

ABC Day Nursery Day Care of Children

12 Rose Terrace
Perth
PH1 5HA

Telephone: 01738 623 291

Type of inspection:
Unannounced

Completed on:
13 February 2024

Service provided by:
ABC Children's Services Limited

Service provider number:
SP2010011116

Service no:
CS2003010080

About the service

ABC Day Nursery is a day care of children service registered to provide a care service to a maximum of 70 children at any one time.

The service is provided from a terraced two storey Victorian building in the city centre of Perth. The upper floor consists of one playroom for babies (0-2 years), one playroom for younger children (2-3 years), toilet and nappy changing facilities, a kitchen and a staff room. The lower floor had one playroom for older children (3-5 years), toilets, and an office space. Direct access to the nursery garden to the rear of the property is available from the playroom on the lower floor. The building overlooks a large green space and is close to shops and parks.

About the inspection

This was an unannounced follow up inspection, however, due to significant concerns identified we carried out a full inspection. The inspection took place on 12 February 2024 between 08:45 and 15:00 and 13 February 2024 between 08:55 and 15:50. The inspection was carried out by two inspectors and a team manager was present undertaking quality assurance 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
- received feedback from 15 families
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Most children experienced kind, caring and warm interactions. However, some children spent significant amounts of time without adult interaction or support.
- Children continued to be at risk as child protection and absent child procedures were not effective.
- Children's play opportunities were inconsistent across the service. Most children had fun. However, they did not always experience high quality play, learning and development opportunities which enabled them to achieve their potential.
- Significant concerns were identified around infection, prevention and control measures. The service was not well maintained with basic provisions such as toilet paper and paper towels not always available for children.
- Children had some developmentally appropriate resources. However, younger children played with resources which were unsafe for their stage of development.
- Staff members were not effectively deployed, and children were not always well supervised.
- The pace of change was too slow to ensure positive outcomes for children.

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?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory

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

How good is our care, play and learning?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 1.1: Nurturing care and support

Most children experienced kind, caring and warm interactions. They were offered cuddles and physical comfort which supported them to settle. Families commented positively on the staff who cared for their children. Their comments included, "Staff who are usually in my child's room are friendly and welcoming", "My child loves being there, has a great time, loves all the staff" and "The staff work hard, are always welcoming and always have a smile on their face".

Children did not always get the right support. Whilst babies and older children were cared for by staff who knew them well, several staff supporting younger children were new to the service or did not know children's individual needs well. They were not attuned to children and did not always recognise and respond to their cues. For example, younger children frequently stood at the playroom doorway or looked out the window. Some children spent significant amounts of time without adult interaction or support. As a result, they became disengaged and withdrawn. A significant lack of information in younger children's personal plans about their care, preferences and strategies of support meant that staff did not have the right information to meet their needs (**see requirement 1**).

Babies experienced nurturing, gentle interactions when receiving support with feeding. As a result, they experienced a cosy, relaxed environment. Children had some involvement in snack preparation which supported them to develop life skills. However, opportunities for younger children to develop independence could be increased, for example through self-serving. Mealtimes were generally positive and sociable experiences for children as staff sat with them and chatted.

Babies were supported through sensitive sleep arrangements. Their preferences were followed, for example, being comforted and rocked to sleep. However, staff were not responsive to younger children's cues. When children were tired, they were not always offered a safe and comfortable space to sleep. This did not support their safety and emotional wellbeing.

Staff who were familiar and known to children were knowledgeable about their medical needs. However, these staff were not always available. This meant that children's medical needs may not be consistently met as some children were cared for by staff who did not know them. There were ineffective procedures in place to ensure medical equipment was always available when needed. As a result, children may not receive the medical care they need at the right time.

Children continued to be put at risk as child protection procedures were not effective. For example, not all staff were clear who the child protection officer was and there was not always a competent and well-trained designated person for child protection available. Whilst some progress had been made to the recording of concerns, there continued to be gaps in the information, including actions taken. As a result, children may not receive the right support at the right time or concerns may not be acted on effectively. In addition to this, management lacked an understanding of how to use chronologies effectively to support children, resulting in potentially ineffective responses to child protection and wellbeing concerns (**see requirement 2**).

Children were not kept safe as ineffective procedures were in place to monitor and report their absences. The necessary steps were not taken by management to uphold the rights of children to be safe and protected from harm. Whilst immediate action was taken, when prompted by inspectors, to ensure children were safe, the lack of understanding and robust procedure had the potential to cause harm to children (**see requirement 3**).

Quality Indicator 1.3: Play and learning

Children's play opportunities were inconsistent across the service. Babies and older children were engaged and having fun during their play experiences. Staff were responsive to their requests to play and joined in with them. Younger children had some opportunities to engage in imaginative and sensory play. However, at times, some younger children were disengaged and spent significant periods of time wandering around the playroom. A lack of attention to detail in the resources and materials provided meant that play experiences were not sufficiently stimulating or challenging for some children. For example, whilst older children were able to freely access a range of mark making materials, younger children were not. This meant that younger children had limited opportunities to be creative and develop fine motor skills (**see area for improvement 1**).

Children's opportunities to develop language and literacy skills were inconsistent. Staff read stories with children and sang songs, for example, babies enjoyed using props to choose songs. Children across all playrooms experienced warmth and enjoyment when sharing a story with staff. This supported their interest in books and helped create nurturing relationships. However, interactions to support children's engagement were inconsistent across the rooms. Some staff used effective questioning and were beginning to support children's learning through discussion. However, language was not always meaningful and did not always promote age-appropriate vocabulary or understanding.

Children had some opportunities to develop their numeracy skills. For example, staff supported children to count when preparing snack. Planned numeracy opportunities for older children had been considered to support their development. However, there was a lack of rich spaces and experiences to enhance children's learning. Overall, children did not experience high quality play, learning and development opportunities which enabled them to achieve their potential.

Families did not feel well informed about their children's play and learning experiences. Their comments included, "Unsure what activities take place every day, sometimes I am told but most days not" and "There has also been no parents evenings arranged in a long time or regular photo updates".

Requirements

1. By 10 April 2024, the provider must ensure children's care, welfare and development needs are met by developing children's personal plans and ensuring staff use this information effectively. To do this, the provider must, at a minimum, ensure:

- a) personal plans set out children's current needs and how they will be met.
- b) all staff are aware of and understand the information within the personal plans, including support strategies, and use this to effectively meet each child's needs.
- c) personal plans are regularly reviewed and updated in partnership with parents.

This is to comply with Regulation 5(2)(a) and (b) (Personal plans) of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. By 30 April 2024, the provider must ensure that children are safeguarded and protected from harm. To do this, the provider must, at a minimum ensure:

- a) staff are competent, skilled and knowledgeable in relation to local and national child protection guidance relevant to their role
- b) staff apply their learning into practice.

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

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

3. By 12 March 2024, the provider must ensure that children are safe and protected. To do this, the provider must, at a minimum ensure:

- a) a clear and robust absent child procedure is developed
- b) staff, including the management team are competent, skilled and knowledgeable in relation to the absent child procedure
- c) staff, including the management team, apply their learning to practice.

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

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

Areas for improvement

1. To enable all children to be cared for in an environment that meets their needs and supports them to reach their full potential, the manager and staff should as a minimum ensure play spaces offer a range of resources and materials to effectively challenge and stimulate children and reflect their current interests and curiosities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 2.2: Children experience high quality facilities

Children and families experienced an environment which had some homely features. For example, the baby room had soft furnishings which helped to create a cosy environment. The service was not well maintained with basic provisions, such as toilet paper and paper towels not always available for children. This was unacceptable and did not give children the message that they mattered. Action was taken during the inspection, when prompted by inspectors, to ensure children had access to basic provisions (**see requirement 1**).

Children had some developmentally appropriate resources. Since the last inspection, they had increased the provision of loose parts and natural materials which promoted children's curiosity and creativity. However, younger children played with resources which were unsafe for their stage of development and were not effectively supervised. The resources were potential choking hazards and had the potential to cause serious health implications if swallowed. Whilst these serious issues were addressed during the inspection, when raised by inspectors, the manager and staff's lack of ability to identify risks had the potential to cause significant harm to children (**see requirement 1**).

Significant concerns were identified around infection, prevention and control measures. For example, overflowing bins had not been emptied from the previous week, incorrect disposal of waste and inconsistent handwashing. We observed the door to the nappy changing area and toilets was frequently left open throughout the day. These facilities were located opposite the kitchen where food was prepared. The poor practice observed had the potential to cause significant harm in the event of an outbreak of infection (**see requirement 2**).

The garden was in the early stages of being developed. Children had more space to move freely, access water play and shelter in cosy spaces to read stories. Children's access to outdoors varied due to the layout of the building and ineffective staff deployment. Several families disagreed that their child had the opportunity to play outdoors every day. One family told us, "Until moving downstairs (3-5 room) the children were rarely outside. I'm glad this has improved since being downstairs in the older room". Older children had free flow access which enabled them to make independent choices about where they played and provided opportunities for fun, energetic play. However, younger children did not experience outdoor play until late in the afternoon and babies did not get outside. This limited their opportunities for physical, active play and fresh air.

Requirements

1. By 5 March 2024, the provider must ensure that children experience an environment which is safe and meets their basic needs. To do this, they must, as a minimum:

- a) ensure resources are safe for children's stage of development
- b) ensure children are effectively supervised
- c) ensure that basic provisions such as toilet paper and hand towels are easily accessible
- d) implement an effective system to audit the environment and ensure actions identified are appropriately and timeously addressed

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My environment is safe and secure' (HSCS 5.17).

2. By 12 March 2024, the provider must ensure the health and safety of children through effective infection prevention and control measures. To do this the provider must, at a minimum, ensure:

- a) staff are knowledgeable and competent in infection prevention and control guidance and procedures;
- b) staff follow infection prevention and control guidance and procedures; and
- c) quality assurance processes are in place to monitor the effectiveness of infection prevention and control practices.

This is to comply with Regulation 4 (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: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

How good is our leadership?

1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we evaluated the service as delivering an unsatisfactory level of care for this key question.

Quality Indicator 3.1: Quality assurance and improvement are led well

Two requirements and two areas for improvement made in May 2023 remained unmet. Where improvements had been identified at the last inspection, some of these had not been sustained. We recognised that there had been a number of staff changes and significant flood damage which impacted upon the service delivery. However, the pace of change was too slow to ensure positive outcomes for children.

Several families told us that they did not feel communication was effective and that they were not kept up to date with changes. Their comments included, "Better communication from management, especially on staff/nursery plans moving forward", "Since the flood, I feel that it's severely compromised the environment for the older 3-5 children and reduced the space they have for play and learning. There has been no communication of an update on this" and "I would have expected faster/quicker changes for the nursery since the last review".

Staff were in the very early stages of evaluating the service. They had reflected on different outdoor environments and begun to make changes to the garden. We were beginning to see the positive impact this had on older children's outdoor play experiences.

Quality assurance processes were ineffective (**see requirement 1**). Some monitoring and auditing had been carried out however, it did not have a positive impact on improving the quality of experiences for children and ensuring their basic health, safety and welfare needs were met. There were significant gaps in the areas covered by the quality assurance systems. For example, appropriate infection prevention and control measures, gaps in safer recruitment and ensuring staff were effectively deployed. As a result, we highlighted significant concerns in areas which had not been identified by the manager. The manager's lack of awareness was highly concerning and compromised children's safety and wellbeing.

Requirements

1. By 21 May 2024, the provider must ensure improved outcomes for children by implementing effective and robust quality assurance processes.

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

- a) regular, effective, and focused monitoring is carried out across the setting
- b) robust audits are developed and implemented, and any actions are addressed promptly
- c) clear and effective plans are developed to maintain and improve the service
- d) the management team effectively monitors the work of each member of staff and the service as a whole.

This is to comply with Regulation 3 Principles and Regulation 15 (a) and (b) Staffing 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: '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?

1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we evaluated the service as delivering an unsatisfactory level of care for this key question.

Quality Indicator 4.3: Staff deployment

Staff within some rooms communicated well together. The use of walkie talkies in the 3-5 playroom supported transitions and teamwork. Some staff had relevant knowledge and skills to support positive outcomes for children. However, this was not consistent across the staff team and ineffective planning by the manager meant that those with the right skills were not always deployed effectively. The approach to staffing across the setting was not outcome focused (**see requirement 1**).

There were ineffective induction processes. As a result, this put children at risk. New and unfamiliar staff were left alone with children for periods of time and had not been given relevant information about children's needs. For example, information such as fire evacuation plans and children's medical needs had not been shared with them.

Children and families were not always advised when staff were absent or introduced to new or temporary staff. This meant children and families did not experience continuity of care. Families told us they would like "Better communication from management, especially on all the recent long term staff leaving", "More information on who the keyworker is" and "to be informed if there are other staff covering in rooms as I dropped my child off this week to two completely different people than normal".

Supervision of children was not effective across the service. Whilst minimum adult:child ratios were met, this did not provide sufficient support to effectively meet all children's needs. Some staff told us they felt understaffed, and this was challenging at key times of the day. Some families agreed with this and told us, "There is usually only one staff member available at the end of the day in my child's room and sometimes it is not even someone who has been in the room that day. It is often difficult to get much information about how my child's day has been".

Arrangements for planned absence and staff breaks were poorly managed. This meant that children experienced several different staff caring for them throughout the day, including some staff who did not know them well (**see requirement 1**).

Requirements

1. By 20 March 2024, the provider must ensure that children are effectively supported and supervised in order to keep them safe. To do this, the provider must, at a minimum:
 - a) ensure staffing is well planned to support continuity of care for children;
 - b) ensure staff communicate and work together effectively;
 - c) ensure staff are flexible in their approach to meet children's requests for help and attention; and
 - d) monitor staff practice and deployment and, where necessary, make improvements.

This is to comply with Regulation 4 (a) and (b) (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: 'I use a service and organisation that are well led and managed' (HSCS 4.23) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

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

Requirements

Requirement 1

By 30 November 2023, the provider must ensure that children are safeguarded and protected from harm. To do this, the provider must, at a minimum ensure:

- a) staff are competent, skilled and knowledgeable in relation to local and national child protection guidance relevant to their role
- b) staff apply their learning into practice.

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

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 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 12 May 2023.

Action taken on previous requirement

A lack of progress had been made to ensure that children were safeguarded and protected from harm. Staff and management did not fully demonstrate they were competent, skilled and knowledgeable in relation to child protection guidance. Further information can be found under key question one.

This requirement has not been met. The timescale has been extended to 30 April 2024.

Not met

Requirement 2

By 8 December 2023, the provider must ensure improved outcomes for children by implementing effective and robust quality assurance processes.

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

- a) regular, effective, and focused monitoring is carried out across the setting
- b) robust audits are developed and implemented, and any actions are addressed promptly
- c) clear and effective plans are developed to maintain and improve the service
- d) the management team effectively monitors the work of each member of staff and the service as a whole.

This is to comply with Regulation 3 Principles and Regulation 15 (a) and (b) Staffing 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: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 12 May 2023.

Action taken on previous requirement

Quality assurance processes were ineffective. Whilst some monitoring and auditing had been carried out, they did not have a positive impact on improving outcomes for children. Further information can be found under key question three.

This requirement has not been met. The timescale has been extended to 21 May 2024.

Not met

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 effectively meet children's individual needs and support their wellbeing, development and progress, children's personal plans should be further developed. This should include but is not limited to, ensuring all staff are knowledgeable about each child's tailored care and support strategies and use this information effectively to meet those needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 12 May 2023.

Action taken since then

Significant concerns were identified as staff did not have the right information to meet children's individual needs.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question one.

Previous area for improvement 2

To enable all children to be cared for in an environment that meets their needs and supports them to reach their full potential, the manager and staff should as a minimum ensure play spaces offer a range of resources and materials to effectively challenge and stimulate children and reflect their current interests and curiosities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

This area for improvement was made on 12 May 2023.

Action taken since then

Play spaces were not challenging and stimulating for all children. See key questions one and two for further information.

This area for improvement has not been met and remains in place.

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?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	2 - Weak
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	1 - Unsatisfactory
3.1 Quality assurance and improvement are led well	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory
4.3 Staff deployment	1 - Unsatisfactory

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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