

Red Squirrel Nursery Day Care of Children

West Green Park
Liff
Dundee
DD2 5NF

Telephone: 01382 585 378

Type of inspection:
Unannounced

Completed on:
20 September 2023

Service provided by:
The Red Squirrel Nursery Ltd

Service provider number:
SP2006008490

Service no:
CS2006131515

About the service

Red Squirrel Nursery is a day care of children service, registered to provide care to a maximum of 71 children under 12 years at any one time, of whom no more than 24 are under 2 years of age.

The nursery operates from a purpose-built setting in the rural area of Liff, Dundee. The children are accommodated within five playrooms designated for different age groups of children. There is a small office and a separate small staff room. The children have access to fully enclosed outdoor areas that are accessible from most playrooms as well as an outdoor forest area within the grounds of the nursery. The nursery has a secure door entry system in place.

About the inspection

This was an unannounced inspection which took place on 18 and 20 September 2023 between 09:30 and 18:30. Two inspectors carried out the inspection.

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.

In making our evaluations of the service we:

- spoke with children and eight parents using the service
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children would benefit from staff recording strategies for their care and support in partnership with them as part of their personal care plan. This would promote a consistent approach and allow for achievements to be recognised and celebrated.
- The management of medication within the service required improvement.
- Levels of staff were not always adequate to ensure children's safety and wellbeing. While adult to child ratios were met, children's needs and the layout of some areas such as the forest area were not always fully considered when deploying staff.
- Children benefitted from staffs skilled interactions which supported children to feel safe and ready to play and learn. Staff took time to listen to children and were often seen at their level for maximum engagement.
- Some areas of the service were not fully secure which increased the potential for children to leave the service unattended. For example, objects were placed against low fencing which provided opportunities for children to climb over them if unsupervised.
- There had been a high number of accident and incidents over a period of several months. The monitoring and auditing of these was not effective in minimising risks to children's health and safety.

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

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| How good is our care, play and learning? | 3 - Adequate |
| How good is our setting? | 3 - Adequate |
| 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

Children were nurtured through daily experiences. Staff were seen to lead with warmth and kindness in their interactions. Parents supported this commenting that, "each staff member seems nurturing in their approach". This supported children to feel respected and cared for.

Children's wellbeing would benefit from more effective personal planning. Staff knew children well; they completed personal plans in partnership with children and parents to support positive information sharing. One parent said, "staff worked with myself and my husband to identify strategies to help [my child] feel comfortable and confident at nursery. They have been brilliant." However, the recording of such strategies was inconsistent as some personal plans lacked detail to ensure care and support was coordinated and effective. We signposted the management team to personal planning guidance to ensure staff record all strategies. This would ensure children receive consistent care that is right for them. **(See Area for Improvement 1)**

The service was working well to advocate for children's wellbeing through links with schools and other lead agencies. This supported them to get the support when they needed. Chronologies were not in place for children. We signposted the management team to 'Guide to Chronologies' to support effective practice. This would ensure children are safe and protected. **(See Area for Improvement 1)**

The management of medication required improvement. Most medication was being held for children without a reason, such as a specific illness or incident. This increased the risk of children being given treatment that was not safe or effective, as it was not always clear what medication was for. The monitoring of medication failed to identify medication that had expired and was no longer safe to administer to children. The management team were proactive in addressing these concerns and were committed to improvement. **(See Requirement 1)**

Children's meal and snack time experiences would benefit from more nurture and opportunities for independence. At times, some staff were more task orientated rather than sitting down with children and supporting them to socialise and learn new skills. Children did have some independence, for example, they could pour their own drinks and collect their own cutlery. They would benefit from being involved in the preparation of mealtimes to enhance their experience. Children in the preschool room had to sit for extended periods of time, either waiting to be served or for their friends to finish. This did not respect children's rights and created moments of restlessness, negatively impacting on a calm and unhurried experience.

Children requiring rest or sleep were fully supported to have a quiet, nurturing experience. Some bags which contained items such as used blankets, were not stored in line with best practice. This increased the risk of spread of infection. The management team were quick to respond to this and found suitable alternative storage to reduce risk of cross contamination.

Quality Indicator 1.3: Play and learning

Children received good quality play and learning experiences within the setting. They had fun exploring their own interests with the support of staff. Most children were fully engaged in a range of activities and games, such as imaginative play in the mud kitchen, water play and creative construction in the loose parts area. Parents were happy with staff's approaches to planning, as they could clearly see it followed the interests of their child. For example, one parent shared that they were asked to share their child's favourite songs, this was then shared with all children for all to enjoy. This promoted inclusion and empowered children.

Observations and a system for tracking children's next steps of development were being developed. Online learning journals were in place to capture children's individual experiences well and record next steps. As a result, some parents felt their child's development had benefitted greatly since attending. However, overall children's journals were inconsistent with a few having no observations for two months. This impacted the ability to track children's progression and identify next steps in play and learning. The management team, along with staff had identified learning journals as an area for improvement and were taking part in training opportunities and peer support, to further develop their skills and knowledge.

Children benefitted from staff's skilled interactions, which supported children to feel safe and ready to play and learn. Staff took time to listen to children and were often seen at their level for maximum engagement. Most parents strongly agreed that their child had opportunities to be involved in meaningful, interesting and fun play experiences. As a result, children were confident and secure in their environment.

Language, literacy and numeracy opportunities could be further developed. Children in the younger rooms benefitted from staff singing songs and were able to take part in activities that stimulated their language development. All children had access to planned activities, such as role play at the opticians, which focused on extending their literacy and numeracy skills.

Children would benefit from additional opportunities to explore language, literacy and numeracy as part of their daily experiences, for example, during snack or lunch times. Areas for play and learning did not always include books to support children's learning and interests. This would empower children to lead their own learning and build on their curiosities.

Requirements

1. By 6 November 2023, the provider must ensure children's medical needs are safely managed.

To do this the provider must at a minimum ensure:

- a) comprehensive medical protocols are in place for children who require them
- b) medical permission forms are fully completed by parents and carers prior to the administration of medication
- c) medication administered is accurately recorded
- d) staff are knowledgeable and competent in relation to the recording and storage of medication.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

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

Areas for improvement

1. The provider should review the paperwork relating to personal plans, to ensure that the information being recorded is meaningful, individualised and enables effective monitoring of children's learning, development needs and progress. This includes, but is not limited to chronologies and clearly detailed support strategies for all children.

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

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

Some areas of the service were not fully secure, which increased the potential for children to leave the service unattended. For example, objects were placed against low fencing which provided opportunities for children to climb over them if unsupervised. The local authority had raised the potential risks to the management team and while some objects had been removed, further risks remained. We signposted the management team to practice notes in relation to 'Look, Think, Act', also known as SIMOA. This would ensure full consideration is given to children's attachment with staff, staff practice in relation to supervision and the environment, to reduce risk to children. The management team were keen to address these as a matter of urgency to improve children's safety. **(See Requirement 1)**

There had been a high number of accidents and incidents over a period of several months. The monitoring and auditing of these was not effective in minimising risks to children's health and safety. As a result, children were at risk of serious harm. **(See Requirement 1)**

Infection prevention and control procedures were not followed to minimise the spread of any infections. Children were familiar with handwashing routines which help to reduce some risks. Some areas such as a food preparation room and nappy change space, were visibly unclean and presented significant infection risks to children and staff. The management team and staff acted promptly to clean the identified areas and implement improved cleaning procedures. Inappropriate items were stored within the disabled toilet, increasing the risk of spread of infection further. Whilst the management team and staff responded quickly to our concerns, robust infection and prevention procedures must be embedded and sustained to ensure the health and safety of all children and staff. **(See Requirement 2)**

The setting was well furnished, comfortable and homely. Staff had successfully created attractive spaces for children to engage in natural and open-ended materials. Consideration had been given to the lighting and decoration, to promote a calm nurturing environment for children to feel welcomed and comfortable.

The indoor environments were developmentally appropriate spaces and included a variety of fun and engaging toys and games. Children were supported by staff who recognised the value of schematic play. Staff skilfully incorporated opportunities within most rooms to promote a sense of wonder and stimulation for children.

Requirements

1. By 6 November 2023, the provider must ensure children are kept safe, both indoors and outdoors.

To support this improvement the service should at a minimum ensure:

- a) Staff are fully aware of the factors which raise the potential risk of children leaving the environment unsupervised and take action to prevent any occurrences.
- b) Robust risk assessments and audits of accidents and incidents are implemented to ensure areas for improvement are identified. Effective mitigations must be put into place immediately, to reduce risk of harm to children and staff.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My environment is secure and safe.' (HSCS 5.19)

2. By 6 November 2023, the provider must improve children's health and safety, by promoting and embedding effective infection prevention and control practices.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My environment is secure and safe.' (HSCS 5.19)

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

A shared vision, values, aims and objectives positively informed practice. They were reflective of the service, promoting their strong outdoor ethos and commitment to nutritious snacks and mealtimes for children. The management team recognised the importance of continually evaluating these, to ensure they were right for children and families using the service.

Children and families were involved and influenced some changes within the setting. Parents commented that, "seniors, room heads and management are always extremely helpful". As a result, parents could be confident that they would be listened to and supported. Children were consulted in matters that impacted them. For example, their views and ideas were being sought on a new logo for the service. Children had the opportunity to share their designs and be included within the change. This promoted inclusion and respect.

Quality assurance, including self-evaluation and improvement plans were in place. Checklists were completed regularly to show that observations and monitoring were carried out. However, these did not always include robust evaluations resulting in significant gaps in the quality assurance system, such as the monitoring of medication and accidents and incidents. This impacted on management's ability to fully identify inconsistencies in practice or highlighting as areas for improvement. **(See Area for Improvement 1)**

An improvement plan was in place; however, it did not include clear measurable goals to raise standards within the service. This provided limited opportunity for children, parents or staff to follow improvements or reflect on their impact. We signposted the management team to bitesize sessions such as 'Identifying a Quality Issue' and 'PDSA Cycles' as part of the early learning and childcare programme, to enhance their knowledge and understanding of quality improvement.

Areas for improvement

1. To improve outcomes for children the manager should ensure that robust quality assurance systems are in place, to effectively monitor children's play and learning experiences, monitor of staff practice and evaluating and improving the nursery as a whole.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards (HSCS) that state: '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.

Quality Indicator 4.3: Staff deployment

Staff were welcoming, engaged well in the inspection process and were open and honest during discussions. Most parents told us they felt they received good support from staff, which resulted in a positive impact on their children. One parent shared that the service had a, "lovely staff team [who were] always very friendly at drop off and pick up".

The initial induction consisted of an extensive list of activities. This included an 'induction and health and safety checklist' and a 'new start training and policy review'. This was completed over the course of two days, which did not always provide staff time to process and reflect on the information provided to them. This could have the potential to compromise children's care, play and learning. We signposted the service to the 'National Induction Resource' and the 'Scottish Social Services Council (SSSC) Mentoring Guide' to support them in this area of development. Further support was given to new staff through monitoring their practice, which was completed by room leaders over a period of time. This enabled them to identify staff's strengths and possible areas for future professional learning. This supported staff to reflect and develop their practice to provide good quality care, play and learning experiences for children. **(See Area for Improvement 1)**

Levels of staff were not always adequate to ensure children's safety and wellbeing. While adult to child ratios were met, children's needs and the layout of some areas such as the forest area, were not always fully considered when deploying staff. This compromised their ability to effectively supervise children as well as help children manage risks and feel secure in their setting. **(See Area for Improvement 2)**

Staff felt they worked well to support each other during difficult or stressful times. They were flexible to share tasks, to lessen disruption on children's experiences. This promoted a positive ethos within the setting. A few parents commented, that staff were not always fully aware of what their child had done today because of a lack of communication between staff. This impacted on the quality of information sharing at handovers for families when collecting their children.

Areas for improvement

1. To ensure children receive high quality care, play and learning the provider must implement and embed a robust and effective induction, that ensures consideration is given to children's care, play and learning needs.

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)

2. To support children's care and support the provider should improve staffing arrangements, to ensure children's individual care and support needs are considered.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS, 4.14)

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

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| 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 |

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|---|--------------|
| How good is our setting? | 3 - Adequate |
| 2.2 Children experience high quality facilities | 3 - Adequate |

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| How good is our leadership? | 3 - Adequate |
| 3.1 Quality assurance and improvement are led well | 3 - Adequate |

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|-----------------------------|--------------|
| How good is our staff team? | 3 - Adequate |
| 4.3 Staff deployment | 3 - Adequate |

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