

# Thrive Childcare and Education Corner House Nursery Stirling Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
3 November 2023

**Service provided by:**  
Thrive Childcare and Education  
Limited

**Service provider number:**  
SP2003002955

**Service no:**  
CS2003045968

## About the service

Thrive Childcare and Education Corner House Nursery Stirling, is registered to provide care to 82 children aged from birth to those not yet attending primary school.

Care is provided from a two storey detached property, located within a residential area of Stirling. The service is situated close to shops, parks and other amenities. At the time of the inspection children were cared for across the lower level of the premises only and the manager's office had been relocated to the upper level. All children have access to gardens surrounding the building.

## About the inspection

This was an unannounced which took place on 2 and 3 November 2023, between the hours of 9:15 and 15:00. 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 and received feedback from 14 of their family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Children were happy, settled and confident in the setting.
- Staff had warm and caring interactions with children, helping them feel safe and secure.
- Children experienced a relaxing and sociable mealtime, which helped support their wellbeing.
- Staff deployment had improved since the last inspection, which helped ensure the wellbeing and safety of children.
- More toys and materials were needed to help children develop their curiosity, creativity and imagination.
- To create a comfortable and homely environment for children, upgrades to furnishings, fittings and toys were needed.
- Free flow access to outdoors supported children wellbeing.
- Staff communicated well with each other helping create a positive environment for children.
- Managers should continue to review processes for communicating with families to share information about children's care and learning.

## 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

Children were settled, happy and confident in the setting. Staff used kind and caring interactions helping children feel loved, safe and secure. One child told us, "I can get cuddles when I want them, I love a cuddle." Most parents told us they were happy with care given to their children and one parent commented, "We are delighted that the nursery has changed for the better and feel much happier. We love the flexibility it provides and the staff team now are all lovely and really great with the kids."

A variety of systems were in place which supported communication with families. For example, online platforms and questionnaires. Families were welcomed into the service, helping to foster positive relationships. One parent told us, "[Staff] keep you informed with how their [child's] day has been." However, this was not consistent and some parents told us they would like more information about their child day and learning experiences. One parent told us, "I think it would be beneficial to have regular play and stay sessions so you can see what toys they have access to".

At the last inspection we made an area for improvement about communication with families about their child's care and learning. Although, at this inspection we found a positive start had been made on actioning this, a more consistent approach was needed to share children's learning and development. We discussed this with the service and they shared their plans for improvement. This included offering parent meetings, stay and play sessions and ensuring staff have time to update learning journals.

Staff knew children well and shared information with each other, helping ensure they could meet their needs. All children had personal plans in place that gathered detailed information to help meet their health, care and learning needs. The service were in the process of introducing new paperwork to help make plans more meaningful for families. Moving forward staff should ensure they review information gathered, to help identify relevant next steps and strategies to support children's progress.

Children were supported by staff to express their wants and needs through the use of visual aids and 'Makaton', which means using signs and symbols to support communication. This meant that children's voices were heard, and their needs respected. Additionally, detailed strategies to support children with additional support needs were in place and reviewed regularly with families. These helped children to reach their full potential.

Children's personal care was carried out sensitively in response to their needs. For example, regular nappy changing and cleaning their face and nose. This helped ensure their comfort and respected their rights.

Children experienced a relaxed and sociable mealtime, which helped support their wellbeing. Children were consulted about the menu, which took account of their preferences and dietary requirements. Staff sat with children and offered nurturing care to babies who were bottle fed. This ensured children were well supervised to help minimise risks of choking and helped strengthen attachments. Older children were developing skills for life as they selected and self-served their food and poured their own drink, developing their independence. Staff should continue to reflect on the mealtime experience to help promote rich

opportunities to support communication and language development.

Children could sleep and rest in response to their needs. Their emotional security was supported through routines that promoted good sleep habits. This helped support their wellbeing to ensure they were refreshed. Staff had undertaken safe sleeping training which helped ensure children's comfort and safety. We suggested that as the baby room had increased in size, staff could review the best placement for cots to help ensure a quieter sleeping environment.

We reviewed the medication systems in place and we were satisfied that this was in line with best practice guidance. Medicine could be safely administered when required which supported children's health needs.

### **Quality indicator: 1.3 play and learning**

Children had fun as they participated in a variety of experiences that reflected their interests. For example, creating treasure maps, collecting and categorising autumn leaves, and playing in sand and water. One child told us, "I like playing in the garden, especially running".

Staff sensitively engaged with children to help extend their play ideas. Great fun was had playing hide and seek and making bubbles. This supported children's science and mathematical opportunities. The use of questioning and suggestions supported children to extend their ideas, developing their learning. For example, 'why don't we try', 'look, we are filling it to the top'.

The routines of the day allowed plenty of time for children to play. Free-flow access to outdoors enhanced children's opportunities for choice and exploration. One child told us, "I can go outside and play whenever I want, even if it's rainy." Children were able to transport materials to develop their ideas. For example, moving baby dolls from the home area to the water tray to bath them.

Consideration to the development of children's literacy and numeracy was evident across the service. Staff skilfully introduced these concepts to play through singing, reading stories, questioning and incorporating counting into games.

Children could have been challenged further through access to more toys and materials. We found that some areas needed more to support children to be curious, creative and imaginative. For example, more sensory toys were needed to ensure developmentally appropriate experiences for babies. We refer to this further under key question two.

Overall, planning approaches supported children's play and learning. Plans were responsive to children's interests, ensuring they were motivated to learn. For example, an interest in singing had prompted staff to make song bags for children.

## **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 improvements to the setting created a welcoming environment for children and families. For example, decluttering the foyer area and brightening corridor spaces. Staff welcomed families warmly, creating a

positive environment. Each child had a peg and space to keep their belongings, valuing them as individuals. This helped ensure that they felt a sense of belonging.

Children benefited from large bright playrooms which provided plenty space for them to play and relax. Direct access to outdoors promoted children's choice and supported their physical and mental wellbeing.

Children's safety was promoted through a variety of measures. These included secure entry systems, good supervision and safe storage of hazardous materials. There were systems in place to report maintenance issues to the provider. However, some issues could have been repaired in a timelier manner to support children's wellbeing. For the example, ventilation in a nappy changing room had been broken for two months. We were satisfied that this had been addressed before the end of the inspection.

Some infection control practices promoted a safe environment for children and families. For example, regular handwashing and general cleaning of surfaces. However, further measures were needed to prevent the potential spread of infection. For example, wooden feeding chairs and changing units were worn, meaning they could not be hygienically cleaned and some areas required soap and paper towel dispensers. (See area for improvement 1).

To ensure that children receive care in an environment that makes them feel like they matter, improvements were needed. Many furnishings and fixtures were tired, worn and needed to be replaced or refurbished. One parent told us, "the rooms could do with updating in some areas." Further consideration was also needed to the volume, quality and presentation of toys and materials. Many areas needed more resources to support children to independently lead their learning and develop their curiosities. This was reflective of what staff and parents told us. One parent commented, "more outdoor toys would be good" and a child told us "I like the books, but we could get some better ones". (See area for improvement 1).

## Areas for improvement

1. The provider should ensure that children receive care in a clean, well looked after and well maintained premises. This should include, but is not limited to, improving the quality of furnishings, fixtures, toys and materials.

This is to ensure that care and support is consistent with the Health and Social Care Standard's (HSCS) That states: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. (HSCS 5.24)

## 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 improvement are led well.

The management team promoted organisational values of placing children at the heart of their work and developing teamwork. This ensured that staff were focused, motivated and enthusiastic about providing high quality care and support to children. One parent told us, "We are delighted that the nursery has changed for the better and feel much happier. We love the flexibility it provides and the staff team now are all lovely and really great with the kids".

Staff spoke positively about the support they received from leaders. This included the opportunity to discuss their work and reflect on training needed. Management agreed that further opportunities to meet as a whole team would increase the opportunity to discuss issues that affect children more widely.

A positive start had been made on involving children and families in developing the direction of the service. Tools such as, a parent's question of the month and development of a parent group supported staff to gather information about what families needed. One parent told us, "Recent parent group meetings have involved us in developing the nursery" and "The team is very open about where the nursery is at and what they are doing to improve. They are keen to have parents/carers involved in decision-making and idea-sharing and are very receptive to feedback." Management and staff should continue building on this to ensure continuous improvement.

Self-evaluation had begun supporting the delivery of high-quality care and support. Staff were reflecting together about the quality of children's experiences and had identified changes that were needed. To ensure that changes impact positively on outcomes for children, staff should reflect the quality of provision against best practice guidance.

Quality assurance promoted positive outcomes for children and families. For example, reviewing accidents and storage and administration of medication promoted children's health and safety. To further promote a clean and well-maintained premises, more monitoring of the environment was needed. In these areas improvements were needed to support children's health and wellbeing. Managers told us they planned to visit other establishments. We agreed this was a good idea. Spending time in other settings provide valuable opportunities to share practice.

## 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

Staff were positive, happy and committed to ensuring good outcomes for children and families. One parent told us, "staff are very happy/smiley and very easy to talk to." The service was appropriately staffed to ensure the wellbeing and safety of children. Consideration to staff rotas and key worker systems promoted continuity of care for children. Parents told us, "[staff] care a lot about the kids in their care and have strong bonds with them" and "great staff who are warm and welcoming."

Staff were committed to their ongoing learning and had participated in training that contributed to keeping children safe. For example, child protection, food hygiene and fire safety. The manager agreed that more child development training would upskill staff and a training calendar was in the early stages of being developed to support staff in their role.

Parents and carers were welcomed into the setting and had the opportunity to chat informally at drop off and collection time. Additionally, posters displayed on playroom doors provided parents with information about staff caring for their child. Arrangements for managing staff absence helped ensure minimum disruption to children, supporting their care and attachments.

The service was appropriately staffed across the day to ensure that children's needs were met. This

contributed to good care, support and play experiences. The addition of daily support workers ensured that children were supervised well at busier periods such as mealtimes.

To enhance family involvement and completion of other tasks that impact positively on children, staff deployment could be further considered. For example, time should be scheduled in for staff to complete children's learning journals.

Recruitment processes helped ensure a safe environment for children. Staff benefitted from induction procedures which provided them with important information which supported them to provide care to children. This included safety procedures and child protection training. More opportunities to reflect on progress during the induction would strengthen development of staff skills.

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

### Requirements

#### Requirement 1

By 27 March 2023, the provider must ensure that children's care, wellbeing and safety needs are met by the right number of people.

To do this, the provider must, at a minimum:

- a) Ensure there are enough staff employed in sufficient numbers to meet children's needs.
- b) Ensure staff are deployed in a way that meets children's needs.

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 state that: "My care and support meets my needs and is right for me" (HSCS 1.19) and "My needs are met by the right number of people" (HSCS 3.15).

**This requirement was made on 9 March 2023.**

#### Action taken on previous requirement

At this inspection, sufficient staff were employed in numbers to meet children's needs. Since the last inspection a detailed review of staff deployment had taken place. This had impacted on several positive changes including, more staff in numbers, good distribution of skills and knowledge and development of a key worker system. This meant that staff were available to respond to children, ensuring their health, safety and wellbeing needs were 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

To ensure that children are supported to achieve, the manager and staff should develop approaches to communicating with parents and carers about their child's individual needs, learning and care.

This is to ensure that care and support is consistent with the Health and Social care Standards (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18), and 'my care and support is consistent and stable because people work together well'. (HSCS 3.19).

**This area for improvement was made on 27 January 2022.**

**This area for improvement was made on 22 January 2022.**

#### Action taken since then

Children were supported to develop through personal wellbeing and learning plans. For some children, their progress was recorded on online learning journals. However, frequency of learning journal updates were variable across the service. This meant that some families were not well informed of their child's development progress and needs. **Therefore, this area for improvement has not been met and will be followed up on at the next inspection.**

#### Previous area for improvement 2

To improve the quality of children's experiences, the manager should further develop quality assurance processes that identify strengths and areas for development, and support improvement of the service.

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

**This area for improvement was made on 27 January 2022.**

#### Action taken since then

Quality assurance had impacted positively on improvements at the setting. Where self-evaluation and auditing identified an area for improvement, action was taken to address them. This meant that children were experiencing a service that was continually improving. **Therefore, this area for improvement has been met.**

#### Previous area for improvement 3

To ensure that children receive high quality care, the provider should ensure that staff are trained, competent, skilled and able to reflect on practice.

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).

**This area for improvement was made on 27 January 2022.**

## Action taken since then

Staff had the skills and knowledge to provide good quality care and support to children. They had attended training that had developed their understanding of how to keep children safe and were aware of best practice publications that supported their work. **Therefore, this area for improvement has been met.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## 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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