

# Thrive Childcare and Education Happitots Boddam Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
9 November 2023

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

**Service provider number:**  
SP2003002955

**Service no:**  
CS2015341689

## About the service

Thrive Childcare and Education Happitots Boddam is registered to provide a care service to a maximum of 58 children at any one time aged from birth to not yet attending primary school, of whom no more than 11 are under two years of age.

The service has three dedicated playrooms and access to an enclosed garden area. The service is also close to parks and other amenities.

## About the inspection

This was an unannounced inspection which took place on 7 and 8 November. The inspection was completed on 9 November when feedback was shared with the service. 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 registration information, previous inspection findings, information submitted by the service and intelligence gathered since the service was registered.

In making our evaluations of the service we:

- observed practice and daily life
- spoke with children, management and staff
- reviewed documents
- received feedback from eighteen families.

## Key messages

- Interactions between staff and children were warm and caring.
- Children were happy, settled and having fun.
- Attention to detail such as homely touches and decoration could be improved to ensure children regularly access a high-quality environment.
- Planning and learning experiences were based around children's interests and were child led.
- Quality assurance processes should continue to be improved and embedded.

## 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?	4 - Good
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/people and clearly outweighed areas for improvement.

### Quality Indicator 1.1: Nurturing care and support

Children were cared for by staff who showed warm and nurturing approaches, which made children feel welcome and supported positive relationships to form. As a result, children were happy, settled and confidently approached staff. Where children required support with personal care, interactions were warm, caring and nurturing. Parents told us, "This is a great nursery. The staff are amazing with the children" and "Brilliant, enthusiastic staff who really care about my child's needs". One staff member told us, "We work well as a team and every staff member has good bonds with the children".

Children were offered nutritional, well-balanced meals and snacks that followed best practice and fresh drinking water was available in the 2's and 3-5 room to support children to stay hydrated. Staff demonstrated a good knowledge of children's allergies, intolerances and preferences. These were well managed with the use of colour coded cards at mealtimes. Children's involvement and learning new life skills had been considered. For example, children were encouraged to self-select their own snacks, spread their own toast and pour drinks. We also observed children helping staff set up meal spaces, carrying plates and clearing tables afterward. This promoted life and responsibility skills. Staff supervised children well in all rooms and sat with them during mealtimes which promoted social and language skills.

Children's wellbeing was supported through personal planning which took into account the SHANARRI wellbeing indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included). Information recorded about children's family life, medical needs and interests helped staff to provide individualised care. For children who required any additional support, care plans identified children's needs and strategies were in place to support them. Good relationships with other health professionals helped support children's needs and as a result, children were secure and settled. Staff could confidently speak about the strategies in place to support children, however, these were not always consistently being used in practice. Personal plans on the whole were completed fully and were being regularly reviewed with families. We advised that when plans were reviewed any changes should be documented clearly to support continuity and consistency of care.

Children's medical needs were well understood by staff. Medicine was delivered in a safe and sensitive manner, supporting children's health and wellbeing. We noted a few small anomalies in paperwork and discussed with the management team the importance of in-depth auditing of medication to support children's safety and wellbeing.

Staff were clear on their responsibilities around child protection and were clear on the process to follow should they have any concerns. Chronologies were used effectively to record significant events in a child's life that may impact on their health and wellbeing and other agencies had been contacted when necessary. This meant families were provided with support and help when required.

Children's safety and wellbeing was supported through sleep routines. Children were monitored at regular intervals promoting safe sleep practice. Family's preferences were taken on board and safe sleep guidance had been shared with parents. Although there was no designated sleep area in the 3-5 room, staff had

created a self-regulation area to support any children who wished to rest or sleep.

### Quality Indicator 1.3: Play and learning

Children were leading their own play, having fun and engaged in their play. On the whole, a wide range of resources were available for children to support their play. Babies and children freely explored the resources available, where staff supported and extended play. In the 2-3 room children benefitted from an environment that supported their interests and as a result they were engaged in their play and learning. In the 3-5 room children enjoyed stories with staff, building in the construction area and playing in the sand tray.

Children enjoyed playing outdoors where they had fun splashing in the puddles and being physically active. Staff were also observed engaging children in fun and laughter through chasing games and creating role play opportunities outdoors. Baby room staff shared they did not often use the outdoor area due to it being so wet, however, they tried to take the babies to the local park to play on the swings. Staff from the 3-5 room shared that free flow play to outdoors was not in place at the moment. We asked the manager to consider ways in which all children could access the outdoor area more regularly and for longer periods of time through the day to support them to develop their physical skills.

Planning approaches were child centred and responsive to children's interests. For example, a child had shown an interest in skeletons and staff had resourced an activity to support the child's interest. Staff also engaged children in song and dance after identifying children's preferences.

Observation of children's learning and development on the whole were good and identified learning and next steps. We discussed with management the importance of ensuring observations were regular, learning was evaluated meaningfully and next steps that were identified were consistently progressed. Tracking of children's development was at the early stages of being developed. This will support staff to identify any children who may require any additional support to help them fully achieve their potential.

We saw some use of effective questioning from staff, and experiences like story time, mark making and singing were helping to support children's early literacy. Staff modelled speech to children throughout the day, sitting with children during play which supported language development. Good discussions took place about songs, colours and textures with children. A parent told us, "It's great. My child is really happy there and I feel like they have progressed well".

Staff shared they regularly took children on walks around the village including visits to the harbour and parks. Trips to the library were in place and we observed children going on outings during the course of inspection.

### How good is our setting?

### 4 - Good

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

### Quality Indicator 2.2: Children experience high quality facilities

A noticeboard in the reception area displayed relevant policies for parents and staff photos to support families to identify newer staff.

There was ample space for children indoors and rooms were furnished to a good standard. Family photos displayed on the walls provided children with a link between their own home experiences and nursery. The manager acknowledged that by adding touches such as soft lighting would help create a more welcoming space.

Play spaces reflected some children's interests and promoted curiosity. Toys and materials were easily accessible, stored in shelves, baskets and units at children's level. This supported them to lead their learning and make choices about their play. The use of natural open-ended resources and creative materials within the indoor and outdoor environment supported children to explore their curiosity and develop problem solving skills.

The larger outdoor space supported children's gross motor skills through climbing, throwing and lifting objects. Children clearly enjoyed being outdoors and told us that they liked, "playing with sticks", "jumping over things" and "balancing". We discussed with the management team how the youngest children would benefit from more appropriate spaces to play outside.

Risk assessments were in place and had been regularly reviewed and added to, to support a safe environment for children. Arrangements were in place for maintenance and repairs within the setting, and on a whole children's safety and wellbeing had been considered. We had some concerns that we shared with management. This included the storage of cleaning products in one of the playrooms in an unlocked cupboard which could be accessible to children. These concerns were taken on board by management and resolved during the inspection process.

We shared with management that the environment was looking a little tired. For example, walls were scribbled on or marked at children's level in all the rooms and some displays were torn. We asked management to consider making small improvements to ensure children regularly access a high-quality environment.

Children experienced a clean environment and children, and staff were observed regularly washing their hands. Nappy changing on the whole was completed following infection prevention and control best practice. We asked the manager to ensure that personal protective equipment was stored following best practice to minimise the risk of cross contamination.

## How good is our leadership?

4 - Good

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

### Quality Indicator 3.1: Quality assurance and improvement are led well

The service had a vision, values and aims which included nurturing each child's individual qualities, needs, potential and growth. Management had shared that they planned to review the vision, values and aims to ensure they were right for current children and families using the service.

Parents were welcomed into the building and good relationships were evident. Parents spoke positively about communication from management. Some views of children and families had been sought through questionnaires to support developments of the service. The service should continue promoting opportunities for the nursery staff, children and families to provide their feedback. This would help to ensure that changes are reflective of the needs of children and families.

Self-evaluation using the Care Inspectorate's 'A quality framework for daycare of children, childminding and school-aged childcare' was in place which identified key strengths, risks and areas to develop. This was used as the services improvement plan. We suggested that any improvements made could be clearer with the impact and outcomes for children clearly identified.

Following the previous inspection, the service had made good progress in improvements required around medication processes and staff skills, knowledge and values. Some monitoring of staff practice was being undertaken which was having a positive impact on interactions. We would suggest this should be more focussed, regular and on individual staff to support upskilling of staff and improved experiences and outcomes for all children.

Audits of paperwork including medication and personal plans were taking place. We identified a few inconsistencies and would encourage a more in-depth approach. Quality assurance processes should continue to be improved and embedded to ensure children have a safe, comfortable, and engaging early learning experiences.

Staff had been recruited following safer recruitment guidance. Management had identified that the staff induction content could be developed to support a more knowledgeable and confident staff team. The national induction resource was in the early stages of being used. Newly recruited staff told us that they had been made to feel welcome. We encouraged more regular check-ins with newer staff to support their confidence and knowledge.

### How good is our staff team?

4 - Good

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

#### Quality Indicator 4.3: Staff deployment

Staff shared they had access to regular core training including child protection, first aid, and health and safety which enabled them to keep up-to-date with current best practice. Staff discussed training they had participated in with some evidence of this being evaluated.

There were sufficient numbers of staff across the day to meet adult:child ratios and to speak with families during drop off and collection. This supported good relationships with children and families. A few parents commented that they received very little information from staff about their child's day during handovers, however, the handovers we observed were positive and informative. We asked management to consider this to help ensure effective communication.

Staff absences or breaks did not impact on children's care across the day. Senior staff were available to cover lunches and absences and staff had been recruited to support over the lunchtime period. Staff worked together to ensure effective supervision of children through transition times including lunch and sleep time.

Staff communicated well together to ensure children's wellbeing was considered. Staff shared with us, "As a team I think all rooms look out for each other and help each other out if needed." This created a welcoming environment for children and families. Regular team meetings and huddles were taking place to

ensure children's needs were considered. A parent shared, "The staff are lovely and friendly; our son absolutely looks forward to going in every day."

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

### Requirements

#### Requirement 1

By 1 August 2022, the provider and manager should make improvements to the medication processes within the service to ensure they comply with Care Inspectorate's guidance; "Management of Medication in Daycare of Children and Childminding Services".

The provider and manager must ensure, but is not limited to:

- a) ensuring medication is stored safely as per current guidance, and staff understand all children signs and symptoms;
- b) ensuring staff know where and what medication is for and can quickly locate the medication and follow the appropriate consent and dosage instructions; and
- c) ensuring effective quality assurance processes are in place and monitored by management to ensure the safe management of medication.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/10) Regulation 4 (1)(a)

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

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

**This requirement was made on 15 July 2022.**

#### Action taken on previous requirement

Children's medical needs were well understood by staff. Medicine was delivered in a safe and sensitive manner, supporting children's health and wellbeing. We noted a few small anomalies in paperwork and discussed with the management team the importance of in-depth auditing of medication to support children's safety and wellbeing.

#### Met - within timescales

#### Requirement 2

By 1 August 2022, the provider must ensure all staff can confidently and competently manage child protection concerns. This should include but not limited to:

- a) all staff having a clear understanding of their responsibilities including where and how to refer any concerns on to lead agencies; and
- b) all staff know where and how to locate child protection information.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/10) Regulation 4 (1)(a)

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

**This requirement was made on 15 July 2022.**

**Action taken on previous requirement**

Staff were clear on their responsibilities around child protection and were clear on the process to follow should they have any concerns.

**Met - within timescales**

**Requirement 3**

By 1 August 2022, the provider must, but not limited to:

- a) ensure staff have the basic skills and knowledge to support children wellbeing and safety;
- b) ensure there is a clear overview of staff's induction; and
- c) ensure all newly recruited staff has a plan in place which includes reflection and learning of training completed.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/10) Regulation 4 (1)(a)

This ensures 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 requirement was made on 15 July 2022.**

**Action taken on previous requirement**

Staff had accessed core training including child protection, first aid and health and safety. The national induction resource was in the early stages of being used, however, were now reflecting on their learning and training.

**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

Some staff had basic knowledge of best practice documents and we encouraged management to carry out further robust monitoring and tailored support with newer staff. We encouraged management to build upon their quality assurance systems to include formal monitoring of playrooms and practice. This should include encouraging staff to formally record and start evaluating their training, learning and reflections and to show how it's impacting on their practice consistently.

This is to ensure 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 15 July 2022.**

#### Action taken since then

Some monitoring of staff practice and experiences was being undertaken which was having a positive impact on interactions.

Staff were more knowledgeable as a result of ongoing reflections of training and practice.

**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?	4 - Good
2.2 Children experience high quality facilities	4 - Good
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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