

Mid Gavin Nursery Day Care of Children

Mid Gavin Lodge
Beith Road
Howwood
Johnstone
PA9 1DL

Telephone: 01505 843 953

Type of inspection:
Unannounced

Completed on:
18 August 2023

Service provided by:
Mid Gavin Nursery Limited

Service provider number:
SP2009010310

Service no:
CS2009195007

About the service

Mid Gavin Nursery is a daycare of children service in the rural area of Howwood, Johnstone.

The service is registered to care for 21 children aged from zero up to two-years-old, 25 children aged from two to three-years-old, and 64 children aged from three-years-old to not yet attending school.

The setting has access to four playrooms, two toilets, and an office area over two levels. The service is close to local amenities and schools.

About the inspection

This was an unannounced inspection which took place on 9 and 10 August 2023. 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 29 people using the service
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were kind and caring in their interactions with children.
- Staff were in the process of developing as a team and were supportive of each other.
- Immediate action must be taken to ensure the use of surveillance does not compromise children's privacy and dignity.
- Improvements were required to infection prevention control practices to ensure all areas of the setting were safe and suitable for children and staff.
- Immediate action must be taken to ensure the outbuilding is safe and free from intrusive smells, damp, and mould spores.
- Immediate action must be taken to ensure the outdoor environments are free from all hazardous play resources and safe.
- The provider should prioritise making improvements relating to the requirements and areas for improvement within this report.

From this inspection we evaluated this service as:

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

How good is our care, play and learning?	2 - Weak
How good is our setting?	2 - Weak
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?

2 - Weak

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

Quality Indicator 1.1: Nurturing, care and support

We made an evaluation of weak for this quality indicator. Whilst we identified some strengths, these were compromised by significant weaknesses.

Staff responded to children's needs and offered support and reassurance where appropriate. We observed that interactions were warm, kind, and caring, and children were offered cuddles and support where required, to meet their individual needs. One parent commented, "Staff are approachable, friendly and caring."

Children enjoyed eating in an unhurried atmosphere and food choices were appropriate for children's individual cultural and dietary needs. However, there was little involvement of children in the planning and preparation of meal times. We observed that staff were task orientated which took them away from their interactions with children and that children were expected to sit for lengthy periods awaiting meals. We discussed with the service improving mealtime experiences to enable children to develop their independence skills and to use these daily routines as a rich opportunity to promote close attachments.

Routines were reflective of individual children's needs and family wishes. However, we discussed with staff the importance of being attuned to children who are communicating that they do not want to rest and would prefer to play. This would ensure children's individual needs were being met, and their wants and needs being listened to and actioned by staff, enabling them to feel valued and respected.

Children's overall wellbeing was not supported through effective use of personal planning. Children's personal plans did not always reflect their current needs and the support strategies to be applied by staff. As a consequence, staff did not always have sufficient information and understanding of the specific children to enable them to meet their daily needs. Personal plans should be reviewed and improved to ensure all children are supported to achieve their potential. We signposted the manager to a guide for providers on personal planning, to support the development of personal plans to ensure strategies for care and support are documented clearly. **(See area for improvement 1)**

There were inconsistencies regarding the management and administration of medication. We discussed with the service the importance of ensuring the administration of medication forms contain the relevant information, medications match the symptoms, and expiry dates specified on the medication forms. This would ensure medication is administered safely. The service had started to complete this prior to the completion of the inspection. **(See area for improvement 2)**

We observed that the use of closed circuit television and audio recording surveillance systems were in place throughout the service, and in some areas where children received personal care. The provider had not fully considered an impact assessment for the use of surveillance systems and the risks involved. They had not sought appropriate permissions from parents and staff, had not informed parents that footage and audio recordings could be accessed by the provider outwith the premises. Clear policies and procedures were not in place to ensure lawful use of the closed circuit television and recording surveillance systems. This significantly compromised children's privacy and dignity and immediate action must be taken to ensure children's safety.

(See requirement 1)

Quality Indicator 1.3: Play and Learning

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

Some children had limited opportunities to extend their learning and were not experiencing appropriate opportunities to support and consolidate their own learning through play. Where this was successful, children were supported to plant, grow, and eat their own vegetables. This enabled children to develop their knowledge and skills in how things grow and how to care for living things.

There were limited approaches in place to evaluate children's progress and achievements. Staff did not use information effectively to enable them to respond and plan appropriately to meet children's individual needs, including additional supports where required. For example, some children were interested in role play but were not supported to develop their ideas within their play and learning. The service should ensure they review planning processes to ensure they capture children's interests. This would enable children to develop their knowledge and skills as they engaged in experiences of interest to them which would then promote natural curiosity and problem solving. **(See area for improvement 3)**

Children could independently explore the indoor play environments which contained some open ended resources. However, not all children experienced learning that was relevant, personalised, or sufficiently challenging for their stage of development, and were displaying behaviours that indicated they were bored. We observed that conversations with children lacked structure and challenge, and missed opportunities to build on their interests.

The children did not have access to a range of high-quality resources to stimulate their creativity and imaginations. We observed that all playrooms lacked sensory and creative play opportunities, which resulted in children engaging in conflict over certain resources and materials. We discussed with the service ensuring children's interests are incorporated into the learning environment, and appropriate resources are made available to support children in their play and learning. This would enable them to independently develop their ideas and interests and provide progressions and depth in play.

Requirements

1. By 21 September 2023, the provider must ensure that surveillance systems, including closed circuit television (CCTV) and audio recording, is used safely and in a manner which respects the privacy and dignity of children and staff.

To achieve this, the provider must;

- a) ensure the use of surveillance systems including CCTV and audio recording devices are lawful, fair and proportionate, and used for purposes that support the delivery of safe, effective, compassionate and high-quality care;
- b) remove the use of surveillance systems from children's personal care spaces, including nappy changing areas;
- c) ensure all stakeholders, including new families, carers and staff, are explicitly informed about the use of CCTV. Written consent must be obtained for any surveillance that is intrusive of children, staff, and families' privacy;
- d) develop and implement a policy for the use of surveillance; and
- e) ensure information obtained or recorded through the use of surveillance must be kept secure, and anyone with authorised access to that information must understand their legal responsibilities.

This is in order to comply with Regulation 4 (1)(b) (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 care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used' (HSCS 2.7); and

'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).

Areas for improvement

1. The provider should ensure that all children receive nurturing care and support that is right for them and meets their needs. Effective use of personal planning should support children's overall wellbeing.

In order to achieve this, the provider must at a minimum:

- a) ensure personal plans are developed for all children attending the service within 28 days of attendance;

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

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. The provider should ensure that medication is stored and administered safely in line with Care Inspectorate's guidance, 'Management of medication in daycare of children and childminding services.'

To do this, the provider should, 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 completed accurately;
- c) ensure an audit of medication stored on the premises is completed and implemented as part of quality assurance arrangements; and
- d) ensure an appropriate monitoring system is in place to regularly check medications.

This is 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).

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).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses, and required immediate action to be taken.

Quality Indicator 2.2: Children experience high quality facilities

The physical environment did not have sufficient quality furnishings and equipment, and we observed that some areas of the setting were in disrepair rather than warm and welcoming for children. For example, we observed play room walls were stained, furniture pieces were worn and porous, and soft furnishings were needing replaced. Arrangements for monitoring, maintenance, and repair of the setting and resources were not effective. The service should improve their processes for maintenance to ensure they provide high-quality play and learning environments for children. We have asked the provider to submit to us a long-term plan for maintenance and environmental improvements, and have asked that this considers improving personal care spaces, furnishings, window coverings, play resources, and equipment. **(See area for improvement 1)**

The outbuilding contained damp, mould spores, and an intrusive smell which did not support the wellbeing of staff and children. Children accessed this area for physical activity, and staff for their breaks. We advised this area was not safe for children and staff and it should no longer be in use until these issues are eradicated to ensuring the wellbeing of all. **(See requirement 1)**

Some risk assessments were in place, however, these did not always support staff in identifying and removing risks to staff and children. They did not recognise when everyday items and areas posed a risk. As a result, children were at risk from avoidable harm. We identified areas within the outdoor area which posed a risk to children and staff. For example, wooden huts within the outdoor area had holes in them and the surrounding decking areas were damaged posing a risk to children and staff. We advised the service review the outdoor space and remove any items which pose a risk. We also advised these huts should be removed with immediate effect to ensure the area was safe to access. **(See requirement 2)**

Infection prevention and control practices did not follow best practice guidance, and children were at risk of infection spreading. We found areas within the learning environments were cluttered, toilet and changing area doors were wedged open and opened directly onto food serving areas and children's beds.

In addition, safe hand hygiene practices were not implemented throughout the service. Whilst there was some practice in place to reduce the risk of infections spreading, such as using a separate bedsheet for children when resting, we highlighted ways this could be improved. For example, cleaning the beds before and after use. Staff should ensure they are following appropriate infection prevention control procedures throughout the setting. This would ensure everyone was kept safe. On the second day of our inspection, management and staff had actioned some of our suggestions demonstrating willingness to improve.

Requirements

1. By 21 September 2023, to ensure the safety of children and staff, the provider must develop and implement a plan of the actions to be taken to ensure the outhouse is safe and free from intrusive smells, damp, and mould spores. The outhouse must not be used until it is safe and free from intrusive smells, damp, and mould spores.

This is in order to comply with Regulation 10(1)(a) (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

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

'My environment is safe and secure' (HSCS 5.17);

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18); and

'I experience an environment which is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

2.

By 21 September 2023, to ensure the safety of children and staff, the provider must ensure their outdoor environments are free from all hazardous play resources and safe.

To achieve this, the provider must:

- a) undertake a robust risk assessment of the outdoor play spaces to ensure all potential hazards and necessary control measures are identified;
- b) take action to ensure children do not have access to the three damaged play houses and their surrounding decked areas until they can be repaired or removed; and
- c) ensure staff are aware of their responsibilities in identifying hazards and maintaining a safe environment for children, and implement an action plan with clear identified responsibilities of staff to report broken and unsafe resources.

This is in order to comply with Regulation 10(1)(a) (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

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

'My environment is safe and secure' (HSCS 5.17);

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18); and

'I experience an environment which is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

Areas for improvement

1. To ensure children have access to high quality play and learning environments which positively impact on their care, play, and learning experiences, the service should develop a long-term plan for improving environments.

Action taken should include, but is not limited to:

- a) submit to Care Inspectorate a detailed plan for environmental improvements outlining timescales for improvements;
- b) implement a system to record the repair, maintenance, and removal of furnishings and resources which are worn and no longer fit for purpose; and
- c) ensure management and staff are confident with their responsibilities in reporting and recording maintenance concerns.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21); and

'I experience an environment that is well looked after and clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

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 improvements are well led

An improvement plan was in place which outlined current priorities for the year ahead. One of the priorities identified appropriate training 'planning in the moment' for all staff due to the number of new staff within the setting. This was planned appropriately to enhance and develop staff skills, and we saw evidence of meaningful discussions with staff regarding this from minutes of meetings. We would ask that this is reviewed to take account of all areas for improvement and requirements identified throughout this inspection. This would provide the service with a clear overview of tasks and timescales to be completed.

The culture of self-evaluation for improvement was at an early stage of development and had not resulted in sustained improvements through improvement planning. Some self-evaluation had been undertaken, however, this was infrequent and not robust to assure positive outcomes for children, families, or the service. Staff were not robustly using a reflection framework, such as, Care Inspectorate's 'A quality framework for daycare of children, childminding and school-aged childcare.' This would support staff to reflect on practice, implement and sustain improvements.

Staff were recruited safely in line with 'safer recruitment through better recruitment' and a monitoring overview was in place which outlined tasks to be completed monthly, however, this had not been implemented and therefore, was not effective. What monitoring had been carried out was not focused or consistent in order to support staff and highlight areas for improvement, although staff told us the current manager was supportive. Keeping monitoring observations focused would ensure staff were able to develop their skills within a specific context and provide better outcomes for children. This was an area for improvement from the last inspection in 2019, which has not been met, and therefore, we have repeated within this report. **(See area for improvement 1)**

Some consultation with staff and parents had been carried out, however, there was no evidence to demonstrate how this had led to improvements within the service for children or their families. Some parents disagreed they were involved in a meaningful way to help develop the service and their ideas and suggestions were used to influence change. A robust, more frequent approach to consultation which included all stakeholders, would ensure improvements were formed from the views and aspirations of people currently involved in or using the service. In addition, children should be fully involved in consultation processes. This would ensure they felt confident to initiate well-informed change and share responsibility for the process.

Areas for improvement

1. The provider should demonstrate to the Care Inspectorate that the service has reviewed and 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 should, at a minimum:

- a) improve communication methods with families to ensure all families are included within quality assurance processes, and ensure that relevant information is shared with families timely. This will ensure all parents feel well informed;
- b) 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;
- c) ensure self-evaluation processes are developed which include the introduction of formal systems that supports reflective practice across the setting; and
- d) ensure monitoring of staff practice, recordings, and children's play and learning experiences is regularly carried out to identify any areas for further improvement. This should include but is not limited to; the quality of children's personal plans, learning journals and play and learning experiences and environments.

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).

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

The newly appointed manager had built up positive relationships with staff and provided good role modelling relating to practice and interactions with children. Staff told us they felt supported personally and professionally by the manager.

Some staff were newly recruited and in the process of building up positive relationships with children and families. Staff supported each other and we observed staff who had been employed longer supported less familiar staff in their interactions with children. However, as many staff were newly recruited, this limited some children's opportunities to be cared for by staff that knew them well.

The service should ensure deployment of staff considers a mix of staff within playrooms in order to ensure consistency and continuity for children and parents. This would ensure children's individual needs were being met and they were being supported by a familiar adult.

(See area for improvement 1)

Some staff communicated well when a task took them away from their responsibilities, and used a communication diary to share information about children to ensure important information was shared. However, this was not consistent, as only some staff used this approach. To ensure effective communication, all staff should use the same system to ensure the effective sharing of information with colleagues and parents.

Maximising attendance was not well understood and we observed that staff were not encouraged to stay at home when unwell or unfit to work. Due to the high turnover of staff, children and families were not always advised when staff were absent and were not prepared for, or introduced to, temporary or new staff. One parent commented, "Staff turnover is high, introductions not always made and staff move between rooms" and "The staff turnover is crazy. My child doesn't usually know who is looking after him/her in his/her room each day as it is usually two permanent staff and lots of agency." Communication with families should be improved to ensure they know who is caring for their child each day. **(See key question 3, area for improvement 1)**

Areas for improvement

1. 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 should, 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) ensure that all staff, including when internal promotions apply, receive an induction which supports them to understand what is expected of them in their role;
- c) ensure staff deployment is consistent within all playrooms to support children to be cared for by staff that know them well;
- d) ensure that when staff are unwell or sick, they are supported to remain absent from work in line with health protection Scotland's exclusion periods and until well and fit to fulfil the role they are recruited to; and
- e) where staff have a physical or health need which limits their abilities to fully fulfil their role, a robust assessment of risk is carried out to ensure the safety and wellbeing of the staff member and children in their care.

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

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

Some staff working with the youngest children should attend formal professional training for example "Pre Birth to Three" and "Building the Ambition".

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional codes.' (HSCS 4.14)

This area for improvement was made on 13 June 2019.

Action taken since then

Some staff in the younger age groups had participated in pre-birth to three and realising the ambition training to further develop their knowledge and skills. Staff spoke knowledgeably about children's schemas, and wall displays were in place to promote and support newer staff's understanding.

Staff kept notes and reflections of skills learnt within notebooks to revisit and implement principles appropriately in practice.

Therefore, this area for improvement has been met.

Previous area for improvement 2

The manager should continue to monitor all areas of the nursery including the delivery of childcare.

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

4.19 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

and

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

This area for improvement was made on 13 June 2019.

Action taken since then

Some staff monitoring had been recorded, however, this provided an overview of the staff members in relation to a range of aspects and was not focused in relation to an observation of practice or staff/child interactions. This needs to be more focused with a specific aim in relation to the reason for the observation and monitoring purpose. This also needs to be consistent in order to support staff and highlight areas for improvement, and should tie in with staff improvements and identified training opportunities.

Therefore, this area for improvement has not been met. (See key question 3, area for improvement 1)

Complaints

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

Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	3 - Adequate
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
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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