

Thrive Childcare and Education Happitots Robroyston Day Care of Children

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Type of inspection: Unannounced

Completed on: 7 February 2023

Service provided by: Enchanted Forest Nursery (Bishopbriggs) Ltd

Service no: CS2015334602 Service provider number: SP2015012422



About the service

Thrive Childcare and Education Happitots Robroyston was registered with Care Inspectorate on 22 May 2015. This service previously operated as Enchanted Forest Robroyston, however, changed its name to Thrive Childcare and Education Happitots Robroyston on 11 May 2021.

The service is provided by Enchanted Forest Nursery (Bishopbriggs) Ltd and is registered as a day care of children service to provide a service to a maximum of 81 children not yet attending primary school at any one time. No more than 24 are aged under 2 years; and no more than 57 are aged 2 years to those not yet attending primary school full time, with no more than 25 aged 2 to under 3.

About the inspection

This was an unannounced inspection which took place on Tuesday 31 January 2023. The inspection was carried out by three inspectors from the Care Inspectorate. 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 people using the service and their parents by email and telephone call
- · spoke with staff and senior management team
- · observed practice and daily life for children attending the service
- reviewed documents

Key messages

- Some urgent remedial action is required by the provider to address the aspects of practice that compromise the safety and welfare of children identified throughout this report.
- Inconsistent staffing arrangements meant there were times across the day that children's wellbeing was compromised, and their rights were not upheld.
- The service should improve communication with parents and carers, to build trusting relationships.
- A quality assurance system, that involves staff and families, needs to be developed in order to improve outcomes for children.
- Some staff were working hard to develop meaningful relationships with children.

Due to the significance of our concerns, Care Inspectorate will continue to monitor any progress made to address the requirements identified within this inspection report. In order to do this, documentation may be requested virtually and monitoring visits will take place at the service.

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?	1 - Unsatisfactory
How good is our setting?	2 - Weak
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory

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

How good is our care, play and learning? 1 - Unsatisfactory

We evaluated this overall key question as unsatisfactory. We found significant weaknesses which compromised the safety and wellbeing of children, therefore, we made requirements for improvement.

Quality Indicator 1.1: Nurturing care and support

We evaluated this quality indicator as unsatisfactory as significant weaknesses compromised the safety and wellbeing of children.

Some parents spoke positively about the level of care and support their child received whilst attending the service. Comments made included; "We are relatively happy with the care given to our child and I don't believe they are in an unsafe environment", "We are happy with the care and support our child receives. Having an experienced member of staff that my child has known throughout their time at the nursery has helped them develop and become more confident" and "We are very happy and my child gets great support with their speech and eating". However, we found that the service must make significant improvements to how they plan for and provide children's individual care and support.

During our visit, we were concerned about the lack of consistent care for children. When staff interacted with children this was at times warm and nurturing, however, staffing arrangements meant it was difficult for staff to consistently and promptly meet the varying and changing needs of children. This resulted in some children experiencing poor care. We saw staff prioritising some children's needs over others, meaning some opportunities were restricted and personal care was often delayed for unreasonable periods. For example, some children experienced a delay in changing wet or soiled nappies, were left with food on their faces outwith mealtimes or in wet clothing. To improve outcomes for children the provider must ensure children experience a well-planned service based on effective assessment of children's needs and that staff demonstrate practice that upholds children's rights (see key question 4: How good is our staff team? Requirement 1).

Further improvements must be made by staff when working closely with families and other professionals to provide effective support for children. We found that most children's personal plans had not been updated for some time or reviewed with parents, resulting in plans not reflecting children's current needs. Where children require additional support, personal plans should be supported by and reflective of accurate assessments of risks and chronologies must be developed to provide a clear account of significant events in a child's life to ensure they receive the right support at the right time (requirement 1).

We could see some positive relationships between children and familiar staff helped some children to feel comfortable and settled. Staff responded to children who approached them but did not often initiate conversations and interactions with children resulting in numerous missed opportunities for engagement and relationship building. Limited interactions with important adults over time would have a detrimental impact on children's wellbeing and development. To ensure children can form attachments and build relationships with staff, all children must be allocated a keyworker (requirement 1). The management team should also ensure children are cared for by staff that know them well and arrange a programme of training for staff to ensure their interactions with children are consistently positive and staff are skilled to pick up on children's cues for support (area for improvement 2).

Staff did not always sit with children as they ate, and for children aged under 3 years old, support to eat their meals was often interrupted as staff had to manage competing demands. Within the 2-3 room

children's health had the potential to be compromised because of ineffective supervision during lunch. There was opportunity for children with allergies to access food that could make them ill because staff had their back to children for periods of time. The mealtime experience must be improved to ensure it is safe, supportive, and nurturing. We have asked that the management team monitor and improve the quality of mealtimes (see key question 3: How good is our leadership? Requirement 1).

Medication was not consistently stored safely, and we learned that one medication incident occurred, where medication was not administered at the required time and had the potential to cause harm to a child. To ensure children are kept safe, the provider must review and improve the processes for administration of medication (requirement 2). We carried out monitoring visits to the service on 2 March 2023 and 22 March 2023 and found during both visits that this requirement had not been met. We therefore, extended the time for compliance to allow the provider additional time to make the required improvements.

Quality Indicator 1.3: Play and Learning

We evaluated this quality indicator as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses that impacted children's wellbeing and development.

While most children enjoyed playing with their friends, we found that approaches to planning for play and learning were not in place to support children's interests. This resulted in missed opportunities to support children to be meaningfully involved in leading their own play. Planning processes should be reintroduced in all playrooms to ensure they support children's interests and offer them meaningful challenges. This was an area for improvement made at the previous inspection in September 2022, however we found that no improvements had been made and children's experiences were less positive (area for improvement 1).

There were no formal approaches in place to evaluate children's progress and achievements. Staff were not using observations effectively to enable them to respond and plan appropriately to meet children's individual needs. The use of children's learning journals was inconsistent and the quality of information shared was unsatisfactory. Staff would further benefit from undertaking training or self-directed study relating to effective observations of children and we sign posted them to Scottish Social Services Council resource, observing children available at https://learn.sssc.uk.com/observing. This was discussed with the service at the previous inspection in September 2022, however no progress or improvements had been made (area for improvement 2).

Children had very few opportunities to reflect on and consolidate their learning as staff were not using effective questions to support children's thinking. This resulted in missed opportunities to support children to explore their ideas and learn new skills. Staff should develop their understanding of theory and practice with a focus on child development and improving play experiences. This would enable them to identify and plan appropriate experiences based on the individual needs of children. Improvements would support children to have fun and be meaningfully engaged in their play and learning (area for improvement 2).

Within the playrooms for children aged zero to 3 years old, play areas were often under resourced and uninviting. Young children had very few opportunities to explore sensory materials which supports developing brains and enables them to be active, curious, and creative. Children's play and learning was restricted as they did not experience a good range of materials that enhanced their play which resulted in children becoming bored, disengaged and displaying disruptive behaviours. Management and staff should improve the play materials and experiences available to children (area for improvement 2).

Requirements

1. By 31 March 2023, the provider must ensure that all children receive nurturing care and support that is right for them and meets their needs. In order to achieve this, the provider must at a minimum:

a) ensure personal plans are developed for all children attending the service

b) ensure each child's personal plan reflects their current needs and and sets out how these needs should be met

c) ensure that plans are developed in partnership with parents and children (where appropriate) and are reviewed and evaluated at a minimum of six monthly intervals or sooner where required

d) arrange a programme of training to improve staffs understanding of the importance of effective record keeping and the use of chronologies to ensure children receive the right support at the right time

e) ensure each child is allocated a key worker, to support a consistent approach to building relationships and securing emotional wellbeing.

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

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 31 March 2023, extended from 17 February 2023, the provider must ensure that medication is stored and administered safely and in line with Care Inspectorate's guidance, 'Management of medication in daycare of children and childminding services'. To do this, the provider must, at a minimum:

a) ensure all medication is stored safely and in line with Care Inspectorate's guidance

b) ensure medication parental permission and medication recording forms are consistently completed accurately

c) ensure an audit of medication stored on the premises is completed and implemented as part of quality assurance arrangements

d) ensure staff can safely and competently administer medication because they are well trained and skilled to do so

e) complete a retrospective incident record for the incident where a child did not receive their medication as described on their permission records. A notification should be submitted to Care Inspectorate in line with Care Inspectorate's guidance, 'Records that all registered care services (except childminding) must keep and guidance on

notification reporting.'

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 also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

Areas for improvement

1. To support children's wellbeing, learning and development, improvements should be made to the planning for play and learning processes. Children's ideas, wishes and interests should inform planned play experiences and should be evident within the observation, assessment and planning cycle. The provider, manager and staff should ensure that information about children's development and learning is consistently recorded and shared with parents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported to achieve my potential in education' (HSCS 1.27) 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).

2. To ensure children receive high quality experiences through play and positive interactions with staff, the management team should support staff to develop their skills. To do this, the provider should, at a minimum:

a) Arrange a programme of training to support staff to improve their knowledge and understanding of relevant early learning and childcare theory and practice. This should include, but is not limited to Getting It Right For Every Child (GIRFEC), child development and how to effectively observe children and plan for children's play and learning experiences. This will ensure children receive responsive care and support from staff.

b) Improve the quality of resources available to children to ensure children are provided with sufficient opportunities to engage meaningfully with their play environment.

This is to ensure 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).

How good is our setting? 2 - Weak

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

Most areas within the service were clean, comfortably furnished and welcoming with good natural light and ventilation. Cleaning schedules were in place, however, were not always implemented or completed by staff, which accompanied by inconsistent staff deployment, had resulted in some missed cleaning tasks. For example, we saw that some areas of the playrooms contained unnecessary clutter, some cushions were visibly marked and required to be laundered and table tops and high chairs were not always cleaned thoroughly prior to and after mealtimes. Arrangements were in place for maintenance and repairs within the setting and on the day of inspection contractors were onsite in attempt to eliminate an unpleasant odour which could be mainly found in the main entrance way of the service.

Whilst we recognise that the 3-5 playroom was better equipped to provide fun play experiences for children,

the overall nursery environment did not effectively and sensitively support all children's play and learning. Staff did not use stimulating materials to create interesting and inviting play spaces. While some core materials such as sand and building blocks were available, further work was needed to support children to have consistently positive and motivating play and learning experiences. Improvements should be made to ensure children have access to a range of stimulating and developmentally appropriate play spaces (see key question 1: how good is our care, play and learning, area for improvement 2)

Improvements made to the outdoor play space during 2022 supported children to explore an environment which had some natural textures and enabled some children to develop confidence in physical skills such as running and balancing. However, we found that children did not always access outdoors daily and for babies attending the service, they had not accessed outdoors for prolonged periods which had the potential to impact their physical development, health and wellbeing. In addition, children were not supported by staff to explore their wider communities which restricted access to a wide range of opportunities to stimulate interests and enhance play and learning. The provider, management team and staff should ensure all children have access to fresh air and exercise outdoors daily and consider a more planned approach to providing opportunities to engage in play out with the nursery setting. This was an area for improvement made at the previous inspection in September 2022, however, we found that no improvements had been made (Area for improvement 1).

Areas for improvement

1. All children should have routine daily access to stimulating outdoor play. Staff should recognise that some children have a preference for learning outdoors and should minimise the barriers for them accessing the outdoor space. Management and staff should review the outdoor provision and include planning for outdoor learning within the planning cycle that include planning for outdoor play and learning experiences beyond the setting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'As a child, I play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

How good is our leadership?

1 - Unsatisfactory

We evaluated this key question as unsatisfactory. We found significant weaknesses which compromised the safety and wellbeing of children. We have therefore, made a requirement for improvement.

At the time of our inspection the service was recruiting for a manager. As an interim measure, a general manager was overseeing the daily operation of the service and was receiving support from a regional manager. Whilst we recognise that the provider had some strategic oversight, we found that this was ineffective as staffing arrangements compromised children's wellbeing and resulted in repeated short notice playroom closures (see Key Question 4: How good is our staff team, requirement 1).

We found unsatisfactory communication systems had resulted in families not feeling informed about changes to children's care. Almost all parent feedback highlighted communication was unsatisfactory. Parents told us, "Communication needs improving vastly" and "The information flow from the service is significantly below expectation and is usually re-active rather than pro-active. I personally, have not received all the relevant emails from the service and rely on other parents telling me there has been an email." As part of this inspection, we asked the management team to share our email with all parents, we received contact from some parents who confirmed that they had not received our email from the service. Following recent meetings with families the service had devised an action plan outlining how they planned

to build relationships with families and move forward to make improvements to the quality-of-service provision. We found that the action plan time scales for improvement may be compromised given the staffing challenges within the service. Where actions cannot be achieved, it is vital that parents are informed. To make and sustain improvements, the provider must improve communication methods with families ensuring children and parents are listened to and their views are acted upon creating respectful trusting relationships (requirement 1).

Following the previous inspection in September 2022, the service had developed an improvement plan outlining strategies to achieve improvements. However, we found that no progress had been made and in many areas children's experiences were less positive. A clear and robust improvement plan should be developed to help address the concerns found during this inspection (requirement 1).

Quality assurance processes had not been undertaken for some time and as a result the quality of the service was unsatisfactory. Inspection evidence highlighted many issues, including the management of children's sessions and the overall quality of children's experiences. Whilst the provider was aware of some of these concerns, limited action was taken to address these. For example, the provider acknowledged that the deployment of staff was not effective but had been unable to address this issue over time and continued to start new children within the service. Also, the provider was aware the quality of play experiences needed to improve but had not effectively developed ways to address this. Quality assurance processes need to be re-established and embedded to help ensure children have a safe, comfortable, and engaging early learning experience (requirement 1).

We found that not all staff held the necessary professional registrations which are required to demonstrate they have the right skills and knowledge for their role. For example, two staff were not registered with the Scottish Social Services Council (SSSC). We reminded the provider that employers have a legal responsibility to ensure all their staff are correctly registered as it is an offence to continue to employ an unregistered worker. Before publication of this report both staff had applied to register with the SSSC. To safeguard children, the management team should implement a process to monitor staff registration with professional bodies (requirement 1).

Requirements

1. By 28 April 2023, the provider must demonstrate to the Care Inspectorate that the service has reviewed and further developed monitoring and quality assurance arrangements to ensure the service is identifying areas of success and areas for further improvement. In order to achieve this, the provider must, at a minimum:

a) develop and implement an improvement plan which identifies clear priorities for improvement and the actions taken to achieve this

b) improve communication methods with families to ensure all families are included within these processes and ensure that relevant information is shared with families timely. This will ensure all parents feel well informed

c) ensure views are routinely sought from children, staff and parents on aspects of the service and that these views are used to inform improvement planning

d) ensure self-evaluation processes are developed which include the introduction of formal systems that supports reflective practice across the setting

e) ensure monitoring of staff practice and children's play and learning experiences is regularly carried out to identify strengths and any areas for further improvement. Monitoring the quality of children's mealtimes should be prioritised to ensure they are safe and nurturing

f) monitor the quality of children's personal plans and learning journals to ensure these reflect children's current health, welfare and safety needs

g) implement a process for monitoring staff registration with regulatory body Scottish Social Service Council (SSSC) to ensure all staff are registered

This is in order to comply with Regulation 7(2)(c) of The Social Care and Social Work Improvement Scotland (Requirements for care services) Regulations 2011 (SSI 2011/210).

This is also 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 an organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

1 - Unsatisfactory

We evaluated this key question as unsatisfactory. We found significant weaknesses which compromised the safety and wellbeing of children. We have therefore, made a requirement for improvement.

The senior management team told us that they had been experiencing significant challenges in recruiting and retaining staff and felt this was reflective of the national health and social care staffing crisis. We found that for a sustained period, the service had a high number of staff vacancies and the contingency arrangements for staff absences were poorly managed which resulted in frequent temporary room closures and a dependency on agency and supply staff to enable the service to operate and maintain staff to child ratios. In attempt to retain the current staff and recruit, whilst this inspection was ongoing, the provider was reviewing staff working conditions and agreed to make improvements.

We had serious concerns for children's wellbeing, as not all children were routinely cared for by staff that knew them well. Whilst few parents spoke positively about staffing arrangements with one parent stating; "All of the staff are very engaging and know my child well" most parents told us that inconsistent staffing arrangements caused them concern. Parents told us, "My child is now upset in the morning at the thought of going to nursery and requires lots of encouragement" and "As the result of staff changing often, my child is not fully supported with toilet training." We found that in spite of the service having limited core staff, the provider continued to offer placements to new children. The provider told us that placements were offered to children who were previously booked to attend, and they had not taken any new bookings. We have asked that the process for starting new children is reviewed to ensure that where children are offered placements within the service this is based on an assessment of risk and stability within the staff team to ensure sufficient staff are in post to meet children's needs (requirement 1).

The providers' approach to staffing was unsatisfactory. This focused on meeting ratios and continuing service delivery and was not outcome focused. As a result, continuity of care across the day was variable and compromised children's care, privacy, and dignity. We found there were gaps in the skills, knowledge and decision making needed from staff to promote high quality outcomes. For example, some playrooms operated with only one qualified member of staff which resulted in delays to children's personal care, and on one occasion, poor staff deployment had resulted in a delay to administering medication, compromising

a child's health and wellbeing. As a matter of priority, the approach to staffing and staff deployment must be improved to ensure children experience high quality care and support that is right for them (requirement 1).

The process for inducting agency and supply staff was not robust compromising children's wellbeing. The management team should ensure that all staff who are new to the service receive an induction that supports them to understand their role and what is expected of them (requirement 1). This was an area for improvement within the previous inspection in September 2022, however, no improvements had been made.

Staff had completed some training to support them in their role, but this was not having a significant impact on the quality of children's experiences. For example, some staff had recently received an introduction to child protection awareness session as part of their induction, but still lacked confidence to protect children. Whilst permanent staff had an understanding of the steps to take should a concern arise; some staff had not received safeguarding training and were not aware of who the child protection officer was within the service. The service should plan to refresh staff's knowledge of child protection and source relevant training at their earliest opportunity (area for improvement 1).

All of the areas for improvement made at the service previous inspection in September 2022, were not met at the time of this inspection and in many areas children's experiences were less positive. This enables us to conclude that the service demonstrates poor capacity to implement and sustain improvements which increases the risk of harm to people.

Requirements

1.

By 28 April 2023, the provider should ensure that staff deployment provides the right mix of experience and depth of knowledge to meet children's needs. To achieve this, the provider must, at a minimum:

a) ensure the deployment of staff takes account of the staff qualifications and skills and consider routines and activities of the day and children's individual care needs

b) develop a policy and/or procedure to support the management team's decision making process when employing agency and supply staff, to ensure these staff members have the right knowledge and skills to fulfil the role they are temporarily recruited to

c) ensure that where agency and/or supply staff are recruited, they receive an induction which supports them to understand what is expected of them in their role

d) ensure staff deployment is consistent within all playrooms to support children to be cared for by staff that know them well

e) review the arrangements for starting/enrolling new children within the service to ensure the provider can demonstrate to Care Inspectorate that this decision making is based on stability within the staff team and the ability to keep children safe

This is in order to comply with Regulation 15 (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 which state that:

'I experience stability in my care and support from people who know my needs, choices, and wishes, even if there are changes in the organisation' (HSCS 4.15).

Areas for improvement

1. The provider and management team should ensure that all staff know how to record and report child protection concerns appropriately, have access to up-to-date guidance and have undertaken appropriate training that ensures their knowledge of child protection and safe guarding is improved to ensure they are confident in their roles to protect children.

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

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, manager and staff, should ensure that all children have a detailed personal plan that sets out how their health, welfare and safety needs will be met. Personal plans should be developed in partnership with parents and should be reviewed and evaluated at a minimum of six monthly intervals.

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

This area for improvement was made on 12 September 2022.

Action taken since then

We sampled personal plans for 8 children attending the service. We found that plans did not clearly identify how children's individual needs would be met and that they had not been reviewed with parents and children in line with legislation. In addition, we found that where children were requiring support from external agencies, this was not reflected within their plans.

We found insufficient evidence to demonstrate that this area for improvement had been met. We have therefore set a requirement within this report relating to improving children's personal plans (see key question 1, how good is our care, play and learning?)

Previous area for improvement 2

To ensure children receive high quality experiences through play and positive interactions with staff, the management team should support staff to develop their skills. This should include, but not limited to;

a) Arrange a programme of training for staff, particularly those working within the 2-4 playroom to ensure they understand and implement the principles of Getting It Right For Every Child (GIRFEC). This will ensure all children receive responsive care and support from staff.

b) Arrange a programme of training to improve staffs understanding of the importance of effective record keeping and use of chronologies to ensure children receive the right support at the right time.

c) Improve the quality of resources available to children within the 2-4 playroom to ensure children are provided with sufficient opportunities to engage meaningfully with their play environment.

This is to ensure 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).

This area for improvement was made on 12 September 2022.

Action taken since then

Our observations carried out during our inspection found that children were not consistently receiving high quality experiences through play and positive interactions with staff.

We found insufficient evidence to demonstrate that this area for improvement had been met. We have therefore repeated this area for improvement within this inspection report (see key question 1, how good is our care, play and learning?)

Previous area for improvement 3

To support children's wellbeing, learning and development, improvements should be made to the planning for play and learning processes. Children's ideas, wishes and interests should inform planned play experiences and should be evident within the observation, assessment and planning cycle. The provider, manager and staff should ensure that information about children's development and learning is consistently recorded and shared with parents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported to achieve my potential in education' (HSCS 1.27) 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 12 September 2022.

Action taken since then

At the time of inspection staff were not completing planning documentation relating to how they would plan to support children's play and learning experiences. We found inconsistencies with the frequency and quality of observations carried out relating to children's play and learning and found that information relating to children's development and learning was not regularly recorded or shared with parents.

We found insufficient evidence to demonstrate that this area for improvement had been met. We have therefore repeated this area for improvement within this inspection report (see key question 1, how good is our care, play and learning?)

Previous area for improvement 4

All children should have routine daily access to stimulating outdoor play. Staff should recognise that some children have a preference for learning outdoors and should minimise the barriers for them accessing the outdoor space. Management and staff should review the outdoor provision and include planning for outdoor learning within the planning cycle that include planning for outdoor play and learning experiences beyond the setting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'As a child, I play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

This area for improvement was made on 12 September 2022.

Action taken since then

Our observations highlighted that children attending the baby rooms did not access outdoor play on the day of our inspection. We sampled documentation which demonstrated that all children did not have routine daily access to fresh air and exercise outdoors.

We found insufficient evidence to demonstrate that this area for improvement had been met. We have therefore repeated this area for improvement within this inspection report (see key question 2, how good is our setting?)

Previous area for improvement 5

To inform and sustain improvement in the quality of the service for children and families, quality assurance and self-evaluation processes should be further improved. To achieve this, at a minimum, the provider should ensure;

a) Views are routinely sought from children, staff and parents on aspects of the service and that their views are used to inform improvement planning.

b)Self-evaluation processes are developed which include the introduction of formal systems that supports reflective practice across the setting.

c) Monitoring of staff practice is routinely carried out and imbedded to identify strengths and any areas for further improvement.

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 an organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 12 September 2022.

Action taken since then

The current management team confirmed that quality assurance and self-evaluation processes have not been reviewed or improved following the service previous inspection in September 2022.

We found insufficient evidence to demonstrate that this area for improvement had been met. We have therefore set a requirement within this report relating improving quality assurance processes. We have made some amendments to the wording of the requirement to ensure clarity for the provider (see key question 3, how good is our leadership?)

Previous area for improvement 6

The provider should ensure that staff deployment provides the right mix of experience and depth of knowledge to meet children's needs. To achieve this, at a minimum, the provider must ensure:

a) The deployment of staff takes account of the staff qualifications, skills and routines and activities of the day.

b) Develop a policy and/or procedure to support the service decision making process when employing agency staff, to ensure agency staff have the right knowledge and skills to fulfil the role they are temporarily recruited to.

c) Where inexperienced and/or non-qualified agency staff are recruited, they receive an induction which supports them to understand what is expected of them in their role.

d) Ensure a more consistent approach to staff currently caring for children attending the 2-3 play room. This will ensure children are cared for by staff that know them.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I experience stability in my care and support from people who know my needs, choices, and wishes, even if there are changes in the organisation' (HSCS 4.15).

This area for improvement was made on 12 September 2022.

Action taken since then

We have identified concerns relating to staff deployment throughout this inspection report. We found that the deployment of staff did not ensure the right mix of experience and depth of knowledge in staff was available to meet children's needs.

We found insufficient evidence to demonstrate that this area for improvement had been met. We have therefore set a requirement within this report relating improving staff deployment. We have made some amendments to the wording of the requirement to ensure clarity for the provider (see key question 4, how good is our staff team?)

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?	1 - Unsatisfactory
1.1 Nurturing care and support	1 - Unsatisfactory
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?	1 - Unsatisfactory
3.1 Quality assurance and improvement are led well	1 - Unsatisfactory

How good is our staff team?	1 - Unsatisfactory
4.3 Staff deployment	1 - Unsatisfactory

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Please get in touch with us if you would like more information or have any concerns about a care service.

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