

Happy Days Too @ Busby Day Care of Children

9 East Kilbride Road
Busby
Glasgow
G76 8JY

Telephone: 01416 445 858

Type of inspection:
Unannounced

Completed on:
16 February 2024

Service provided by:
CME Investments Ltd

Service provider number:
SP2003000807

Service no:
CS2003020084

About the service

Happy Days Too @ Busby nursery provides early learning and childcare to 176 children aged between six weeks and 12 years. Of whom no more than 51 children aged under two years. Thirty four children aged two to three years, and 91 children aged between two years six months to five years, of whom no more than 12 shall be under three years.

The service is in partnership with East Renfrewshire Council to provide early learning and childcare. It operates from premises within the village of Busby. Children are cared for across two buildings with eight playrooms. All children benefit from access to the main secure extensive outdoor area. Most rooms have direct access to smaller outdoor spaces directly from each playroom. An additional "snug area" had been developed in one of the buildings, where children can enjoy sensory and quieter experiences in smaller groups away from the bigger playrooms.

About the inspection

This was an unannounced inspection which took place on 14 and 15 February 2024. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service
- spoke with staff and management
- reviewed feedback from 26 families, and 20 staff
- observed practice and daily life, and
- reviewed documents.

Key messages

- Children were happy and having fun.
- Staff knew children very well, and responded to their needs sensitively.
- The management had effectively deployed staff.
- The provider had affectively retained and recruited a skilled staff team.
- Staff and management spent time together reflecting on practice using best practice guidance.
- Staff had developed meaningful relationships with each other, children, and families.
- The staff team and management team engaged with the inspection positively and were keen to take forward any suggestions for improvement.
- The lunch time experience for older children should be improved.
- The management team should implement a more focussed and planned approach to quality assurance.
- The management team should invite parents back into the building daily.
- The provider and manager should ensure appropriate risk assessments are in place and staff carry out checks of the play spaces prior to children accessing them.

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?	5 - Very Good

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

How good is our care, play and learning?

4 - Good

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

Quality indicator 1.1: Nurturing care and support.

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

Personal plans were in place and were created in partnership with parents. They included a range of information about children's needs. Almost all plans were updated when key information changed, and at a minimum of six-monthly. When sampling plans, we found information about children's needs was not always clear or it was hard to find. This had potential to cause confusion for new or covering staff. The manager told us they were planning to review the personal planning proformas and streamline their approach to personal planning. The manager should continue with this improvement to ensure the personal planning process is robust and information about children can be easily shared to support children's wellbeing and development.

Overall, we found the storage and administration of medication to be in line with current best practice guidance. When sampling medication we noted some parents had not signed medication forms to acknowledge their children had received medication. The service shared with parents when children had medication on an app, but had no way of checking parents received the information. This had potential to cause confusion. The manager should further develop their auditing of medication to ensure all parents are informed and acknowledge when their children have been administered medication at the service.

Fresh drinking water was available in all playrooms for children. When outdoors staff brought out water for children regularly, this supported children to remain hydrated throughout the day.

Children's lunch time experience varied across rooms. For all children, increased staffing at lunch time allowed for staff to give individual support to children. All children received a nutritious lunch, where their dietary requirements and allergies were catered for well. Within the under three years' playrooms, mealtimes were calm and relaxed for children. In the three to five years room, some improvements were needed to make sure children had a positive lunch time experience. Children and staff had to raise their voice to be heard. All children ate together around small tables, they appeared squashed and uncomfortable. We discussed with the manager who reassured us that they would review the lunch time experience. Improvements in this area will provide a calm, enjoyable and positive experience for children. We signposted the managers to the Care Inspectorate guidance, 'Food Matters'. See area for improvement 1.

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

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

Quality indicator 1.3: Play and learning.

Children were involved in leading their play and learning through a balance of spontaneous and planned experiences. We observed staff facilitating experiences that supported children's numeracy, literacy, and language development. We concluded children were having fun as they experienced good play and learning development opportunities.

Children were able to make informed choices within their play and learning. Most play spaces were set out attractively with resources that invited children to learn, be curious and develop their imagination. We noted in the afternoon one playroom looked messy, lacked resources, and was less inviting for children. We discussed with the staff and management, how a more organised playroom, with resources set out attractively at children's level would be enabling and support children to lead their play, make choices and be creative.

Within the planning approach staff had designated areas of responsibility and planned experiences for children linked to curriculum frameworks and best practice guidance, such as Education Scotland's national guidance document curriculum for excellence experiences and outcomes. Staff observed children at play, and planned experiences in line with their interests and stages of development. Staff recorded observations of children's play and learning on an online app to share with parents. All parents who provided feedback agreed or strongly agreed 'I am fully involved and informed about my child's learning and development'. This meant children's learning was child-centred, and staff celebrated children's progress and achievements with parents well.

All children had access to outdoor play during our inspection. Overall outdoor play was managed well, with older children having free flow access to outdoors throughout the whole session. Younger children went out in groups at different points within the day, some playrooms went out more than others. A few parents told us they would like children to have more outdoor play. We concluded younger children would benefit from a more flexible approach to accessing the outdoors, to support their wellbeing and physical development.

Children had the opportunity to consolidate and revisit their learning. Observations were shared with parents on an app, and the staff had printed these to make a paper journal for children to access in the playrooms. Floor books were in place that had observations and photographs of children's group learning. This empowered children to be fully involved in their learning. They enjoyed looking at both floor books and journals to revisit their learning and develop their play ideas.

Areas for improvement

1. To support and develop children's wellbeing and life skills for children over three years the service should develop their lunch time experience. Lunch times should provide a safe, calm, and well managed social experience for children.

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

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

How good is our setting?

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 2.2: Children experience high quality facilities.

The setting was comfortable and well furnished. Rooms were bright and well ventilated through open windows. All parents who provided feedback agreed or strongly agreed 'The setting is well furnished, comfortable and homely'. This sent a strong message to children that they matter.

The indoor and outdoor environments were developmentally appropriate. Children had ample space for their needs to play independently or in groups. There were soft areas inside for children to rest and refresh. Soft materials had been added to areas to make it appear more homely, nurturing and calm. Children benefited from the use of the newly developed snug area, where they could go in smaller groups to take part in sensory and quieter experiences, away from the busy playrooms. Children told us they were excited to go to this area with their friends. We concluded environments were developmentally appropriate and supported children's play, learning and wellbeing.

Overall, well managed Infection Prevention and Control (IPC) measures were in place in line with current best practice guidance. The service had a clear infection prevention and control policy in place. Items across the service were stored correctly, and we observed effective hand washing. This all supported effective IPC, limiting the spread of infection. In contrast, we highlighted some IPC risks to the service. Including; children not using tongs when selecting food at snacks and lunch time, and the lack of appointed handwashing sinks within the playroom. We discussed these with staff and management, and they began to rectify them on the second day of inspection. This kept children and adults safe from the spread of infection.

Indoor environments were safe and appropriately risk assessed by staff. Some maintenance issues were reported to the provider and repairs had taken place. We identified hazards in the older children's play area and outdoor car park area. Not all areas children had access to had been checked by staff and had appropriate risk assessments in place. For example, disregarded items were being stored in the car park area that were awaiting removal. The children had to pass the area, no formal risk assessment had taken place to ensure it was safe, and the actions needed for repair were not recorded within the maintenance list. We asked the management to review their approach to risk assessing the outdoor environments and how they record and report maintenance to the provider. Risk assessments should identify risks to children and adults, and the mitigations and measures being used to keep them safe. See area for improvement 1.

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

Areas for improvement

1. To keep children safe and secure, the service should further develop risk assessments of the outdoor environment. Consideration should be given, but not limited to the following areas:

- a) Reviewing the outdoor risk assessments currently in place and updating accordingly.
- b) Monitoring of staff's implementation and the recording of daily risks assessments.

c) Updating maintenance records to ensure hazards are removed and repairs actioned.

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

'My environment is safe and secure' (HSCS 5.19).

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 a shared vision for the service. As new staff started they took part in a robust induction and training programme, that took account of the national induction resource. Informative information sessions were run for families that supported the understanding and importance of learning through play. This meant leaders were creating a culture where people were well informed and working towards the same goals for children and families.

The management team engaged well with the inspection process and were keen to take on suggestions for improvement.

The manager valued communication. Parents feedback suggested they were well informed. Apps and social media were successfully used to share information with families. Staff meetings were regular and used to share information and discuss best practice guidance. The management team had gathered people's views at different points throughout the year, including planned events and when changes were taking place to practice. This meant people were well informed of the life of the centre. We discussed with the management how feedback from consultation should take place more regularly, to show how it has informed changes within the service. It is important that staff, children, and families know their feedback is used as a starting point for improvement.

Families were being invited into the service for planned events such as stay and play sessions, and when children were settling. The manager told us parents were allowed to come into the service and playrooms at any point, however had not invited parents into the setting at drop off and pick up. As a result, parental signatures were missing from forms, and staff often noted on forms they discussed information with parents via telephone or at the front door. This meant there was missed opportunities for staff to effectively share information and further develop meaningful relationships with families that supported children's care and wellbeing. The manager should now agree a plan with staff and parents to safely invite parents back into the building and playrooms daily.

The manager had completed a comprehensive standard and quality report that self-evaluated the service and shared achievements with all staff, children, and families. Staff had taken part in self-evaluation activity where they gathered information on what they were doing well, and what they could do better. This had led to the implementation of training, support for staff, and the development of an improvement plan that was meaningful to the service. This meant children benefited from a manager and staff team who valued self-evaluation activity that led to improved outcomes for children and families.

The management team had carried out some monitoring and auditing of practice. No quality assurance calendar was in place. The lack of a planned approach to monitoring and quality assuring practice meant

there was gaps in the quality assurance process, as identified within this inspection. For example: we found improvements were needed to the personal planning process, medication, lunch time experiences, and the risk assessing and maintenance within the outdoors environment. The management team told us they were planning to implement a more focussed approach to monitoring practice. We noted these planned changes were detailed within the service improvement plan. The manager and provider should now implement a planned and focused approach to monitoring and auditing the service, to ensure it leads to improved outcomes for children and families. See area for improvement 1.

Areas for improvement

1. To support high quality outcomes for children and families, the managers should develop a more formalised and targeted approach to quality assuring the practices and processes within the service. This should include the implementation of a quality assurance calendar.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and '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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality indicator 4.3: Staff deployment.

Staff were deployed very well across the service in line with their skills and experience. There was a mix of newly qualified and experienced staff across each playroom. The manager and provider valued distributive leadership. Staff who were more experienced had the opportunity to become a senior member of the team. This meant staff were deployed effectively to provide a consistent approach across all playrooms within the service.

The management team recognised and valued the importance of ensuring the service was always appropriately staffed. The manager planned for room leaders to be out with the ratio; this supported them in completing additional responsibilities placed upon them. This was having a positive impact on the staff deployment. Playroom leaders were able to support and mentor staff to provide good experiences for children.

Staff caring for children were registered with the Scottish Social Services Council (SSSC). They are the regulatory body responsible for registering the social services workforce. They provide public protection by promoting high standards of conduct and practice and support the professional development of those registered with them. We sampled staff recruitment files and found staff were safely recruited in line with best practice guidance.

Staff told us they valued their induction with the management team. The management team were successfully using Scottish Government's 'Early learning and childcare - national induction resource' to support a high-quality induction process. This meant staff received up-to-date current early learning and childcare guidance to support their skills and knowledge.

We observed examples of very good communication and team working taking place. Staff told us they worked well as a team. Parents' feedback about the staff team was positive; one parent said: "All the staff that we've met in the nursery are fantastic, and I trust that they genuinely care about my child".

We concluded staff were working very well as a team to meet children's needs and care for children.

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

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

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?	5 - Very Good
4.3 Staff deployment	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.