

Thrive Childcare and Education Corner House Perth Day Care of Children

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Telephone: 01738 500145

Type of inspection:
Unannounced

Completed on:
2 August 2023

Service provided by:
Paint Pots Nursery (Scotland) Limited

Service provider number:
SP2003002195

Service no:
CS2003010149

About the service

Thrive Childcare and Education Corner House Perth is a day care of children service and is registered to provide care to a maximum of 69 children not yet attending primary school at any one time.

no more than 12 are aged under 2 years;

no more than 21 are aged 2 years to under 3 years and;

no more than 36 are aged 3 years to those not yet attending primary school full time.

The service is close to parks, woodlands and other amenities.

Children have access to an enclosed outdoor area.

About the inspection

This was an unannounced inspection which took place on 31 July and 1 August 2023. The inspection was carried out by two inspectors from the Care Inspectorate. Feedback was given to the service on 2 August 2023.

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 and received feedback from 17 of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Planning and learning experiences were based around children's interests and were mainly child led.
- To support children's overall wellbeing some staff should be supported to develop more nurturing and caring practice.
- Quality assurance processes needed to be further developed to ensure positive outcomes for children.
- At times, staff deployment did not always ensure that children and families needs were met.

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.

Quality Indicator 1.1: Nurturing care and support

Most children were cared for by staff who showed warm and nurturing approaches, which made children feel welcome and supported positive relationships to form. Some parents spoke positively about the relationships their child had formed with staff, especially core, long-term staff. Parents told us, "The staff are extremely friendly and welcoming. They take the time to know each child" and "Staff are super friendly, helpful and informative about my child's day."

However, there were many missed opportunities to sensitively support children through daily experiences and provide positive interactions. At times, interactions were often neutral or poor. For example some staff did not always react with warmth or nurture when children were upset or when children had just woken up. At times some senior members of the team provided guidance to staff that improved the quality of the interaction, but this was not consistent. To support children's wellbeing and ensure all children receive nurturing care, staff interactions and engagements with children need to improve. **(See area for improvement 1.)**

Children's wellbeing was supported through personal planning. Information recorded about children's family life, medical needs and interests helped staff to provide individualised care. Additional support plans set out how some children's needs would be met, however, information recorded in here was not always consistently completed or reviewed regularly. The service recognised that personal planning was an area for development and planned to introduce improved, streamlined plans for all children.

Children's medical needs were well understood by staff. Overall, medicine was delivered in a safe and sensitive manner, supporting children's health and wellbeing. We requested that where discrepancies in paperwork were identified during auditing, they are rectified quickly to prevent any confusion about medicine administration.

We were unable to determine which staff had current child protection training, however, we were satisfied that the management team had a plan to deliver child protection training as a priority. Chronologies were used effectively to record significant events in a child's life that may impact on their health and wellbeing, and other agencies had been contacted when necessary. This meant families were provided with support and help when required.

Children were offered nutritional, well-balanced meals and snacks that followed best practice. Staff used allergy cards to identify children's needs and provide appropriate foods. All children had opportunities to develop some independence, learning life skills such as self-serving and pouring drinks. These could be further developed by involving all children in mealtime preparation. We found that on occasions staff support, and supervision was limited and resulted in times where no staff were sitting with children to support a safe, sociable experience. **(See area for improvement 2.)**

In the baby room, safety and wellbeing was supported through responsive and comfortable sleep arrangements and routines. Staff monitored children as they slept which helped keep them safe. However, we found that children's safety and wellbeing could be further supported in the 2-3 room, to support a more

nurturing approach.

Quality Indicator 1.3: Play and learning

Children participated in experiences that met their interests and were relevant to their stage of development. For example, children in the 3-5 room played with large wooden construction shapes that encouraged them to be imaginative and creative. Children challenged their own thinking and worked together to build vehicles.

Experiences like story time, mark making, painting and singing were helping to support children's early literacy. The addition of a book lending library promoted family reading time which supports children to develop confidence, security, language and imagination.

Children enjoyed playing outdoors splashing in puddles and transporting water between different areas. Children's time outdoors was quite limited on the first day, however, had improved on our second day. Staff regularly took babies out for walks in prams in the community, however, did not access the garden area regularly. We discussed with management how all children would have benefitted from more time outside to develop their physical skills.

Planning approaches were mainly child centred and responsive to children's interests and life experiences. For example, staff in the 3-5 room had been encouraging potion making and discussions around emotions with the children following the children's interests. However, staff regularly missed opportunities to engage and extend conversations with children. 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. **(See area for improvement 1.)**

Observations in children's learning journals was inconsistent and sometimes narrative and did not always identify next steps in learning and development. Further sharing, recording and tracking of children's individual progress would support them to achieve. Parents and carers agreed and told us that they would like more updates about their child's learning. They shared, "It would be great to have more photos and daily updates of what the children have been doing" and "I feel the setting could improve with their learning posts on their 'My Parent Zone' app as there are very little updates and posts uploaded onto it. I would like to find out more about what my child is learning and involved in during her time in nursery and more of an update each day on her toileting."

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>.

Areas for improvement

1.

To ensure all children experience positive interactions and consistent, nurturing care, the provider should support the service to further develop staff skills, knowledge and practice through effective training, learning and mentoring opportunities.

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); and

'As a child or young person I feel valued, loved and secure' (HSCS 3.10).

2.

To ensure all children experience a lunchtime that is calm, nurturing and supportive, the management team and staff should continue to improve the mealtime experiences.

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

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible (HSCS, 1.35); and

'If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible' (HSCS, 1.38).

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.

Quality Indicator 2.2: Children experience high quality facilities

The setting was bright and airy. Family photos displayed on the walls in the babies and 3-5's rooms provided children with a link between their own home experiences and nursery. For some children this provided comfort when they are away from home.

Play spaces reflected some children's interests and promoted some curiosity. Toys and materials were easily accessible stored in shelves, baskets and units at children's level. This supported them to lead their learning and make choices about their play.

The large outdoor area provided children with opportunities to explore a natural environment. Children could also access an all weather surface area. We discussed with the management team how the youngest children would benefit from more appropriate spaces to play outside.

We suggested some more homely touches in some rooms such as dimmed lighting, natural materials and soft furnishings which would create a more welcoming space where children felt secure. This would offer some quiet and cosy spaces for children which may support them with self regulation and their emotional wellbeing.

There had been improvements to infection prevention and control practices since the last inspection including the addition of laundry schedules, cleaning rotas and monitoring checks. Children regularly washed their hands throughout the day and children had been involved in handwashing activities in the 3-5 room to

support their understanding. As a result, children experienced a clean environment that supported their health and wellbeing.

Nappy changing was completed following best practice with nice interactions throughout. Children were consulted about getting their nappy changed and encouraged to wash their hands afterwards. We suggested a refresh of the baby changing area to make it more a nurturing environment for children.

Risk assessments were in place and had been regularly reviewed and added to, to support a safe environment for children. Arrangements were in place for maintenance and repairs within the setting, and on whole children's safety and wellbeing had been considered. We had some concerns that we shared with management around where children eat and sleep and store their bags and coats, and advise they take into consideration best practice guidance to fully ensure children's safety and wellbeing.

How good is our leadership?

3 - Adequate

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

Quality Indicator 3.1: Quality assurance and improvement are led well

The manager demonstrated a commitment to working with staff to secure positive outcomes for children and their families. However, changes to the staff and management structure of the setting had impacted on capacity to continually improve the service. Following the previous inspection, the service had made some progress in improvements around maintenance and infection prevention and control, however, some areas including garden improvements were not progressing as quickly. We recognised the challenges of making and embedding these improvements with a changing staff and management team, however, there needs to be a focused approach, moving forward positively with the changes needed to improve outcomes for children.

Some views of children and families had been sought to support developments of the service. For example, ideas had recently been gathered on how to improve mealtimes. Feedback was taken on board from families and now and children are offered a breakfast option in the morning. The service should continue promoting opportunities for the nursery staff, children and families to provide their feedback. This would help to ensure that changes are reflective of the needs of children and families.

Some quality assurance processes had impacted positively on outcomes for children. For example, staff were recruited safely to protect children from harm. However, there were some gaps in the areas covered by the quality assurance systems in place. For example, inconsistencies in staff practice had not been fully identified and audits of accidents could be more robust to support children's safety. **(See area for improvement 1.)**

Peer observations were having a positive impact on some areas of practice including infection prevention and control and interactions during intimate care. However, we found that these processes were not yet resulting in consistent positive improvements within the service or improved experiences and outcomes for all children.

Areas for improvement

1. The service should continue to develop and build a cycle of continuous improvement that supports positive outcomes for children and families and addresses the areas that parents and children feel need

most improved, including monitoring and supporting staff practice.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

How good is our staff team?

3 - Adequate

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

Quality Indicator 4.3: Staff deployment

There had been significant and ongoing changes to the staff team as a result of the social care staffing crisis. The provider had found recruiting and retaining staff difficult. This led to the use of regular supply staff to enable the service to operate and maintain staff to child ratios. However, the service was now at a full team having recruited several staff. A deputy manager and lead practitioner had just recently been recruited to help support staff and to help reduce the impact on management. Parents had shared with us, "There have been quite a few staff changes and temporary staff to cover the gaps" and "In my child's room there can now be what feels like too much agency staff in as well."

Despite these difficult circumstances, staff teams in each room had good working relationships and mostly communicated well together to create a welcoming environment for children and families.

There were a mixture of skills and knowledge within the team. Most staff had been given the opportunity to participate in training that supported meeting children's needs. For example, first aid training to support children's wellbeing. However, there were some significant gaps in the skills and knowledge needed to support children's emotional wellbeing. Newly recruited staff told us that they had been made to feel welcome, however, some could not identify knowledge shared during the induction process. Management have identified that the staff induction content could be developed to support a more knowledgeable and confident staff team. We discussed how using the national induction resource would give staff more opportunities to reflect on gaps in skills and knowledge. This would support staff to be more reflective, skilled and knowledgeable practitioners. Core staff role modelled good practice to these less experienced. However, there were not enough experienced staff members to support the gaps in skills and knowledge and expertise needed to ensure children's needs were met across the day.

Some aspects of staff deployment had not always been considered. At points across the day there were gaps in staffing capacity that impacted on opportunities for children to freely lead their own play and to access outdoors. Also staffing capacity in rooms at mealtimes had led to staff roles becoming task orientated rather than providing opportunities for high quality engagement and interaction with children. (See area for improvement 1.)

Areas for improvement

1. To promote consistently positive experiences for all children, the provider should support the management team to effectively review the deployment of staff responsively across the day and when forward planning. Staffing arrangements should be well-planned to ensure there is the correct mix of skills, knowledge and experience available within each playroom.

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); and

'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity' (HSCS, 4.17).

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

Requirements

Requirement 1

By 2 September 2022, the provider must improve the management of maintenance to ensure children's safety and wellbeing. To do this, the provider must, at a minimum:

- a) take remedial action to ensure that the environment is well maintained and in a good state of repair; and
- b) put in place an appropriate quality assurance procedure to identify any areas or items requiring improvement, repair, or replacement and ensure that effective action is taken timeously to make the necessary improvements.

This is to comply with Regulation 4(1)(a) and (d) (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 experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment.' (HSCS 5.22)

This requirement was made on 17 August 2022.

Action taken on previous requirement

We were satisfied that the manager had put in place appropriate procedures to highlight any areas or items requiring improvement to the provider.

Repairs on the whole were completed in a timely manner.

This requirement has been met.

Met - within timescales

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 service should review the lunch time experience to promote opportunities for children to develop their independence, language and communication skills.

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

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible.' (HSCS 1.35); and

'If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate' (HSCS 1.36).

This area for improvement was made on 17 August 2022.

Action taken since then

Some improvements had been made to the lunchtime experience and children had some opportunities to develop their independence.

However, we found that the settings approach to mealtimes was inconsistent. For children aged two years and over, staff support, and supervision was limited and resulted in times where no staff were sitting with children to support a sociable experience.

This area for improvement has not been met.

Previous area for improvement 2

The service should improve medication processes to ensure they comply with their own procedures and follow the Care Inspectorate's guidance; 'Management of Medication in Daycare of Children and Childminding Services'. Information recorded should be accurate and all staff should be aware of children's medical needs including signs and symptoms. Management should also improve their quality assurance processes to ensure safe management of medication.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 17 August 2022.

Action taken since then

Medication processes had been improved and medication was stored and administered safely to support children's health and wellbeing. Staff were aware of children's needs including signs and symptoms. We

stressed the importance of ongoing quality assurance processes, however, were satisfied **this area for improvement has been met.**

Previous area for improvement 3

To prevent the potential spread of infection, management and staff should ensure effective regular handwashing is taken place by both children and staff, ensure meals are provided and prepared in clean, hygienic spaces where food hygiene principles are followed, and follow nappy changing guidance for early years and childcare setting.

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

'I am protected from harm by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This area for improvement was made on 17 August 2022.

Action taken since then

There had been improvements to infection prevention and control practices since the last inspection. This included the addition of laundry schedules, cleaning rotas and monitoring checks.

The overall environment was clean and areas where meals and snacks were prepared were well-maintained.

Children had been involved in handwashing activities in the 3-5 room and overall children's handwashing was very good.

Nappy changing was now completed following safe and hygienic practice.

This area for improvement has been met.

Previous area for improvement 4

The service should continue to develop and build a cycle of continuous improvement that supports positive outcomes for children and families and addresses the areas that parents and children feel need most improved, including monitoring and supporting staff practice.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

This area for improvement was made on 17 August 2022.

Action taken since then

The service had introduced quality assurance processes, but these were in the early stages of having an impact. Evidence showed some key aspects of quality assurance still needed to improve. More work was needed to ensure all children experienced consistently positive outcomes.

This area for improvement has not been fully 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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
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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