

Treehouse Nursery - Uddingston Day Care of Children

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Type of inspection:
Unannounced

Completed on:
14 October 2023

Service provided by:
Firm of Treehouse Nursery

Service provider number:
SP2003001433

Service no:
CS2003006327

About the service

Treehouse Nursery provides early learning and childcare to a maximum of 52 children, of whom 18 children are aged under two years, 10 children aged two years to three years, and 24 children aged three years to those not yet attending primary school. The service is in partnership with South Lanarkshire Council to provide early learning and childcare. The service comprises of a two-floor building with children's playrooms positioned on the second floor. The premises has five playrooms, and also includes a kitchen, office and staff room. The service is close to local shops, amenities, and access to public transport. The premises has no designated outdoor space; however, is directly across from a public park and green space where children can enjoy a range of activities in the fresh air.

About the inspection

This was an unannounced inspection which took place on 12 and 13 October 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 children using the service
- spoke with five staff, the manager, and provider
- reviews feedback from 26 families and eight staff
- observed practice and daily life
- reviewed documents.

Key messages

- Children were happy and having fun.
- Staff had developed meaningful relationships with each other, children and families.
- The manager had implemented many supporting processes that focussed on staff continued learning and wellbeing.
- The staff team were creating opportunities for daily outdoor play at the local park and within the wider community.
- The staff team and manager engaged with the inspection positively and were keen to take forward any suggestions for improvement.
- The manager and staff should continue in their plans to invite parents into the building at the start and end of children's sessions.
- The provider should make improvements to the environment to ensure nappy changing is carried out in line with current guidance, best practice, and support children's privacy and dignity.

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?	4 - Good
How good is our setting?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

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

How good is our care, play and learning?

4 - Good

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

Quality indicator 1.1: Nurturing care and support.

Staff had good nurturing approaches. They were warm and caring in their interactions with children, knew children well, and responded to their personal preferences sensitively. Almost all parents who provided feedback strongly agreed, 'Staff know my child well, including what they like and what is important for their care'. This meant that children were being nurtured and supported by staff throughout their daily experiences.

Personal plans were in place, and were created in partnership with parents. They included a range of information about children's needs. We found all children had a personal plan in place within 28 days of starting the service. Almost all plans were updated when key information changed, and at a minimum of six-monthly. Although staff could describe children's individual needs and how they were met, this needed to be reflected better in some children's personal plans. Through the quality assurance process, the manager had identified that some plans were missing important updates. We suggested the manager carry out a more regular and robust personal plan audit to support the personal planning process to be robust for all children.

We found the storage and administration of medication to be in line with current best practice guidance. The management team were auditing this monthly. This meant when children required medication it was stored and administered safely.

Children's mealtimes were supportive to children's independence and wellbeing. Children in the younger age groups experienced warm and caring interactions with staff when receiving support with feeding. Within the older age groups children were fully involved in the preparation of lunch, they set up the tables with attractive table covers, plants, cutlery and crockery. We observed staff sitting with children supporting their interactions during the lunch time experience while children self-served their lunch and drinks. Lunch menus had been agreed in partnership with children and families and were nutritious. On the first day of inspection, children enjoyed butternut squash soup with a selection of sandwiches. Children who were having lunch appeared to enjoy the lunch on offer, one child said: "Oh it smells delicious." We concluded children benefitted from a staff team who valued the lunch time as a rich learning opportunity for children to build supportive attachments and develop their independence skills.

Children's safety, emotional security, and wellbeing were supported through sensitive arrangements for sleep routines. Children could rest or sleep at any time of the day. A safe sleep policy was in place along with safe sleep checks. All parents who provided feedback strongly agreed, 'My child is able to rest or sleep when they need to within an area that is comfortable and cosy'. This meant children could sleep safely and in line with their parental request and routines within their personal plans.

We found staff were confident in reporting child protection concerns. Child protection lead officers had been appointed. All staff had taken part in child protection training. We were satisfied that staff were aware and confident in their role and responsibility of keeping children safe and protected.

Quality indicator 1.3: Play and learning.

Children were having fun and engaged in a variety of experiences. We observed children joining in planned experiences that supported their language, literacy, and numeracy skills. A long-term seasonal plan, along with children's interests, were used to agree the planned experiences staff facilitated each day. There were some opportunities for children to lead their own play and learning through spontaneous play. We discussed with the manager and staff how they could further develop their planning approach to be more child led and responsive as staff observe children's learning to evolve in the moment. Further developing the approach to play and learning would further enhance children's right to play.

Children had regular opportunities for outdoor play at the local park and in the wider community. We observed children of all ages accessing the local play park throughout the two days of inspection. There were opportunities for risky and challenging play when climbing apparatus. Children were supported and guided by staff when needed. This meant children had ample opportunities to develop their physical skills, get access to fresh air, and extend learning links within their local community.

Within the planning approach, staff had designated areas of responsibility and planned experiences for children linked to curriculum frameworks and schematic play. We sampled learning journals and found staff were skilled in observation. Most observations analysed the learning taking place and highlighting key skills children had achieved. Staff planned next steps for children. We concluded the planning approach was informed by some current theory, evidence-based approaches, and was gathering children's progress over time.

How good is our setting?**3 - Adequate**

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

Quality indicator 2.2: Children experience high quality facilities.

Overall, the setting was well resourced, furnished well and homely for children. The rooms were bright and had windows that opened to support ventilation. Parents who provided feedback strongly agreed or agreed, 'Overall the setting was well resourced, furnished well and homely for children'. This supported children to feel valued.

Some opportunities to further involve parents in the life of the setting were missed. From Covid-19, parents were not given daily access to the building. Children were being dropped off and collected at the door. This meant that children were not experiencing an environment that fully included parents. The manager recognised the impact of this, and the importance of parental involvement and engagement. The manager should now implement the plans she had to increase parental engagement and invite parents into the building daily. This will enhance relationships and children's ownership of the environment.

The current nappy changing facilities and toilet areas require significant improvement. There were not enough changing stations for the number of children using the service, children under age two and children over age two shared the same changing facilities, and changing facilities were not welcoming and homely for children. Toilet facilities for children aged three to five years did not support children's privacy and dignity, as children could easily see into their peer's cubicle. To promote children's health and wellbeing, we signposted the manager to best practice guidance which is available on the Care Inspectorate Hub, including

the Scottish Government publication 'Space to Grow' and 'Nappy changing facilities in early learning and childcare services'. (See requirement 1).

Arrangements were in place for monitoring, maintenance, and repair of the building. Staff completed daily risk assessments. They highlighted a range of potential risks, and detailed clear mitigations and measures that were in place to support the environment to be safe. This meant children benefitted from being in a safe, secure and well-maintained environment.

We found the approach to infection prevention and control was inconsistent. Overall, well managed infection prevention and control measures were in place in line with current best practice guidance. The service had a clear infection prevention and control policy and procedures to reduce the spread of infection within the setting, including effective hand washing, and sanitising of nursery playrooms. In contrast to the good practice, we noted some rugs and soft furnishings needed deep cleaning or replaced, some paper items were stored in the bathrooms and dirty washing was not always stored safely. We highlighted these infection prevention and control issues with the staff and manager, and they began to rectify some of these on the second day of inspection.

We found the use of Closed Circuit Television (CCTV) to be fair, proportionate and protect children's dignity. It was only used for purposes that supported the delivery of safe, effective, and compassionate care for children. The use of CCTV was clearly detailed within the CCTV policy. Children's sensitive and personal information was stored in the office. Staff had access to this to support the care of children by requesting from the manager. We concluded children's information was securely stored and managed well.

Requirements

1. By 1 January 2024, the provider should submit an action plan detailing how they will make changes to children's toilet and changing facilities. To do this, the provider must detail within the plan how they will:

- a) ensure there are enough changing facilities for the registered number of children using the service
- b) ensure there is a separate changing area for children aged under two years
- d) ensure changing areas support children's personal care to take place sensitively, supporting privacy and dignity
- e) ensure toilet areas for children support privacy and dignity.

This is to comply with Regulation 4(1)(a) (Welfare of users) and 10(2)(d) (Fitness of premises) 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: 'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).

How good is our leadership?**4 - Good**

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

Quality indicator 3.1: Quality assurance and improvements are led well.

The manager had identified the service vision, values and aims did not reflect the great aspirations they had for high quality play and learning. This had been identified within the current improvement plan. The manager told us how future training and develop opportunities were planned to support staff understanding of current best practice guidance, theory, and evidence-based approaches. The plan detailed how this would support the development of a vision for the service that was highly informed by current best practice and evidence-based approaches.

The manager had a strong focus on wellbeing. Regular wellbeing initiatives that celebrated staff skills, achievements, and sustained their wellbeing were helpful to staff and created a caring and supportive ethos. This meant children benefitted from a staff team who felt cared for and empowered to provide practice that supports positive outcomes for children and families.

We found leaders had a good understanding of the importance of using the views of children and families to inform the planning and development of the service. The manager, depute and team leaders used regular questionnaires and evaluations to measure success and inform improvements. These were shared with children, and families through various forms such as "you said we did" wall and newsletters. This meant children and families were meaningfully involved and influenced change within the service.

Team leaders' roles were developed to support and improve practice. They had a key role in gathering evidence to support self-evaluation and guide staff with practice and personal development. Equally, team leaders were supported and guided by the manager and depute in their own practice and how they supported others. Parent feedback about the management team was positive; one person said: "I think the leadership team are great! So quick to respond to any questions." This meant strong leadership roles were supporting reflective quality practice that enables children and families to reach their full potential.

The manager and staff team were using Education Scotland's How Good is Our Early Learning and Childcare framework to quality assure and self-evaluate the service. A standard and quality report highlighted key strengths and achievements the service had made. Self-evaluation activity with staff and families had led to the development of a new improvement plan. This meant the manager and staff team had developed a self-evaluation approach that celebrated achievements and lead to continuous improvements.

The manager had a yearly planner that informed the gathering of key information across the year that quality assured the service practices and processes. The manager carried out many tasks informally. We recognised this was due to the manager being hands on, supporting and working alongside staff on the floor regularly. We found some gaps in the quality assurance systems, including a robust system for auditing personal plans, and lack of planned formal playroom practice monitoring. We signposted the manager to the Care Inspectorate's hub to support them with making improvements to the quality assurance processes.

How good is our staff team?

4 - Good

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

Quality indicator: 4.3 Staff deployment.

The management team recognised and valued the importance of ensuring the service was always appropriately staffed. The manager planned for room leaders to be outwith the ratio; this supported them in completing additional responsibilities placed upon them. This was having a positive impact on the staff deployment. Playroom leaders were carrying out tasks that supported children's individual needs and, developed the service.

Staff were deployed across the service in line with their skills and experience. We noted that modern apprentice staff were being guided and supported by qualified staff in a sensitive and respectful way. Staff provided positive feedback about their team work, one person said: "Every member of staff works well as a team with our main focus being the care, nurture and support given to our children to support them to grow into confident individuals". This was creating a flexible and supportive ethos where staff supported each other, working together as a team to benefit the children.

Staff caring for children were registered with the Scottish Social Services Council. They are the regulatory body responsible for registering the social services workforce. They provide public protection by promoting high standards of conduct and practice and support the professional development of those registered with them. We sampled staff recruitment files and found staff were recruited in line with best practice guidance. Staff told us they valued their induction with the manager. We signposted the manager to Scottish Government's Early learning and childcare - national induction resource to support the induction process to be further developed to include information on current best practice guidance.

We observed examples of communication and team working taking place. Staff told us they worked well as a team. Parents' feedback about the staff team was positive; one parent said: "I could not fault any member of staff within Treehouse nursery. The commitment, love and care they have for each child in the nursery is apparent and makes me as a parent feel content and comfortable leaving my child in their care." We concluded staff were working well as a team to meet children's needs and care for children safely.

Staff breaks were planned to minimise the impact on children whilst enabling staff to rest and be refreshed. Staff told us they had protected time off the playroom floor for observations. This enabled staff to plan for continued support, learning and progression for children.

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

To ensure medicine is administered and stored safely, with recording systems that support safer practice, the service should put in place a robust medicine management system in line with best practice guidance.

<https://hub.careinspectorate.com/media/1549/management-of-medication-in-daycare-of-children-and-childminding.pdf>

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, 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 22 March 2019.

Action taken since then

We reviewed the storing and administration records for medication during inspection. The service had a new system for managing medication. We found all medication to be stored and administered in line with current best practice guidance. Monthly medication audits had been implemented and we found these were supporting the management team to continually quality assure the medication systems.

This area for improvement has been met.

Previous area for improvement 2

To fully maximise children's play, learning and care needs in line with best practice guidance we recommend staff review and further develop the environment used by older children (Little Owls) the environment should:

- Be well organised and stocked with appropriate resources; for example, a selection of paper in different sizes, shapes and colours, cards and stickers which are relevant for children to use.
- Provide areas for children to engage in conversations, large and small groups.
- Be homely with comfortable areas to relax (where possible quiet and noisy play areas separated).
- Allow children to circulate freely, with enough space for group activities and free play.
- Be accessible to all.
- Provide sufficient space for activities requiring additional space (role play, construction or active play).
- Support children to achieve their potential in line with best practice guidance.

<https://www2.gov.scot/Resource/0045/00458455.pdf>

<https://education.gov.scot/Documents/btc1.pdf>

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, if I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishing to relax' (HSCS 5.6); and '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 22 March 2019.

Action taken since then

We found significant improvements had been made to the environment for children aged three to five years. The two play spaces were well resourced. Staff were providing experiences in line with children's interests and stages of development. During our observations, we noted all children were engaged in purposeful play, supported by an adult where needed. Children had a mix of resources and spaces that supported and encouraged them to be creative, build their key skills, interact with their friends, rest, and relax.

This area for improvement has been met.

Previous area for improvement 3

The principles and nine features of 'Pre Birth to Three; Positive Outcomes for Scotland's Children and Families' should be used to evaluate practice, plan improvements and promote an evidence based approach to the care and support of children under three.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, 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 22 March 2019.

Action taken since then

The planning for younger children was informed by 'Pre Birth to Three; Positive Outcomes for Scotland's Children and Families'. Staff took account of children's interests, stages of development and schematic play when planning for children's play and learning.

This area for improvement has been met.

Previous area for improvement 4

We recommend the service further develops its quality assurance systems to have clearer priorities which are focussed on outcomes for children. This could include:

- A clear and manageable monitoring calendar to look at the quality of provision.
- Periodic audits of recording systems to ensure they support the work of the service and keep children safe in line with legislative requirements.
- Reflection on staff practice and engagement with children.

- Proactive systems to source and research recent guidance and legislation.
- Clear action plans for staff to improve practice in any areas identified.
- Continued use of evaluative systems such as 'Building the Ambition' or 'How Good Is our Early learning and Childcare'.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

This area for improvement was made on 22 March 2019.

Action taken since then

The manager had implemented many systems to quality assure, self-evaluate and plan improvements for the service. Please see section 3.1: Quality assurance and improvement are led well where we have made reference to our findings during the inspection that demonstrate **this area for improvement has been met.**

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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