

Inspection report

Careshare At Oaklands Day Care of Children

Lymekilns Road
Stewartfield
East Kilbride G74 4RR

Inspected by: Lynn Clements
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 4 May 2006

Service Number

CS2003006707

Service name

Careshare At Oaklands

Service address

Lymekilns Road
Stewartfield
East Kilbride G74 4RR

Provider Number

SP2003002870

Provider Name

Just Learning Ltd Trading as Careshare Ltd

Inspected By

Lynn Clements
Care Commission Officer

Inspection Type

Unannounced

Inspection Completed

4 May 2006

Period since last inspection

Three months

Local Office Address

South West Region
Princes Gate
Castle Street
Hamilton
ML3 6BU

Introduction

Careshare at Oaklands is owned by Just Learning and provides full and sessional daycare. The Service is registered to care for 101 children aged 0 to 5 years. It consists of six playrooms, storage areas, kitchen, toilets, laundry and cloakroom facilities. A large outdoor area is situated to the rear of the premises.

The nursery is in partnership with the local authority to provide preschool education. The service was registered with the Care Commission on 1st April 2002.

The service aim's state it aims to deliver a five star childcare and education service that meets the needs of our children, their parents and our staff. It aims to provide opportunities to learn about the world, become confident individuals, to provide effective communication with all children and parents, and build close relationships with each child's home life, local schools and by involving the local community in nursery life.

The aim's states the service will develop staff through encouraging teamwork and supporting further training and development opportunities.

Basis of Report

This inspection report was written following three unannounced inspection visits. The first visit which was carried out from 10.00 to 18.00 on Thursday 4th May 2006 by two Officers, Lynn Clements and Tracy Johnston and one Team Manager, Catherine Agnew. The second was carried out from 7.30 to 16.00 on Wednesday 10th May 2006 by two Officers, Lynn Clements and Tracy Johnston. The second visit was undertaken to review paperwork and some general observations of childcare practice were undertaken. The third unannounced visit was carried out between 7:30 am and 16:30 pm on Tuesday 13 June 2006 by two Officers, Lynn Clements and Anne Jenkins.

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine what level of support was necessary. The RSA is an assessment undertaken by the CCO which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service, action taken upon requirements etc.

This service was required to have a high level of support that resulted in an inspection based on the national inspection themes, the core National Care Standards for the particular service type, any other standards or regulations indicated by the RSA and any recommendations and requirements from previous inspections, complaint or other regulatory activity.

Before the visit:

- There was no annual return submitted by the manager. The final date for submitting this paperwork was 31st May 2006.

During the visit the Care Commission Officers spoke with:

- The manager, the area manger, depute manager, the cook and eight childcare staff
- Children individually and in small groups.

- Ten parents.

As well as observing practice, the Care Commission Officer looked at a range of policies, procedures and records including the following:

- Aims and objectives
- Fire evacuation and emergency procedures
- Child protection policy, procedure and training records
- Complaints procedure
- Accident/Incident records
- Children's information records
- Attendance registers for staff and children
- Medication records
- Staff files

A general examination of the premises was carried out as part of the inspection process.

The Care Commission Officers took all of the above into account and reported on whether the service was meeting the following National Care Standards:

- Standard 3 Health and well-being
- Standard 4 Engaging with children
- Standard 7 A caring environment (elements 1, 2, 4 & 7)
- Standard 12 Confidence in staff

The above standards incorporated the following core themes

- Healthy eating and tooth-brushing
- Child protection
- Care of under 3's
- Safe recruitment/ Scottish Social Service's Council Codes of practice.

Action taken on requirements in last Inspection Report

There were two requirements made at the last inspection. The requirement relating to privacy and dignity of service users when changing children had been addressed.

The requirement relating to supervision and development opportunities for the manager to obtain the skills, knowledge and experience to manage the service including meeting the needs of children and providing support and guidance to staff was outstanding. (see requirement 23)

Comments on Self-Evaluation

N/A

View of Service Users

Children were spoken with throughout the two days in small groups or individually. Observations of the children throughout the inspection is reflected in the main body of this report.

During the second visit two children in the two to three room were happy to share the new

resources with the officers. One child said “new car” and another child said “a new toy” as they showed them to the officer.

View of Carers

Ten parents were spoken with and commented they were happy with the service. Parental care standard questionnaires were given to a number of parents during the inspection visits. Parents were asked to return these by Friday 12th May 2006.

One parent spoke with was very happy with the nursery and felt it was well resourced. Another parent commented the staff were professional in their approach and that the manager or depute were available in the service to speak with parents.

Regulations / Principles

National Care Standards

National Care Standard Number 2: Early Education and Childcare up to the age of 16 - A Safe Environment

Strengths

Staff washed their hands at regular intervals throughout the day including before handling food, eating and after changing children. Hand washing procedures were displayed throughout the nursery.

Staff in the 0-1 room had access to a designated sink for hand washing. Liquid soap and paper towels were available for staff throughout.

Children were encouraged to wash their hands at regular intervals. Liquid soap and paper towels were available. Children were encouraged to dispose of paper towels in the pedal bins available.

The 0-1 room had a designated fridge to store children's food and drinks. The fridge was hygienic; all foods were appropriately stored and labelled. Only one parent had supplied their children's food on the day of inspection. Food in this room was appropriately reheated; staff gave a good account of procedures in preparing and serving food. Fridge and freezer temperatures were recorded. Staff wore appropriate attire when food was being prepared and served. Staff had obtained recognised food hygiene certificates.

Children were encouraged to pour their own liquids at lunch time. Staff sat beside children during lunch. Protective clothing is available for staff that enter the kitchen area.

Staff in the 0-2 rooms was aware of the procedures for sterilising crockery, bottles and dummies. Dummies were stored appropriately in these rooms.

The staff have obtained a copy of the national standards for tooth brushing. Children brush their teeth in designated areas after lunch time. Each child had their own labelled toothbrush. Tooth brushes were stored in a dust protected containers. Each room had a set of gloves specifically to enable the staff to clean the tooth brushes.

Staff involved in nappy changing, wore protective gloves and aprons for each child. Staff were observed using individual labelled cream for each child and disposable wipes were used when cleaning children. Staff were observed to disinfect the changing stations appropriately with disposable wipes and cleaning solution. Staff in the 0-2 rooms had designated sinks for hand washing which were used after children were changed. Sanagenic units were used for the disposal of nappies.

There is a designated laundry. Some staff provided a clear account of laundry procedures.

In the 0-1 room staff observed, disinfected each pram before children were put for a sleep. Each child had their own pram sheet which was changed after use.

Children were observed in the 2-3 room as having separate bed linen including head sheets and covers.

Indoor play equipment and toys appeared clean and maintained. Cleaning rotas were available for each playroom. Designated cloths used to clean equipment and wipe spillages were labelled and stored.

Areas for Development

The pedal bin was large and heavy to operate, some children were observed using their hands to open the bin lid.

In the 3-5 room, the pedal bin was not operated appropriately by one member of staff who opened the bin lid with her hands, although protective gloves were worn, staff proceeded to touch children's drinking cups. (See recommendation 1).

The hand wash toilet sink in the 2-3 room was used to clean paints. Prepared snack in the 2-3 room was set out and served from the communal sink unit.

Potties were stored under the sink units in the toilet area. (See recommendation 2).

During lunch, one child's (from the 2-3 room) hands were covered in food, staff were not aware of this. Two staff did not offer assistance in cutting up dessert. (See recommendation 3).

Food supplied by parents is not recorded. Water stored in the 0-1 room fridge was not appropriately covered; the jugs appeared old and grubby.

Attire worn by staff to serve food appears extreme; specifically hair nets, taking into account that appropriate hand washing procedures were in place. (See recommendation 4).

Fruit and vegetables were stored in the garage area beside the cleaning solutions, which is not in accordance with the current environmental health report. A box of rubbish was also stored next to the fruit and vegetables. Dried packets of opened out of date food were stored in the laundry area. One box of out of date meat was stored in the fridge. (See recommendation 6).

Baking equipment and an open sweet packet was stored beside cleaning fluids in the 1-2 room. (See recommendation 5).

Items were not sterilised using the appropriate equipment. Items in the 0-1 room were sterilised in a bucket. Staff in the 2-3 room sterilised equipment in the communal playroom sink which was also used to wash paint pots and to conduct hand washing of staff. Equipment in this sink was not fully submerged in the sterilising solution. Dummies and cups were sterilised together. (See requirement 1).

The same cloth used to wash a child's face was used to wipe a table, during the 2-3 lunch by a member of staff. (See recommendation 7).

The practice for tooth brushing in the 2-3 room was not appropriate. Large groups of children were asked to brush their teeth together which resulted in children waiting for a considerable period of time. Staff turned the hot water on for the children observed in brushing their teeth and toothbrushes were cleaned by staff in the toilet sink, tooth brushes were also rinsed in the communal playroom sink. (See recommendation 8).

Nappies were stored without their protective wrappers on open shelves adjacent to the changing stations. The clinical wipes used in all areas of the nursery were also stored without their protective covers. (See recommendation 9).

The manager and staff should develop and procedure for the washing of soiled items and storage of clean laundry. Clean laundry and a bag of soiled laundry was observed and in close proximity to each other on the floor. The practice of rinsing soiled clothing was inappropriate. (See requirement 2).

Children's cups were stored on a tray in the laundry room. (See recommendation 10).

Children in the 2-3 room were observed asleep on beds, sheets for children to lie on were not provided. The bedding in the 2-3 room was stored untidily along with children's clothing. (See requirement 3).

Appropriate pillows for sleeping children used in buggies were not sought by staff in the 1-2 room. A soft cushion was used from the book corner, a sheet placed around this and put into a buggy. (See requirement 3).

Out door equipment was not hygienic or maintained. A policy or procedure for cleaning all toys and equipment had not been devised. During the visit, three groups of children were observed to access the garden area. Three staff stated they had carried out a check and risk assessment of the garden prior to children been given access. Mortar mix, broken plant pots, broken toys and dog's dirt were among the items observed in the garden area. Empty tubs of emulsion paint were also housed outside the 3-5 room. (See requirement 4).

The water used for play was not changed after each session. (See recommendation 11).

The infection control policies and procedures used in the service are developed and provided by the organisation and staff were at times unfamiliar with these. (See requirement 5).

Although staff had commenced training in relation to infection control, there were still discrepancies in staff practice. (See requirement 6).

Training in relation to infection control has been developed and is in the process of being provided for all staff. (See requirement 7).

National Care Standard Number 3: Early Education and Childcare up to the age of 16 - Health and Wellbeing

Strengths

A key worker system was in place for all children.

The manager was aware of the nutritional guidance for early years. The main meal and snacks provided during the inspection visits were healthy and balanced. Fruit and vegetables were offered daily. Milk water and diluted fruit juice were offered during meals.

Staff complete diary sheets for parents and verbally feedback to parents on their return.

Staff monitor babies sleeping outdoors appropriately and effectively.

Staff stated they were confident when dealing with emergencies.

Areas for Development

The service has gathered information about the children's own routine that was not incorporated into the child's day as a nursery routine is generally followed for the under two's. (see recommendation 12)

Some staff were observed working with children without communicating directly or appropriately with them. There was no explanation given and on occasions children were unaware of what was happening around them. (see requirement 8).

While the service has a child protection policy available, which was displayed in reception for parents. Some staff had no knowledge of their roles or responsibilities in relation to child protection or how to identify a child who may be at risk. It was unclear from records which staff members had attended child protection training. In house child protection training has been planned for May 2006. (see requirement 9).

Two staff identified having dealt with concerns related to child protection. The manager stated she was unaware of any child protection issues. No details relating to the latest concerns had been recorded. The service failed to follow its own child protection procedures. No liaison took place with other agencies and the manager and staff failed address this situation appropriately. (see requirement 10).

Accident sheets are held in the office and staff have to leave the rooms several times a day to complete them. The manager stated this is to allow accidents to be logged in the order they occur. Not all accidents sheets were available for inspection. (recommendation 13).

The fire exit next to the office was blocked with car seats and prams during both visits. (see requirement 11).

The nursery participated in a teeth cleaning programme. During both visits not all children had the opportunity to clean their teeth. Poor hygiene practice relating to the cleaning of toothbrushes was observed leading to the potential of cross infection. The manager was not aware of the national tooth brushing standards (see requirement 12).

Good hygiene practices to prevent the spread of infection were not always adhered to. Staff did not always use soap when washing their hands and the hand washing technique was poor. Some children's hands were washed with wipes prior to lunch and snack. This was ineffectual and on one occasion only the rear of a child's hand was cleaned. Used wipes and paper towels during one lunch time were placed onto the lunch trolley where plates of food were cooling. (see requirement 13).

The nappy bin in the two to three changing room was found to be over flowing during both visits. There were containers of barrier cream which were not labelled and staff informed these were for communal use as required. Bags of nappies were strewn on the changing room floor. An unpleasant odour was evident in this changing room. One staff member was observed changing a child with out the use of protective gloves or apron. Aprons were not routinely changed after each use. (see requirement 13).

Although the manager was aware of the nutritional guidance for early years, the cook and staff were unaware of it. The snack in the afternoon for the children under one year was not substantial in quantity and was noted by the organisation's area manager. (see recommendation 14)

The lunch period was not a social experience for the children one to two years as there was a lack of organisation, high noise levels and the physical environment was uninviting. Staff did not provide appropriate attention to children and some children were upset. Staff lunch breaks took place at this time and reduced staffing levels. Staff in the one to two room did not sit at the table with the children.

Lunch in the baby room was carried out by two staff feeding seven babies and on some occasions one member of staff took on this role. Although staff were aware of allergies, likes and dislikes this was not communicated for children visiting other rooms.

The lunch period for the children two to three was not an enjoyable experience. During the second visit the three to five lunch was equally chaotic and noisy. Staff had little awareness of how the lunch time could be improved to take account of children's individual needs. Jugs of water and milk had been placed on the table to allow the children to become independent. However, staff were observed disregarding this.

Children aged three to five were observed during lunch this was not a social and enjoyable experience for staff or children and at times observed to be chaotic. Staff were unaware of children's individual needs or able to manage the children's behaviour. When staff offered children a choice of meal, it was unclear what was being offered or what types of food was available. A child was observed falling off their chair and this went unnoticed by staff. (see requirement 14)

One child with food allergies was given the incorrect lunch, this was rectified quickly. However, staff were unaware if or how much of the food the child had eaten. Staff were not observed to take action to check the potential effect on the child or communicate this with the parent. (see requirement 15).

After lunch children in the two to three room were offered the opportunity for rest. The practice did not allow for children to rest or take part in quiet activities appropriately. This was a result of the room layout, lack of appropriate resources and the ability of the staff to manage this effectively. (see recommendation 15)

The beds used for children to rest did not offer any protective sheeting. Over blankets used were from a communal store and limited in quantity. There was the potential risk of cross infection. (see requirement 3)

There were limited and missed opportunities for all children to take part in physical and outdoor play. It was particularly evident in the two to three and the three to five rooms. Children in the two to three room became boisterous in the playroom due to the lack of appropriate play opportunities. Staff were unaware of safety as children were observed to climb on furniture with little intervention or redirection from staff. There were high noise levels in both rooms through out the day. (see requirement 16).

Some medication had been held at the service for a considerable period of time. This had not been reviewed by staff, it was found to have exceeded its expiry date and was still in use. A diary entry stated a child was to receive medication; on this occasion there was no written evidence of parental consent to enable staff to administer medication. There was no written evidence to confirm if medication had been given. The manager stated this was an error and related to a previous occasion. (See requirement 17).

There is no procedure in place detailing what to do if a child has unexplained absence from

nursery.

National Care Standard Number 4: Early Education and Childcare up to the age of 16 - Engaging with children

Strengths

Some staff working with the under three's had an understanding of the children's individual needs and demonstrated good interaction with the children.

Observations were used to assess children's development throughout. Transition records are completed.

Staff were able to identify individual developments and achievements.

Some staff were observed to have a good rapport with the children.

Areas for Development

Staff in the 2-3 room lacked understanding of the principles of the Birth to three documents and demonstrated limited knowledge of developmental needs of this age group. There was no evidence that where training had taken place this learning was transferred to the care of the children to influence good practice. (See requirement 18).

A birth to three curriculum record was in place, however, records were not dated and some areas were incomplete. There was no evidence as to when achievements occurred. Planning and evaluation sheets were found to be completed retrospectively. Children's routines were not followed in relation to needs but in accordance with the routine established by staff. (See requirement 18).

Staff did not freely praise or encourage children. Children appeared to seek attention, which was not actively reciprocated by some staff. (see requirement 8).

In the three to five room staff were observed to instruct children, however children ignored staff because of the high noise levels. Staff appeared to resign themselves as children became unresponsive in their attitude. High quality interaction was not evident. (see requirement 8).

The 2-3 room staff did not provide opportunities to extend the learning of the children. There were limited and sometimes inappropriate resources available to the children. Children wandered aimlessly for periods of the day. Free play was evident in all areas of the under threes, however this type of play lacked focus, structure and staff direction.

Where stimulating play activities were provided these were overcrowded and limited the opportunity for children to play appropriately or gain benefit from the experience. The book corner and imaginative play areas were particularly uninviting and poorly resourced. (see requirement 19).

Assessment information did not evidence that all areas of children's development was addressed. Staff could not provide any information as to how activities related to behaviour strategies. (see recommendation 16).

National Care Standard Number 7: Early Education and Childcare up to the age of 16 - A Caring Environment

Strengths

Staff were observed to work and communicate with each other effectively establishing a team ethos.

Staff in the three to five room described the ethos for combating the potential for bullying, as children are encouraged to share, be kind and develop friendships.

Staff developed positive relationships with parents through daily discussions.

Areas for Development

The aims and objectives of the service are clearly displayed in the parental handbook, the aims were previously displayed in the reception area and these have been removed. Some staff were unclear of how they actively promoted the aims of the service or shared them with parents.

During the inspection communication with parents/carers was observed on occasion to be incomplete. Parental information did not always reflect the practice in the playrooms or the range of activities parents believe their children to receive. Staff have a range of recording procedures to report to parents which is not effective or cohesive. One child with food allergies was given the incorrect lunch. This incident was not communicated to the parent. (see requirement 15).

One child who was distressed and clearly unhappy was reported to the child's carer as to have been good, settled, and cried infrequently by the Manager. (see requirement 15).

Not all staff were aware of the anti bullying policy. One member of staff was observed on occasion's to forcefully handle children.

The management of the 2-3 room lacked appropriate attention to the needs of children. Some children were not treated with respect and staff management of their individual needs lacked appropriateness. (see requirement 6).

National Care Standard Number 12: Early Education and Childcare up to the age of 16 - Confidence in Staff

Strengths

Staff turnover has reduced.

Adult: Child ratios were appropriate.

Areas for Development

The practice of recruitment and selection of staff does not reflect the service procedure in place. Five staff files were examined. None had completed all relevant checks. (see requirement 20).

The manager's understanding was that the number of qualified staff was higher than 50%. During the first visit of the thirteen staff present, eight staff were unqualified. Staffing levels did not meet the recommended 50% of qualified staff. The area manager checked all staff files and found that two staff did have a relevant qualification. However, there was no written evidence available at the service to confirm this. (see requirement 21).

Staff were rarely given the opportunity to attend external training events. Staff appraisals did not frequently occur, this impacted on personal and professional development opportunities of staff being identified or addressed. (see requirement 21).

Some staff were aware of the Scottish Social Services codes of practice; however, staff had no understanding of these. Staff had limited understanding of the registration process of SSSC. (see recommendation 17).

National Care Standard Number 14: Early Education and Childcare up to the age of 16 - Well-Managed Service

Strengths

Additional policies, procedures and guidelines in relation to sleeping children, nappy changing and the laundry have been devised.

The management had made improvements to overcome concerns and issues raised at previous inspections.

The organisation has given staff the opportunity to attend training and workshops.

Areas for Development

The pedal bin in the 2-3 room toilet was full at 7:45 am. (See recommendation 18).

Attire worn by staff to serve food appears extreme; specifically hair nets, taking into account that appropriate hand washing procedures were in place. (See recommendation 19).

Staff were unsure of practice in relation to laundry procedures. (See requirement 2).

The senior management team were aware of inappropriate staff practice. Particularly in relation to the staff practice in the 2-3 room, on some occasions practice did not meet children's needs. Staff in the 2-3 room also failed to apply procedures in relation to infection control while the depute manager was present. (See requirement 6).

As the inspection commenced the manager spent time carrying out a task that would have been better suited to playroom staff. (See requirement 22).

Enforcement

No enforcement action has been taken against this service by the Care Commission.

Other Information

During the second visit some improvements were noted in areas for development in standard 3 Health and well-being. The lunch time process was improved for some children. The overall environment was more attractive with the introduction of table cloths and new chairs.

During the second visit the resources available to the children over two had greatly improved. The manager stated these had previously been available but were not accessible. The manager was confirmed one resource had been purchased and was unable to provide an audit of resources purchased over any set period of time. (see requirement 24)

The manager stated there have been no complaints since 2004. Evidence gathered from a nursery parental questionnaire, shows a parent raised concern that there had been no response from the complaint raised four months earlier. (see requirement 25)

The action plan received from the service following the last inspection addressing recommendations has not been implemented by the service resulting in many areas for improvement outstanding.

Requirements

1. The Provider should continue to liaise with the relevant authorities within Scotland to ensure that all aspects of infection control are addressed through their policies and procedures. This is in order to comply with: SSI 2002/114 Regulation 4.1(a) - a requirement to make proper provision for health and welfare of service users. Timescale for implementation 2 months from the publication date of this report.
2. In the laundry the management must review, develop and apply a procedure for the storage of soiled and clean items and review the practice of sluicing soiled clothing. This is in order to comply with: SSI 2002/114 Regulation 4.1(d). Timescale for implementation: 24 hours from receipt of this report.
3. Bedding must be stored appropriately. Additional bedding must be obtained for internal and external use to meet children's needs and to reduce the risk of infection. This is in order to comply with: SSI 2002/114 Regulation 4.1(d). Timescale for implementation: 24 hours from receipt of this report.
4. Staff must improve practice in ensuring the external garden area is safe for children's use. This is in order to comply with: SSI 2002/114 Regulation 4.1(a) and 4.1(d). Timescale for implementation: 24 hours from receipt of this report.
5. The provider should ensure that infection control policies and procedures currently under development are completed and implemented within the service. This is in order to comply with: SSI 2002/114 Regulation 4.1(a) - a requirement to make proper provision for health and welfare of service users. Timescale for implementation 1 month from the publication date of this report.
6. The management must ensure they have a robust knowledge and understanding of staff practice and procedures. Where inappropriate practice is observed, immediate action must be taken by the management team to address any issues. The management must be proficient in ensuring staff carry out their duties competently in meeting children's needs.

This is in order to comply with: SSI 2002/114 Regulation 13(c). Timescale for implementation: 24 hours from receipt of this report.

7. The Provider must ensure that an ongoing training programme is in place for staff in relation to infection control. Implementation of any training must be monitored to ensure staff understand and implement effective infection control measures. This is in order to comply with: SSI 2002/114 Regulation 13(c)(1) - a requirement to ensure that people employed receive training appropriate to the work that they have to perform. Timescale for implementation 6 weeks from the publication date of this report.

8. The provider must ensure that staff practice reflects appropriate communication with children in a way that responds to children respectfully. This is in order to comply with: SSI 2002/114 Regulation 4.1(a)(c). Timescale for implementation: 24 hours from receipt of this report.

9. The organisation must ensure that staff have a robust knowledge and understanding of child protection procedures and their implementation. This is in order to comply with: SSI 2002/114 Regulation 4.1(a). Timescale for implementation: 24 hours from receipt of this report.

10. Where there are potential cases of child protection, the manager and staff must implement child protection procedures immediately. This is in order to comply with: SSI 2002/114 Regulation 4.1(a). Timescale for implementation: 24 hours from receipt of this report.

11. All exits should be kept clear at all times. This is in order to comply with: SSI 2002/114 Regulation 4.1(a). Timescale for implementation: 24 hours from receipt of this report.

12. Tooth brushing must be carried out in a manner which limits the risk of cross infection. Staff must be aware of the National Standards for tooth cleaning and have appropriate training to ensure procedures are followed. This is in order to comply with: SSI 2002/114 Regulation 4.1(a)(d) and 13.c(1). Timescale for implementation: 24 hours from receipt of this report.

13. Appropriate staff training and guidance must be implemented in relation to the management of infection control. Staff must ensure good hygiene practice in relation to hand washing, changing children, children's bedding and safe disposal of waste products are carried out at all times. This is in order to comply with: SSI 2002/114 Regulation 4.1(d) and 13.c(1). Timescale for implementation: 24 hours from receipt of this report.

14. The manager and staff must ensure that staff are deployed to meet children's needs during lunch periods. Children must be confident that staff will assist and support them to ensure the experience during lunch is a relaxed and enjoyable. This is in order to comply with: SSI 2002/114 Regulation 4.1(a) and 13(a). Timescale for implementation: 24 hours from receipt of this report.

15. All staff must communicate effectively with parents and carers to ensure that any issues from the child's day which impact on their health and wellbeing are reported appropriately. This is in order to comply with: SSI 2002/114 Regulation 4.1(a). Timescale for implementation: 24 hours from receipt of this report.

16. Children must have access to physical play opportunities over their nursery session. Staff

must monitor the use of resources to ensure children's safety. This is in order to comply with: SSI 2002/114 Regulation 4.1(a). Timescale for implementation: 24 hours from receipt of this report.

17. Medication must not be held for long term use. The organisation must ensure the manager implements satisfactorily processes and that staff must be competent to follow the medication procedures. This is in order to comply with: SSI 2002/114 Regulation 4.1(a) and 13(a) (c)1 Timescale for implementation: 24 hours from receipt of this report.

18. Staff must be competent and have a sound knowledge and understanding of the birth to three document and its implementation to inform practice and meet children's needs. This is in order to comply with: SSI 2002/114 Regulation 4.1(a) and 13.c(1). Timescale for implementation: 24 hours from receipt of this report.

19. The provider must ensure staff have the appropriate resources and plan and provide opportunities to extend learning by providing stimulating play activities, resources in an environment which address the children's development. This is in order to comply with: SSI 2002/114 Regulation 4.1(a). Timescale for implementation: 24 hours from receipt of this report.

20. The organisation must ensure that the safe recruitment procedures are implemented to ensure that competent and suitable staff are employed.
This is in order to comply with: SSI 2002/114 Regulation 9. (1), (2) Timescale for implementation: two weeks from receipt of this report.

21. The manager must ensure that staff have the qualifications, skills and experience to competently carry out their role. Appropriate staff support, supervision and external training opportunities must be in place to allow staff to progress their professional development needs. This is in order to comply with: SSI 2002/114 Regulation 9. (1), (2) Timescale for implementation: two months from receipt of this report.

22. The manager must perform tasks suitable to the managerial role. This would allow the manager to concentrate on principal responsibilities related to service user and staff needs. This is in order to comply with: SSI 2002/114 Regulation 7.1(d). Timescale for implementation: 24 hours from receipt of this report

23. The provider must ensure the nursery manager has appropriate supervision and development opportunities to obtain the skills, knowledge and experience to manage the service including meeting the needs of children and providing support and guidance to staff. This is in order to comply with: SSI 2002/114 Regulation 9. 7(1)(d) Timescale for implementation: two months from receipt of this report.

24. The provider must ensure staff have the appropriate resources and plan and provide opportunities to extend learning by providing stimulating play activities, resources in an environment which address the children's development. This is in order to comply with: SSI 2002/114 Regulation 4.1(a). Timescale for implementation: 24 hours from receipt of this report.

25. The service must address complaints within the timescale set in the complaints policy. The service must maintain a record of complaints made and the action that was taken. This is in order to comply with: SSI 2002/114 Regulation 25 (4) (7). Timescale for implementation: 24 hours from receipt of this report.

Recommendations

1. Management should ensure that the pedal bins provided are appropriate for children's use and can easily operated by the children. The pedal bins should be operated correctly by staff. Staff in the 3-5 room, should be aware of the risk of cross contamination when operating bins and handling children's crockery. The national care standards for early education and childcare up to the age of 16, standard 2, health and wellbeing.
2. The hand wash sink in the 2-3 toilet area should not be for staff's communal use. Staff should not wash paints in these sinks. Potties should be stored appropriately. The national care standards for early education and childcare up to the age of 16, standard 2, health and wellbeing.
3. Staff in the 2-3 room should ensure that they are alert in meeting children's needs during lunch time in relation to hand washing between courses and cutting up food. The national care standards for early education and childcare up to the age of 16, standard 2, health and wellbeing.
4. All food supplied by parents should be recorded. Equipment to store water in the 0-1 fridge should be obtained. The national care standards for early education and childcare up to the age of 16, standard 2, health and wellbeing.
5. In the 2-3 room, baking equipment and food stuffs should be stored separately from cleaning fluids. The national care standards for early education and childcare up to the age of 16, standard 2, health and wellbeing.
6. Appropriate sterilising equipment should be obtained for staff's use. Staff in the 2-3 room should raise their awareness in sterilising equipment appropriately. The national care standards for early education and childcare up to the age of 16, standard 2, health and wellbeing.
7. Staff in the 2-3 room should be aware and put into practice the correct procedures for cleaning children and equipment. The national care standards for early education and childcare up to the age of 16, standard 2, health and wellbeing.
8. Staff should raise their awareness of the national guidance for tooth brushing and apply knowledge to their every day practice. The national care standards for early education and childcare up to the age of 16, standard 2, health and wellbeing.
9. Nappies and clinical wipes should be stored in their protective wrappers. The national care standards for early education and childcare up to the age of 16, standard 2, health and wellbeing.
10. Children's cups should be appropriately stored away from the laundry area. The national care standards for early education and childcare up to the age of 16, standard 2, health and wellbeing.
11. Water used for play should be changed at regular intervals throughout the day. The national care standards for early education and childcare up to the age of 16, standard 2, health and wellbeing.
12. Staff should incorporate individual care routines to promote continuity of care for children. The national care standards for early education and child care up to the age of 16, standard

3, health and well being.

13. Accident sheets should be easily accessible to staff. The national care standards for early education and child care up to the age of 16, standard 3, health and well being.

14. All staff should familiarise themselves with the nutritional guidance for early years. Provision of snacks should be of sufficient quantity to satisfy children until they return home. The national care standards for early education and child care up to the age of 16, standard 3, health and well being.

15. Children should be cared for in an appropriate environment that encourage opportunities for rest and quiet activities. The national care standards for early education and child care up to the age of 16, standard 3, health and well being.

16. The service should ensure that assessment information is relevant. Evidence of how activities link to strategies of behaviour management should be evident. The national care standards for early education and child care up to the age of 16, standard 4, engaging with children.

17. Staff should be familiar with the Scottish Social Services codes of practice and their implementation. The national care standards for early education and child care up to the age of 16, standard 12, Confidence in staff

18. Management should ensure that domestic procedures are carried out appropriately and ensure that pedal bins are emptied prior to children starting each day. The national care standards for early education and childcare up to the age of 16, standard 14, well managed service.

19. Management should consider staff views on children's needs in relation to the attire worn to serve meals. The national care standards for early education and childcare up to the age of 16, standard 14, well managed service.

Lynn Clements
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