

# Abbey Nursery Day Care of Children

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Paisley  
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**Type of inspection:**  
Unannounced

**Completed on:**  
14 March 2024

**Service provided by:**  
RAM 204 Limited

**Service provider number:**  
SP2008010093

**Service no:**  
CS2008186651

## About the service

The service works in partnership with Renfrewshire Council to provide early learning and childcare to a maximum of 90 children: 30 children 0 to under 2 years; 20 children 2 to under 3 years; 40 children 3 years to those not yet attending Primary School.

The service operates from premises located close to Paisley town centre, Renfrewshire. There are four childcare rooms with two rooms located on the lower level, and two rooms located on the upper level. Children have access to outdoor play within a shared garden and there is a large park located to the side of the establishment.

## About the inspection

This was an unannounced inspection which took place on 14 March 2024 between 08:45 and 16:30 and 15 March 2024 between 09:15 and 16:45. 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:

- gained feedback from 12 parent and carers through Microsoft form questionnaires
- gained feedback from nine staff through Microsoft form questionnaires
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Interactions and engagement between staff and children were kind and caring.
- The service should review their lunchtime routine to ensure a positive experience for children.
- Improvements were required to the indoor and outdoor environment to ensure children were safe and to minimise the spread of infection.
- Infection prevention control procedures require improvements to keep children safe.
- The service should strengthen the quality assurance process to effectively monitor specific areas for improvement.
- Staff would benefit from further training to support them in their practice.

## 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?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

## How good is our care, play and learning?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

### Quality Indicator 1.1: Nurturing, care and support

The interactions and engagement between staff and children were kind and caring. Staff offered cuddles and reassurance when needed, supporting children to develop strong attachments and feel safe and secure. Some parent comments included: "The staff are kind, friendly, and caring." "The staff have built really strong, nurturing relationships with our children."

Personal plans were in place for all children and were used to collate information from home when the child started at the service. However, children's plans were not updated to reflect their changing needs. This meant that staff did not have up to date information that would help them support children's individual needs. We asked that staff ensure appropriate strategies are identified to support children, and that children's plans were updated at least every six months or sooner if needed with parents. This would enable staff to effectively plan for children's learning and meet their needs.

Personal care routines provided a positive experience for children as staff sang songs and chatted with them. Staff logged when children were changed, and this information was shared with parents. This ensured that the children had a positive experience and that important information about their day was effectively shared with the parents.

To keep children safe, medication procedures needed to be improved. While medication was stored safely out of reach of children, medication records did not accurately reflect information detailed on the prescription label. Further information regarding signs and symptoms were required to ensure staff knew when to administer medication. We asked the service to audit medication processes to ensure they contain accurate information which will help keep children safe. We have addressed this within an area for improvement in 'Key Question 3: How good is our leadership?'

Children were provided with nutritious and healthy meals and snacks. Staff were task focussed and did not sit with children while they were eating. This meant they were not well positioned to respond to an emergency situation, such as choking. Staff changes took place during the lunchtime routine which meant they were not responsive to children's needs. As a result, children did not enjoy a lunchtime routine that was sociable, relaxed and unhurried. Management and staff should review the lunchtime routine to ensure a positive experience for children that promotes positive outcomes (see area for improvement 1).

Sleep routines supported children's wellbeing, and staff were responsive to their needs. For example, bedding was provided when children indicated they were tired. However, staff did not check on children while they were sleeping. Staff should complete regular checks of children when sleeping. This would ensure children's safety.

### Quality Indicator 1.3: Play and Learning

Children had some opportunities to develop their literacy skills through experiences such as singing, exploring books, and reading stories. One child told us: "I like to read stories." Staff missed opportunities to develop children's knowledge by asking appropriate questions and providing further experiences that would

engage children in learning. Staff would benefit from further training that would help them to extend children's learning. This would support children to make progress in their learning.

Children were mostly engaged in free play. While staff were kind and caring towards children, most staff were focused on tasks and did not engage well with them to support play. As a result, children were not sufficiently challenged to learn through meaningful play experiences. Staff should consider providing a balance of planned and spontaneous experiences that would engage children's interests and support them to learn through play.

Children had opportunities to engage in sensory experiences like sand, water, and playdough. This allowed them to develop their curiosity and problem solve as they explored textures. Some children displayed schematic play such as transporting objects. Schematic play is part of children's development when they engage in repeated actions or certain behaviours as they explore the world around them and try to find out how things work. Staff did not demonstrate an understanding of how children develop as they sometimes prevented children from engaging in schematic play. Staff would benefit from training in schematic play to help them understand how children develop and learn. This would support positive outcomes for children.

Children's learning was recorded on an online application and shared with parents. The quality of records were mixed and did not always identify children's progress and next steps in learning. As a result, it was difficult to see if children were making progress. Management and staff should develop children's records to ensure they clearly identify children's progress and achievements, and how they will be supported to make progress. To support this, we signposted the service to guidance on the Scottish Social Services Council (SSSC) website.

### Areas for improvement

1. To promote children's overall health and wellbeing, the provider should offer meals and snack experiences that are relaxed, positive, social, and unhurried.

This should include, but is not limited to: ensuring lunch experiences take place in a nurturing and homely environment, children and staff eating together, and recognising these routines as a rich opportunity to promote close attachments.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which states that: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible" (HSCS 1.35).

### How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

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

The service was safe and secure, with a secure entry system and a boundary fence. This ensured children were kept safe while attending the service.

Toys and equipment were limited within the learning environment. For example, only one doll was available during the first day of inspection, and only one paint pot was at the easel. As a result, children lost interest in activities, and were not engaged in purposeful play. A wider variety of resources would support children to develop their ideas, creativity and curiosity and allow them to have fun as they played.

Children could only access outdoor play at set times across the day, this limited opportunities for physical energetic outdoor play. To extend outdoor opportunities for children, the service should develop access to areas within the local community, such as the local park. One parent commented: "More outdoor activities such as trips to the park, exploring the woods would be good."

Maintenance records and risk assessments were in place but had little impact as staff did not pick up on dangers in keeping children safe. For example, we observed children swinging from a wire attached to the outside of the building, which presented as a potential choking hazard. We spoke with the management regarding our concerns, and this was actioned and made safe by day two of the inspection. This ensured children were kept safe when accessing the outdoor area. The service should ensure they continue to monitor potential hazards and minimise risks for children.

Improvements were needed in the indoor and outdoor environment to ensure children's safety and minimise the potential spread of infections. These included broken fence slats outdoors, worn and porous furniture and surfaces indoors, cluttered surfaces, pencil marks on the walls where children had drawn, and a nappy changing area that was shared with the laundry area. On both inspection days, we observed good cleaning practices for children's sleep routines, and some improvements to the environment were made on the second day of inspection, such as the cleanliness and clutter of the environment. Management should continue with their plans to make the necessary refurbishments and ensure systems are in place for monitoring and staff training around infection prevention and control. This would help keep children safe (see area for improvement 1).

Accident and incident records were completed appropriately and shared with parents to ensure children's wellbeing. The manager completed an audit of records to identify the number of accidents and incidents although it did not help identify recurring incidents or action required to improve children's safety. We asked the service to improve auditing processes.

## Areas for improvement

1. To support children's health and wellbeing, the provider should ensure that appropriate measures are in place to minimise the risk of the spread of infection.

This should include but is not limited to, ensuring effective handwashing of staff and children, implementing regular cleaning processes, reviewing changing procedures to ensure they reflect best practice guidance, replacing all porous surfaces, and removing unnecessary clutter.

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

**How good is our leadership?****3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

**Quality Indicator 3.1: Quality Assurance and improvements are led well**

Feedback from parents had led to some positive changes, for example the introduction of online journals. The progress and evaluation of these were at an early stage, and the service should continue to develop them. This will ensure children's learning and development is effectively shared with parents using this online application. One parent commented: "The app has been a welcome addition and helps to give a good insight into our children's day however, the quality of the posts vary each day."

Some quality assurance procedures were in place but they did not help identify inconsistencies in records such as medication, personal plans, and staff practice. Improved quality assurance processes would ensure that areas for development were highlighted and actioned appropriately (see area for improvement 1).

Areas for development were identified and recorded within an improvement plan. We identified further areas for improvement that the service should address in order to improve outcomes for children and families.

A nurturing and inclusive ethos reflected the service's visions, values, and aims. One parent commented: "The staff are nurturing and take the time to welcome my child in the morning." However, their vision was not reflected within the environment. For example, staff did not extend children's curiosity, enabling them to reach their full potential or be critical thinkers as detailed within their vision, values, and aims. We suggested that management and staff revisit these with children and families to support the implementation of these in practice.

**Areas for improvement**

1. To ensure improvements are highlighted and maintained, the provider should implement robust quality assurance processes that provide better outcomes for all.

This should include, but not be limited to, monitoring of staff practice, providing constructive feedback to inform improvements, monitoring of children's records to ensure these fully reflect and meet the individual needs of children, and ensuring the appropriate monitoring of medication, following best practice guidance.

This is to ensure that care and support are 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); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

## How good is our staff team?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

### Quality Indicator 4.3: Staff Deployment

Some staff supported each other and communicated when tasks took them away from their responsibilities. However, this was inconsistent and led to disruption to children's routines. Staff should consistently communicate with each other to ensure children experience high quality care and support.

We acknowledged there had been changes in the staff and management team. Staff deployment had been managed to ensure a mixture of knowledge, skills and abilities within each playroom. Management should ensure that parents and carers have the opportunity to build relationships with staff caring for their children. One parent commented: "I have yet to meet or be introduced to my child's keyworker and they have been in the service for months." This would support positive relationships for families. We highlighted that staff required more support at busier times, such as mealtimes, to support them and ensure they could meet the children's individual needs. This would enhance positive outcomes for children.

Staff met with colleagues from their partner nursery to engage in training. This allowed them to engage in professional dialogue and share good practice. Core training was in place, but it had a limited impact on staff practice. For example, staff had completed training in infection prevention and control, but we identified areas for improvement relating to this. Staff should reflect on training and implement it in practice. In addition, staff should develop their skills and knowledge in child development to enable them to support children as they develop and learn. A broad range of professional and core training should continue to be implemented for staff; this will support positive outcomes for children (see area for improvement 1).

### Areas for improvement

1. To support children's health and wellbeing and further develop and strengthen the staff team's skills, knowledge, and experience. The manager should develop a targeted training programme to address gaps in staff practice and enable staff to develop their knowledge and skills in various contexts.

This should include but not be limited to: The development of staff's knowledge and skills in child development, meaningful observations, and schematic play; staff should reflect on training completed and highlight what impact this will have on practice. Management should monitor this impact and provide constructive feedback, making improvements where appropriate.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS), which states that 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).



## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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