

Willow Tree Nursery Day Care of Children

Berstane Road
Kirkwall
KW15 1NA

Telephone: 01856873535

Type of inspection:
Unannounced

Completed on:
28 April 2023

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2021000173

About the service

Willow Tree Nursery is registered to provide a care service to a maximum of 32 children not yet attending primary school at any one time. Conditions unique to the service are no more than 12 are aged under two years and no more than 20 are aged two to three years.

The nursery operates from the ground floor of premises previously used as student accommodation and is located within Kirkwall, Orkney. Children have access to three connected playrooms with a kitchen area and integral toilets. There is direct access to a fully enclosed outdoor play area. The service is situated close to local schools, parks, and other amenities.

About the inspection

This was an unannounced inspection which took place on 27 April 2023 between 09:15 and 17:30. 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 registration information, information submitted by the service, and intelligence gathered prior to inspection.

In making our evaluations of the service we:

- spoke with children using the service
- spoke with eleven of their parents/carers
- spoke with staff and management
- observed practice and daily experiences
- reviewed documents.

Key messages

- Staff interactions were positive, kind, and caring.
- Children were meaningfully and actively involved in leading their play and learning.
- The environment was clean, attractive, and welcoming. Good quality furnishings and fittings supported children's safety and independence.
- The indoor and outdoor learning environments had undergone changes and were structured to support children's age and stage of development.
- Quality assurance, including self evaluation and improvement plans, were in the very early stages to support continuous improvement of the service.
- Safeguarding systems and procedures were not robust to protect children from harm and abuse.
- The deployment of staffing, including the arrangements for staff absences, were poorly managed to ensure high quality care and learning opportunities for children.

From this inspection we evaluated this service as:

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

How good is our care, play and learning?	3 - Adequate
How good is our setting?	4 - Good
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 cared for by kind and pleasant staff. Staff were patient and used soothing tones when speaking to the children. This helped promote a calm ethos where most children were happy and busy. Some children received cuddles if they were upset, helping them feel loved and well cared for. Staff were kind when supporting children with their personal care, always respecting children's privacy and dignity. Interactions were positive during nappy changing, helping to put children at ease. However, on a few occasions, children would have benefitted from the support of additional staff. This meant a child was not given the comfort they needed when tired and a few children were not fully supported in their play.

Children's overall wellbeing was supported through the effective use of personal planning. Personal plans were developed with parents and reviewed at least every three months to support the changing needs of young children. Other agencies had been involved when developing strategies to support children's individual needs and these were used consistently by staff. This helped promote a caring and nurturing ethos.

Children experienced positive snack and mealtimes which were unhurried, relaxed, and calm. Children were encouraged to be independent and were supported to pour their own drinks. Lunches provided by the service looked appetising and tasty and were enjoyed by the children. Children's packed lunches were presented on a tray and looked attractive. However, some of the items provided by parents were high in sugar and salt. We highlighted the guidance 'Eating Well: Packed lunches for 1-4 year olds'. This can be found at: <https://www.firststepsnutrition.org/eating-well-early-years>.

Children's safety, emotional security, and wellbeing were supported through sensitive arrangements for sleep, rest, and relaxation. Staff followed children's sleep patterns from home to ensure a continuity of care. Children were cosy and slept on mats on the floor and were appropriately supervised to ensure their safety. Children were able to cuddle and read stories with staff, which supported rest, recuperation, and opportunities for attachment. However, on a few occasions, there was not enough staff to support this.

Children were kept safe and well by systems and procedures to support the safe administration of medication.

Children were not protected by robust safeguarding procedures and knowledgeable and competent staff. The manager did not demonstrate a clear understanding of their role and responsibility to protect children from harm and abuse. Some staff spoken to did not demonstrate a clear understanding of what to do in the event of a concern. Some concerns raised in chronologies had not been followed up on or the relevant agencies contacted. We asked for an audit of chronologies and for the manager, lead practitioner, and staff to attend training. We were provided with an immediate action plan and reassurance safeguarding procedures would be reviewed (**see area for improvement 1**).

1.3 Play and learning

Children had fun and were happy, engaged, and actively involved in leading their play. They were able to move freely between play areas and benefitted from opportunities to support their physical and sensory development. They were able to access outdoor play from the playroom and had fun running around, climbing, and playing in the fresh air.

Staff were cheerful, smiley, and promoted a fun ethos. We heard singing, saw stories being read, and observed staff play and chat with children. This helped sustain children's interests and supported their self esteem and confidence. Staff knew when to provide support and when to encourage the children to be independent. This led to happy children who were eager to try new things.

Planning approaches to support children's learning and development had undergone recent changes and was in the process of evolving. All children had a learning journal with photographs and observations of their play. However, there were limited next steps identified to support children's development. The manager described going back to basics to help staff plan appropriate resources and activities to meet the developmental needs of the children. This was ongoing.

There were some opportunities for language and literacy. Children enjoyed songs and music and listening to stories and reading books. There were less opportunities for numeracy and staff should consider ways to introduce the language of numeracy through everyday activities, such as a large and small during lunch, estimation, etc.

Areas for improvement

1. To ensure children are safeguarded and protected from harm, the provider should, at a minimum:

- a) Ensure the manager and staff have the required skills and knowledge in relation to recognising and responding to child protection concerns.
- b) Ensure the manager and staff are competent and knowledgeable about national, local, and the service's own child protection procedures and 'Getting it Right for Every Child' (GIRFEC).
- c) Ensure the manager and staff are competent in completing chronologies and use these to take appropriate action to support children and their families.

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).

How good is our setting?

4 - Good

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

Refurbishment of the nursery meant it looked fresh, clean, and bright. High-quality furnishings were used to zone areas for play and relaxation. This meant there was plenty of space for the children to move around and choose where they wanted to play. The toilets promoted children's dignity and privacy and looked clean and tidy. The muted tones and natural colours promoted a sense of calm and a peaceful atmosphere. This

was further enhanced by the drapes on the ceiling which also provided interest. However, the nursery was cold and we suggested the use of a door covering, such as butcher strips to reduce drafts.

Children were kept safe through the completion of risk assessments. We observed staff supporting children to make choices and consider their own safety. This helped them make decisions and become more aware of how to keep safe and well.

Children benefitted from significant recent changes to the playrooms with the addition of more resources, ceiling drapes, and wall displays at child's height. Three distinct playrooms provided children with opportunities for physical sensory and free choice play. Children were able to choose from a range of natural and sensory resources which supported their creativity and learning through imaginative play. There were sensory objects/mats on the floor and children explored these barefoot. However, they were not always encouraged to put back on their shoes and socks, increasing the risk of cuts, scrapes, and cold feet when accessing other areas. The manager agreed to risk assess in order to ensure children's safety and comfort.

The outdoor area looked attractive and children had fun. There were opportunities for children to climb, run around, or be creative. Staff told us they would like to see immediate development to the outdoor area and the manager advised this was ongoing.

Children's health was promoted by effective procedures for infection prevention and control. The setting was clean and we observed good handwashing before and after eating. Nappy changing guidance was displayed. However, this was not always followed by staff. The manager agreed to monitor staff practice.

Children's privacy was protected by the safe storage of their information, including electronic and paper files.

How good is our leadership?

3 - Adequate

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

The recently appointed manager was beginning to promote an ethos where everyone felt confident to share ideas and initiate well informed change. Staff were beginning to take leadership roles to develop the learning areas. Staff spoken to 'agreed' and 'strongly agreed' they were asked for suggestions on how to improve the service. They 'strongly agreed' they were well supported in their role by the manager.

The service benefitted from a clear vision, values, and aims. This meant everyone knew what to expect, what is expected of them, and promoted high aspirations for high-quality care and learning.

Children and families benefitted from a setting which valued working together with families. This was part of the service improvement plan and initiatives, such as stay and play sessions, information days on schematic play, and involvement from other agencies, such as Bookbug were planned. When contacted, most parents felt they were involved in a meaningful way to develop the setting. However, some parents were unsure and one parent disagreed. The service should continue to develop ways to fully engage and involve parents to support continuous improvement.

Self evaluation and quality assurance were in the very early stages of development. The manager was supported in their role by a mentor and together they had a clear vision for empowering staff and creating an ethos where they wanted to initiate change and improve outcomes for children.

An improvement plan was in place and focussed on:

- parental engagement
- developing inviting play spaces for children
- understanding and supporting schemas for children.

As a result, some changes had been made to the learning environment and staff were beginning to grow in confidence.

Quality assurance was in the early stages of impacting on children's experiences. Some quality assurance around children's learning journals and informal monitoring of staff practice was ongoing. To support further positive changes guidance, such as the 'Quality Framework for day care of children, childminding, and school aged childcare' should be utilised (**see area for improvement 1**).

Areas for improvement

1. To support positive and improved outcomes for children and families, the provider should ensure effective quality assurance systems are fully embedded into practice. This should include, but not be limited to, ensuring effective quality assurance, self evaluation, and improvement plans are in place which involve staff, children, and parents and lead to continuous 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 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.

Significant changes to the staff team through staff absence and staff leaving impacted on high-quality care and outcomes for children. This led to poor morale and staff who did not always work well as a team. Some parents felt there were not enough staff in the setting and one parent commented: "It's a shame for the children, there is such a high turnover of staff, we have had three key workers over a short period". The manager advised this was an issue and that they were working on developing staff strengths and teamworking skills. This should be continued.

Staff deployment did not always work well to care for and support children's learning. Arrangements for staff absences were poorly managed and there were not always enough staff to support children's choice when playing in different play areas. A few children did not receive the individualised care they needed at key times during the day, for example at lunch. Some activities became task-orientated rather than an opportunity for high-quality engagement and interaction (**see area for improvement 1**).

Children were supported by a mix of new and experienced staff. New staff were beginning to benefit from a comprehensive induction using the National Induction resource. However, this had not impacted on practice. Some experienced staff did not have the knowledge and skills to support younger children. This was acknowledged by management who were providing training and support.

Staff interactions were positive to support children's care, health, wellbeing, and self esteem. Staff were kind

and had developed positive relationships with the children and families in their care. One parent commented: "Everyone is lovely and seem to be great at what I can only imagine is a difficult and hectic job".

Staff were committed to developing their skills and knowledge. They described training in slow pedagogy and were keen to use this in their practice. However, some staff did not demonstrate a good understanding of infection prevention and control practices or in safeguarding children (**see area for improvement 2**).

Areas for improvement

1. To support and meet children's needs and promote positive outcomes for children, the provider should improve the deployment of staff. This should include, but not be limited to, ensuring arrangements for planned absences are well managed to ensure consistent care and good outcomes for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

2. To support and meet children's needs and promote positive outcomes for children, the provider should ensure staff are skilled and competent in supporting children's health, wellbeing, and learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	4 - Good

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	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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