

Clever Clogs Nursery Day Care of Children

Stobhill General Hospital
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Telephone: 0141 558 5300

Type of inspection:
Unannounced

Completed on:
13 March 2024

Service provided by:
Clever Clogs Nursery Ltd

Service provider number:
SP2003001294

Service no:
CS2003005962

About the service

Clever Clogs Nursery is a purpose built nursery situated within the grounds of Stobhill Hospital in the north of Glasgow. The early learning and childcare service is in partnership with Glasgow City Council to provide commissioned places for children aged between three and five years and eligible two year olds.

The service can accommodate a maximum of 58 children not yet attending primary school at any one time of whom no more than 18 are aged under two, no more than 18 are aged two to three and no more than 22 are aged three to those not yet attending primary school.

The accommodation consists of three playrooms and each playroom has access to outdoor play spaces. There is changing and toilet facilities for children and office, catering and staff facilities. The service is close to schools, transport routes, shops and community services.

About the inspection

This was an unannounced follow-up inspection which took place on 13 March 2024. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service
- spoke with management and staff
- observed practice and staff interactions with children
- reviewed documents.

Key messages

- Improvements had been made to the mealtime experience for children, supporting children to be independent and responsible.
- Personal plans were in place for children and had been created in partnership with parents and carers.
- We identified improvements were still needed that would minimise infection risks and support children and staff's health and wellbeing.
- Improvements had been made to quality assurance processes. These should be continued to ensure continuous improvement of the service.
- All staff employed in the service who were working with children were registered or had applied for registration with a regulatory body.

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

Requirements

Requirement 1

By 17 November 2023, the provider must demonstrate each child has a written plan which sets out how their health, welfare and safety needs will be met when using the care service. To do this, the provider must, at a minimum:

- (a) ensure management and staff update children's personal plans to ensure they are reflective of current health, welfare and safety needs.
- (b) ensure plans clearly outline how the service will support children's individual needs.
- (c) ensure written plans are reviewed with parents and carers at least once in every six month period or sooner if required if there is a change of circumstances.

This is to comply with Regulation 5(2)(b) and (c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards, which state, "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).

This requirement was made on 13 September 2023.

Action taken on previous requirement

Personal plans were in place for children and were created in partnership with parents and carers. Personal plans recorded how the service would support children's individual health, welfare and safety needs in relation to individual SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected and responsible). Meaningful strategies were recorded for most children. We identified some next steps for

some children were generic. We discussed specific next steps could lead to improvements in measuring children's progress.

Chronology records were included as part of the personal plan document. We discussed with management the importance of staff using this record as a working document and updating with changes and the recording of dates.

The personal plan captured information that there will be a six-month review with plans. Parents were invited to provide information of their chosen method for this to take place.

The requirement had been met.

Met - within timescales

Requirement 2

By 25 September 2023, the provider must ensure all staff working with children have applied for registration as appropriate with a regulatory body. This should include but not be limited to undertaking regular monitoring of management and staff registration with regulatory body Scottish Social Services Council (SSSC).

This is to comply with Regulation 15(a) 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: This is to ensure staffing is consistent with the Health and Social Care Standards (HSCS) which state, "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

This requirement was made on 13 September 2023.

Action taken on previous requirement

All staff employed in the service who were working with children were registered or had applied for registration with a regulatory body.

Management were carrying out audits of the Scottish Social Services Council register. A recent audit had identified one staff member wasn't registered and in response the service had followed up with the employee, to ensure their registration with a regulatory body.

The requirement had been met.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

Children should have greater opportunities to be independent and self-sufficient at mealtimes and be able to take an active role in their mealtime experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state, "I take part in daily routines, such as setting up activities and mealtimes, if this is what I want" (HSCS 2.21).

This area for improvement was made on 13 September 2023.

Action taken since then

We observed the service had made improvements to encourage children's independence and responsibility at mealtimes.

Children were encouraged to be helpers with the setting up of lunchtime. Children waited for their turn to serve their food. They were being supported by a staff member to serve their food from a unit within the playroom. Children were pouring their water independently from jugs. We discussed with management providing smaller jugs to support children with this task. When children had finished their meal, they cleared their items away. The mealtime experience could be further enhanced by providing opportunities for children to self-serve their food at the table they will be eating their meal. This has the potential to reduce waiting time for children and a more sociable experience for children.

The area for improvement had been met.

Previous area for improvement 2

To support children's health and wellbeing, improvements should be made to the infection, prevention and control procedures. The provider should give priority to, but not limited to the following areas:

- all staff receive infection, prevention and control training to support staff to understand current infection prevention and control practices.
- monitor staff practice to ensure staff are implementing best practice guidance within the service.
- carry out regular audits, reviewing infection control practice across the service to ensure compliance with Health Protection Scotland guidance 'Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)'.

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

This area for improvement was made on 13 September 2023.

Action taken since then

Some staff had watched an infection prevention control video, created by the management team. Management had applied for and received funding for infection prevention control training from their local

authority Glasgow City Council. Management shared with us a date for training was being arranged with a training provider.

We observed improvements to handwashing for older children, who were washing and drying their hands before and after lunch. Younger children were being supported to wash and dry their hands with individual towels before and after lunch. We discussed with management the procedure of handwashing could be further improved with staff supporting older babies to wash their hands with running water and the use of soap at hand wash basins. Staff handwashing could be further improved with regular washing of hands. We identified areas for improvement around infection, prevention and control for example babies blankets were being stored in a unit within the playroom and paper materials on display within changing areas. These meant that children were at risk of pathogens spreading and the risk of infection.

The service had been re-decorated, and all areas were clean.

The management team had carried out audits to review infection control practice across areas of the service. We discussed with management monitoring staff practice to ensure staff are implementing best practice guidance within the service.

The area for improvement had not been met and will be assessed at the next inspection.

Previous area for improvement 3

To improve outcomes for children, quality assurance systems should be developed further to assess and improve the quality of the provision in line with best practice. This should include but not be limited to:

- follow a quality assurance calendar for areas to be audited and monitored.
- staff, children and families are involved in self-evaluation and improvement of the service.

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

This area for improvement was made on 13 September 2023.

Action taken since then

A quality assurance and self-evaluation system had been implemented. This took account of 'Care inspectorate A quality framework for daycare of children, childminding and school-aged childcare' and Educations Scotland's 'How good is our early learning and childcare'.

The service had an improvement plan. The plan highlighted priorities of the service for improvement and we could see that progress had been made, leading to improvements.

A quality assurance calendar was in place, and tasks supported the service to identify strengths and areas for improvement to improve outcomes for children and their families. We discussed with management using the calendar as a working document to easily identify tasks that had been completed.

The management team's quality assurance systems included audits of accident and incidents, medication and personal plans. This contributed to having identified strengths and areas where improvements were required.

People's views were being gathered to help measure impact. A recent questionnaire of changes to personal

plans had received positive feedback from parents and carers. Feedback was shared with parents and carers through email communication and through the services newsletter. We discussed with management how they could gather children's views to improve the service.

Staff told us management were supportive and had spent time in rooms informally monitoring and providing information of suggested improvements. We discussed with management formalising the approach to playroom practice monitoring.

The services quality assurance processes were at early stages. Continued use of quality systems will provide opportunities for these to be embedded with the potential to continue to improve outcomes for children and their families.

The area for improvement had been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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