When resources were put out ready to explore, children readily engaged in play. Staff should explore ways to increase inviting play opportunities which promote curiosity and imagination.

All children benefitted from regular and varied opportunities to play in the outdoor area or make visits within the wider community. This enhanced the children's knowledge and understanding of the wider community environment and their overall wellbeing. During our inspection babies were taken for a walk to a local garden centre, toddlers were supported to play in the outdoor area and the two to five year olds had some opportunities to free flow between their outdoor and indoor areas.

Children's learning and wellbeing benefitted from weekly learning experiences with specialist providers. Each age group experienced either music, yoga, physical education (PE) or dance, supporting their health, as well as physical and creative development.

Play and learning experiences to develop language and literacy knowledge and skills were inconsistent. We observed that opportunities to develop these were more strongly promoted and supported in the outdoor play areas. Recent improvements had been made to the play and learning environments in the outdoor areas. The service should now apply the same process, providing literacy and numeracy rich experiences outdoors, to the playrooms indoors.

Children's learning and development was supported by their progress being shared with parents through interactive learning diaries (ILDs). Observations shared with parents recorded current learning, interests, achievements and next steps for progress. Planning for children's learning and development showed inconsistencies. It was not always clear that ideas for activities and play were child led. Staff should make greater use of observations of children's play and interactions to inform responsive as well as intentional planning.

Areas for improvement

1. To support and protect children's safety and wellbeing when eating, the provider should ensure that staff are deployed appropriately.

This should include but is not limited to:

- a) planning staff breaks around busier times of the day such as snack and meal times
- b) increasing staff knowledge and competency in using Care Inspectorate good practice guidance: 'Prevention and Management of Choking Episodes in Babies and Children'.

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

How good is our setting?

3 - Adequate

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

Children were welcomed into a safe, secure, warm, tidy and generally clean environment. They benefitted from playrooms furnished with natural, wooden furniture which was age appropriate in height. Rugs provided a homely feel but were observed to be dirty and marked in both the baby and toddler rooms. The service should take this into consideration when evaluating their cleaning schedule, deciding whether to clean or replace soft furnishings.

Children's health and wellbeing were supported by well organised arrangements in place for sleep routines. Areas for sleep were well managed, clean and reflected children's needs and parents' wishes. Toddlers and children lacked opportunities to relax quietly or snuggle up cosily to read with an adult in a cosy, homely space.

Children's play and learning experiences varied across the different areas of the nursery. Children's experiences benefitted from outdoor areas set up to promote problem solving and challenge. These created attractive invitations to play. Indoor resources were not always presented in a way that would readily provoke interest or curiosity. Children's experiences in the toddler and two to five year olds' rooms would benefit from similarly attractive invitations to play being set up for different play and learning activities. The variety of resources presented for children to engage with in the toddler room could be increased to provide a richer learning experience.

Children's overall health and wellbeing was not always consistently supported by appropriate infection prevention and control measures. Daily touch points and domestic cleaning was carried out, with cleaning schedules dated to record cleaning that had taken place.

We spoke with the manager about respiratory and hand hygiene, as children were not always supported by staff to develop and maintain effective hygiene. When we raised an issue about the hot temperature of water in the staff and disabled toilets, the service took immediate steps to have this checked by maintenance staff. To minimise the risk to children of scalding, the service should continue to monitor water temperature in the disabled toilet used on occasion for nappy changing. Staff should be encouraged to monitor and report unsafe water temperatures.

Interactions between children and staff during nappy changing and toileting supported children's dignity and privacy to be respected. Children's wellbeing was supported by well organised and labelled items for personal care. We reminded staff to follow the correct use of gloves during nappy changing, according to NHS and Health Protection Scotland best practice guidance: 'Infection Prevention and Control in Childcare Settings' (see area for improvement 1).

Children were supported to play outdoors every day. Only children in the twos to five year olds' room benefitted from free flow play between indoors and outdoors. Children's play, development and safety benefitted from a well maintained and resourced outdoor area. Children's safety and protection was supported by a generally secure environment outdoors.

The service had risk assessed and put an additional control measure in place with the main gate bolted on the inside when toddlers and babies were in their area. There were secure gates in place to prevent a member of public accessing the outdoor area to the rear of the premises used by the three to five year old children. This meant that the service could admit legitimate visitors whilst keeping children protected and secure as they played.

Areas for improvement

1. To support and protect children's safety, health and wellbeing, the provider should ensure that effective infection protection and control measures are in place.

This should include but is not limited to:

- a) maintaining high standards of hand and respiratory hygiene
- b) using personal protective equipment (PPE) effectively during personal care
- c) increasing staff knowledge and competency in using NHS and Health Protection Scotland best practice guidance: 'Infection Prevention and Control in Childcare Settings'.

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

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

How good is our leadership?

3 - Adequate

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

There were systems in place to support continuous improvement, such as focus groups, to take forward improvement actions, audits and quality assurance. These were not always effective as we identified some issues which had not been picked up by the service. For example: audits of aspects of service delivery, such as management of medicines, had not identified inconsistencies. This meant children's overall, care, health and wellbeing were not always supported by quality assurance processes. These did not consistently focus on day-to-day aspects of children's care, safety health and wellbeing.

We advised the manager that they should evaluate where more rigorous audits would support effective self-evaluation. Referring to the Care Inspectorate: 'Quality framework for daycare of children, childminding and school aged children, which would support this quality assurance process (see area for improvement 1).

Children's experiences and learning were supported by partnership working with other professionals. Children of all ages enjoyed at least one weekly activity provided by an outreach specialist, including dance, yoga or physical education (PE). The service had plans to involve parents in a review of the service's vision, values and aims. The service should now explore easing the restricted access to parents and carers to increase parental engagement.

The manager was supportive on a day-to-day basis and regularly visible in each of the playrooms. Staff told us that regular observations of staff practice, carried out by senior practitioners, were helpful as they received valuable feedback for next steps.

Children were cared for by staff who were supported to share information and knowledge at regular staff meetings. This helped to support consistency in approaches in care and learning practice. Staff were aware of child protection (CP) guidance and how to use this effectively to protect children. They spoke positively about recent training which enabled them to confidently provide new outdoor experiences for the children. They enjoyed seeing the impact on outcomes for children, in this case developing a greater awareness of their own safety.

Supervision meetings offered focussed discussion for individual staff about their work and professional development needs. Makaton training was highlighted as training that members of staff were looking forward to accessing when available. Staff reported that they appreciated the opportunity for wellbeing check-ins at supervision meetings.

Observations of children's learning and development referenced: 'Realising the Ambition'. This demonstrated staff awareness of this best practice document and its role in influencing good practice to support positive experiences and outcomes for children. The service should explore further opportunities to maximise staff knowledge, creativity and skills in influencing play and learning experiences.

Areas for improvement

1. To support high quality experiences and positive outcomes for children's development, learning and care, the provider should ensure that quality assurance processes are robust and transparent.

This should include, but is not limited to, supporting this process using the Care Inspectorate document: 'A Quality framework for daycare of children, childminding and school-aged children.

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

3 - Adequate

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

There was a positive staff ethos, with staff working and communicating respectfully with each other as a team. They were keen to work together to make improvements and develop practices to support children and families.

We observed that in each playroom staff were aware of their responsibilities and what was expected of them. Children's wellbeing and care benefitted from staff who generally worked flexibly together as a team. Continuity of care was variable when staff breaks were taken. This limited opportunities for children to experience high quality interactions with staff at busy times. Staff were task orientated during snack and lunch service and meant that children were not always safely supported. The service should evaluate staff deployment around lunch service to increase children's safety and wellbeing (see area for improvement 1).

Staff worked flexibly within their room teams. They supported children's care and wellbeing by communicating with colleagues. For example: letting other staff members know when taking a child out of the room for personal care. Staff had developed routines and plans for providing children with opportunities to regularly access outdoor areas and places of interest within the wider community.

Children were cared for by new members of staff who were well supported to provide continuity of care with a thorough induction process. This included core training, familiarisation with the children and their personal plans, the premises, key responsibilities and documents.

The service aimed to provide continuity of care for children when staff were absent. Bank staff who worked between this service and its partner service were predominantly used to cover absences. This meant that they had some familiarity with the service, the children and their needs.

Areas for improvement

1. To support continuity of care with regard to children's safety, wellbeing and care at key times in their day, the provider should ensure that staff are deployed appropriately across the day. This should include but is not limited to, planning staff breaks around busier times of the day such as snack and meal times, and other transitions.

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).

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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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