

Meiklewood Nursery & Out of School Care Day Care of Children

Unit 1
41-43 Meiklewood Road
Drumoyne
Glasgow
G51 4GB

Telephone: 01418 833 750

Type of inspection:
Unannounced

Completed on:
14 March 2024

Service provided by:
Amcol Scotland Ltd

Service provider number:
SP2003000911

Service no:
CS2011298710

About the service

Meiklewood Nursery & Out of School Care is registered to provide care to a maximum of 119 children at any one time. Of those 119, no more than 15 are aged under 2 years; no more than 25 are aged 2 years to under 3 years; no more than 64 are aged 3 years to those not yet attending primary school and; no more than 15 are attending primary school. The service is provided by Amcol Scotland Ltd.

Children are cared for over one level, across four playrooms for different age groups of children. Children have access to secure outdoor play areas. The service is located in a residential area of Drumoyne, Glasgow and is situated close to primary schools, shops, transport links and other amenities.

About the inspection

This was an unannounced inspection which took place on 12 and 13 March 2024 between 08:45 and 17:00. Feedback was provided to the manager on 14 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.

To inform our evaluation we:

- . spoke with children using the service and received feedback from 28 of their family members
- . spoke with staff and management
- . observed practice and daily life
- . reviewed documents.

Key messages

- Children enjoyed coming to nursery and were settled, happy and confident.
- Personal plans were reviewed with families, which supported meeting children's needs.
- Sleep routines supported children overall wellbeing.
- Play spaces should be reviewed to maximise the opportunities for high quality play opportunities.
- Mealtimes should be improved for older children.
- Children's health and wellbeing was supported with daily access to outdoors.
- Nappy changing facilities for older children should be improved to strengthen infection prevention and control measures.
- Quality assurance should continue to be strengthened to ensure it secures positive outcomes for children and families.
- Staff were recruited safely, which helped ensure they have the skills and values to provide care.

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.

Children were settled, happy and confident exploring the environment. They told us they enjoyed coming to nursery. One child shared with us they liked "playing with friends and different snacks". This supported children's social skills and wellbeing.

Staff were responsive to children needs. For example, helping them when getting dressed for outdoor play. We discussed with the manager to be mindful of busier periods, to ensure that staff are able to meet the needs of all children, particularly if they are not as confident to ask for support.

Staff mostly engaged with children in a kind and caring manner, which helped them feel safe and secure. For example, using gentle tones and responding to younger children's vocalisations and gestures, promoting their communication skills. Parents told us staff had positive relationships with children and their families. One parent told us "all staff are observant and the care and learning is child centred...I feel happy and confident leaving my children in the care of all staff." However, there were a few occasions where staff could have been more nurturing to older children's needs. For example, supporting them sensitively to manage conflicts, negotiating with peers and developing social skills.

Personal plans were in place for all children, which contained important information to help staff meet their needs. Plans were reviewed regularly with families, helping ensure changes reflected their current needs. One parent told us "my [child] has come on so much from being at nursery!" We discussed with the manager that plans could be further developed, to ensure that strategies in place to support children, were clearer and more relevant. This would support children's progress and development.

Children's personal care needs were met in response to their needs, helping to support their comfort. For example, nappy changing and support with toileting. During the inspection some children had runny noses, which is common in young children. However, on a couple of occasions staff could have responded sooner, to support with respiratory hygiene, promoting their comfort and independence.

Children experienced variable mealtimes within the service. For example, babies enjoyed a relaxing and sociable lunch time. They were encouraged to self-feed, promoting their independence and self help skills. Staff sat beside babies, engaging in conversation, which promoted their language and communication skills. This also meant staff were able to respond quickly to prevent and manage potential choking episodes, helping keep children safe. However, we found that mealtimes for older children were noisy, busy and staff were task orientated. Children all sat at the same time, which limited their choice and impacted on play opportunities. Mealtimes should be reviewed to ensure they are relaxing, sociable and promote children's choice and independence. For example, developing routines where children can self-serve their own meals and be involved in preparing snacks (see area for improvement 1).

Staff recognised the importance of sleep to support children's wellbeing. Younger children were settled to sleep when they were tired and this reflected their home routines where possible. Children were offered comforters and cuddles if they preferred, which helps them feel safe and secure.

Systems were in place to support the safe administration of medication. We discussed that the service should review their procedures for administering short term medicine, to ensure staff are aware and understand the services policy and procedures. We reminded staff to ensure that children's nappy changing barrier creams are stored in individual boxes, in line with best practice guidance.

Quality indicator 1.3: play and learning.

Children benefitted from daily opportunities for outdoor play, which supported their overall wellbeing. Families told us they were happy with the quality of experiences on offer and one parent commented "my [child] is always happy coming out of the nursery and always full of conversation with what they have done with their day" and "the garden is amazing, my [child] loves playing outdoors and has the opportunity to do this everyday. The nursery have recently purchased outdoor jackets for all children which I think is amazing."

Children had lots of fun together as they played outdoors, splashing in puddles with their wellington boots and 'painting' the windows with bubbly water and brushes. One child told us "I like playing in the garden on the green, I like playing in the mud with my wellie boots". This supported children overall wellbeing. The managers told us of plans to develop outdoor play, including sourcing relevant training for staff. We agreed this would support staff in developing further opportunities for high quality play outdoors.

Children mostly accessed a variety of toys and play materials that met their interest. For example, babies explored mirrors, balls and had fun climbing and sliding on the baby gym, promoting their physical development. Older children enjoyed playing with playdough, block play and messy activities, such as painting and foam. However, we found that some play spaces could be improved to promote high quality play. This should include reviewing the amount and storage of play materials, to ensure they are easily accessible and promote curiosity, imagination and problem solving. For example, real life materials in the home area and more natural and open- needed materials in the baby room. Play spaces could be more defined to support children's discovery and independence when tidying up and revisiting play opportunities. We have made an area for improvement under 2.2 high quality facilities.

Approaches to planning were child-centred and took account of best practice guidance. This meant staff planned experiences based on children interest. Experiences were recorded in floor books, which contained photographs and children's comments, supporting them to feel valued and included. This provided opportunities for children to revisit previous learning and recall past experiences. We discussed developing the play spaces would further support this process to ensure children experience high quality play. We shared suggestions to make planning more meaningful and relevant for younger children. Leaders agreed to take this forward.

Children had a variety of opportunities to engage with experiences which supported literacy and numeracy development. For example, reading stores with staff, singing songs and exploring mathematical concepts through play. This included table top games, small construction and water play.

Staff made use of the local community which helped children develop an awareness of the world around them. This included visits to the local library, parks and walk in the area. In addition, they had visits from community police officers. This supported children to learn about the world of work and the role of the police.

Areas for improvement

1. To support children's wellbeing, independence and opportunities for social interactions, the manager should ensure that mealtimes are developed in line with current best practice.

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 meal times in as relaxed an atmosphere as possible' (HSCS 1.35) and 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences respected' (HSCS 1.34).

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.

Children's wellbeing was supported through bright, comfortable and well-ventilated playrooms. The use of natural décor helped create a welcoming and calming ethos. One parent told us they liked the "great rooms, spaces and facilities."

Soft furnishings helped create a cosy feel in some areas. For example, cushions, small sofas and soft toys. We discussed that more cosier areas could be developed throughout the play areas, to provide further opportunities to support children's emotional wellbeing.

Children benefitted from daily opportunities to access outdoor play. This supported their physical development. For example, slides, climbing area and mud kitchen. One child told us "I like go outside in the garden" Most parents agreed that their child could access outdoors every day. One parent told us that outdoor space for children who attend after school could be improved. However, they recognised that children often visit local parks, which supports their wellbeing. We discussed with the manager developing all outdoor spaces further would support children's curiosity, imagination and problem solving. Plans were being developed to help improve outdoor play opportunities for all children.

Children explored the variety of play materials and spaces available to them. However, due the layout of playrooms and adult-led routines, some children had limited opportunities to engage in quality indoor play experiences to support their learning. Staff told us they were in the early stages of auditing play spaces. We suggested consideration should be given to removing play materials no longer needed and reviewing the amount and positioning of furniture. This should include ensuring play spaces are accessible to children and offer open-ended play opportunities (see area for improvement 1).

Whilst the setting was mostly clean and well-maintained we identified improvements needed to improve infection prevention and control. For example, some soft furnishings needed replaced or washed and cot mattresses did not have wipeable covers. Nappy changing facilities in the 3-5 room should be improved and some toilet areas should be cleaned further to help prevent the potential spread of infection (see area for improvement 2).

A variety of measures were in place to help keep children safe. This included a secure main entrance, secure garden and risk assessments. The manager identified where they planned to make further improvements to internal playroom doors to help increase security. For example, adjusting the closing mechanisms.

Areas for improvement

1. To ensure children receive care in a safe environment, infection control procedures should be improved. This should include, but is not limited to, ensuring cot mattresses have wipeable covers, regular cleaning of soft furnishings and improvement to nappy changing areas.

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 5.24) and 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 2.23).

2. To support children's play and learning, improvements should be made to the environment to promote curiosity, problem solving and curiosity. This should include ensuring children can access well-organised play spaces, open-ended materials and high quality resources and reviewing daily routines.

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

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials' (HSCS 1.31) and

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 2.23).

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 improvement are led well.

Vision values and aims were in place, which included, creating a happy and nurturing place, where children feel safe. The service should ensure they work towards their vision of improving self-evaluation and supporting staff learning, to improve outcomes for children.

Families received relevant information about the service through a variety of ways. For example, online journals, notice boards and day-to-day conversations. Most families were happy with the amount of communication they received and one parent told us "I like that the service keeps me updated on all my child's development and what they do throughout the day. I like that the staff within the setting are great, knowledgeable & caring. I cannot fault the nursery." However, a couple of parents would like more updates about their child's day and one parent told us they would like "more communication about child's progression." We discussed this with manager to consider as part of their self-evaluation of the service.

Improvement plans in place identified what the service could do to improve outcomes for children. For example, the service had made positive progress increasing family engagement. This included the introduction of stay-and-play sessions and informal parents evenings. Parents responded positively and welcomed these opportunities. However, the service had made limited progress with plans to improve literacy and the outdoor environment. Leaders plan to carry these forward for the year ahead. We shared

suggestions on how to help support their improvement journey. We signposted the manager to further information on our website.

Leaders were in the early stages of developing approaches to self-evaluation. We discussed how this could be improved to ensure they identify areas for improvement. We found staff were eager to improve experiences for children and would benefit from opportunities to reflect together, to ensure that any changes are underpinned by current best practice. For example, improving mealtimes, play spaces and daily routines.

Informal monitoring systems were in place to support staff in their practice. These systems should be strengthened to help ensure monitoring and auditing leads to positive changes to improve outcomes for children. Staff would benefit from opportunities to discuss their strengths and identify development and learning needs. This would also support the development of leadership roles within the setting (see area for improvement 1).

Areas for improvement

1. To ensure that quality assurance processes impact positively on outcomes for children, they should be developed to become more robust, helping to identify and prioritise improvements needed. This should include, but is not limited to, developing achievable improvement plans and strengthening self-evaluation processes.

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?

3 - Adequate

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

Quality indicator 4.3: Staff deployment.

New staff members benefitted from a meaningful induction, which supported them in their role to care for children. Mentoring systems had recently been established and offered further opportunities for new staff to discuss and reflect on their progress, promoting their confidence and wellbeing.

Staff took time to build positive relationships with children and families. They valued relationships and recognised these as a strength of the service. One staff member told us "Meiklewood is a fun, welcoming & nurturing environment. We provide our children with a safe environment to explore and develop and form positive friendships." Parents agreed that the team are friendly and welcoming. One parent told us "the staff do an amazing job of building relationships with the children, I feel so comfortable leaving my [child] with them."

Staff participated with learning opportunities to help them in their role to keep children safe. For example, child protection training, first aid and safe sleeping. However, staff would benefit from further opportunities for professional development, to support them in their practice. For example, child development, nurture and supporting children with additional needs.

Staff rotas in place helped ensure there were enough staff to provide care for children. However, improvements were needed across the day to promote high quality outcomes for children. For example, staff breaks over mealtimes meant children experienced a change of staff caring for them. Consistency during this time would help ensure children are well-supported and relevant information can be easily communicated with families. One parent told us "my child is settled in their nursery room, however, I feel that staff need to communicate more with each other regarding children's day when feeding back to parents as it's often a case of I wasn't at lunch with that child or having to find someone who was etc." (see area for improvement 1).

At times, children within the 3-5 room had limited opportunities to access all play spaces, due to adult-led routines and staff deployment. For example, one of the playrooms was closed at various points through the day. We discussed with the manager the importance of ensuring children have better access to all play areas, to promote their play opportunities, choices and wishes (see area for improvement 1).

Staff communicated well with each other and they had established positive relationships which promoted a positive environment for children. For example, daily discussions and regular updates to registers to ensure all children were accounted for. This helped keep children safe. We discussed with managers that more regular opportunities for staff to come together would further support communication. Managers took action to establish this before the end of the inspection. This would help ensure staff are kept up to date with developments within the service and can share relevant information to help meet children's needs.

We reviewed staff recruitment processes in place and were satisfied that staff were safely recruited, helping ensure they had the necessary skills and knowledge to provide care for children. Staff were registered with a regulatory body for example, the Scottish Social Services Council and General Teaching Council. One staff member was not currently registered, however, the service took steps to action this.

Areas for improvement

1. The manager should ensure staff are deployed in a way that meets the needs of children attending the service. This should include, but is not limited to, ensuring consistency of staff at mealtimes and deploying staff to maintain access to play spaces for children.

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

'My needs are met by the right number of people' (HSCS 3.15) and 'My care and support is consistent and stable because people work together well.' (HSCS 3.19).

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?	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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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