

Thrive Childcare and Education Happitots Robroyston Day Care of Children

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Type of inspection:
Unannounced

Completed on:
3 April 2024

Service provided by:
Enchanted Forest Nursery
(Bishopbriggs) Ltd

Service provider number:
SP2015012422

Service no:
CS2015334602

About the service

Thrive Childcare and Education Happitots Robroyston was registered with Care Inspectorate on 22 May 2015. The service is provided by Enchanted Forest Nursery (Bishopbriggs) Ltd and is registered as a day care of children service to provide a service to a maximum of 81 children not yet attending primary school at any one time. No more than 24 are aged under 2 years; and no more than 57 are aged 2 years to those not yet attending primary school full time, with no more than 25 aged 2 to under 3.

About the inspection

This was an unannounced inspection which took place on Tuesday 2 and Wednesday 3 April 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 people using the service and 16 of their family members by Microsoft forms survey and email
- spoke with all staff and the management team
- observed practice and daily life
- reviewed documents.

Key messages

- Most children were cared for by staff that knew them well.
- Further training should be provided to ensure all staff understand and demonstrate child centred, value-based practice in line with children's rights.
- Improvements in staff and management confidence and skills were needed to ensure child protection and safeguarding processes and procedures were implemented where appropriate.
- Quality assurance processes and self-evaluation were not yet effective in promoting continuous improvement and good outcomes for children.
- Staff were not always effectively deployed to meet the changing play and personal needs of children throughout the day.

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?	3 - Adequate
How good is our leadership?	2 - Weak
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?

2 - Weak

We evaluated this key question as weak. While we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator: 1.1 Nurturing care and support.

Children under the age of three years benefited from warm and nurturing interactions with consistent caregivers who knew their needs and preferences well. As a result, most younger children were happy and settled. However, this was not embedded throughout the service. While some staff working with children over the age of three acknowledged children's emotions and responded respectfully, this was not consistent practice. The tone and manner of some interactions from staff did not always support the overall wellbeing and nurture of children and, on a number of occasions, staff were not attuned to children's needs, wishes and choices. As a result, children did not always receive nurturing care and support that met their needs. In addition, some staff working with older children should be more aware of their language and tone of voice used when making comments regarding children's presentation to ensure children's dignity is always respected. The provider must ensure that all staff understand and demonstrate child centred, value-based practice in line with children's rights at all times (requirement 1).

Children were provided with nutritious meals and snacks, and fresh drinking water was available throughout the day to support them to remain hydrated. Whilst we recognise that mealtime experiences for younger children were calm and unhurried, we found that opportunities to support children's confidence and independence was not consistent and that children were not involved in the preparation and planning of snacks and meals. Some staff were task focused which resulted in some children being left unattended whilst eating. Staff should ensure children are fully supervised during mealtimes to minimise the potential risk of choking. We have asked the management team to monitor and improve the mealtime experiences as part of their quality assurance systems to ensure children benefit from a safe and consistent mealtime (see quality indicator 3.1, requirement 1).

Whilst some staff spoke confidently of the processes and procedures they would follow should a protection concern arise, we found that on one occasion the management team failed to take appropriate action to follow up on wellbeing concerns shared by staff, and that the communication and systems in place to record and action child protection and wellbeing concerns were ineffective. This meant that children were not always kept safe and protected by staff that had a clear understanding of their role and responsibilities in safeguarding children. We discussed our concerns with the senior leadership team and the manager of the service who agreed to undertake an internal investigation to explore where improvements could be made. Further upskilling of staff and management is required to ensure children are consistently protected from harm (requirement 2).

Quality Indicator: 1.3 Play & learning.

Children under three years had fun throughout the day. They were happy and confident in the setting and approached staff for assistance or to include them in their play. Most confident young children were able to access resources independently and choose where and how to play and explore.

Children's wellbeing needs were not always met as staff had a limited understanding of child development. For example, where some children had opportunities to develop and extend their language, literacy and numeracy skills we found that experiences to support this were delivered in a manner that was adult directed and not through responsive, child-initiated play. This resulted in some staff having unrealistic and unachievable expectations of children and how they progress and develop. To ensure children consistently receive high quality play and learning experiences a programme of training should be implemented to ensure staff skills and confidence is improved. Staff would further benefit from training relating to child development and observing children. This would support them to provide developmentally appropriate, stimulating play opportunities and know when to intervene to support and extend children's learning (area for improvement 1).

Child-centred planning systems were not yet fully established. To support children's wellbeing, learning and development, we recommended improving planning processes for play and learning at the services' previous inspections. However, we found that limited improvements had been made and, as a result, children were not consistently supported by good quality observations and effective assessments that demonstrated an understanding of children's play or behaviours. There were also missed opportunities to support children in their choice of where to play. This included when the routine of the day interrupted children's engagement unnecessarily to tidy up resources or engage in large group, adult directed activities. To ensure children benefit from play opportunities that take account of individual interests and meet their needs, planning for play and learning should be improved. We made an area for improvement about this at previous inspections. This area for improvement has not been met and remains in place.

Requirements

1. By 31 May 2024, the provider must ensure that all staff understand and demonstrate child centred, value-based practice in line with children's rights. To do this the provider must, at a minimum, ensure that all staff receive training or undertake self-directed study which supports their understanding to consistently acknowledge children's emotions, listen and respond respectfully to their needs and wishes and to challenge and report staff practice that does not respect children's wellbeing.

This is to comply with Regulation 4(1)(a)(b) (Welfare of users) of the Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1)

2. By 31 May 2024, the provider must ensure children are appropriately safeguarded and protected from harm. To do this the provider must at a minimum:

a) Ensure the management team and staff have the appropriate knowledge, skills and experience necessary to protect children from harm, including the implementation of national, local and the service's own child protection procedures.

b) Ensure the management team and staff are competent in completing chronologies and use these to ensure appropriate action is taken to support children and their families.

This is to comply with Regulation 4(1)(a) (Welfare of users), Regulation 7(2)(c) (Fitness of managers), and Regulation 9(2)(b) (Fitness of employees) 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 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 ensure children receive high quality experiences through play and positive interactions with staff, the provider and management team should support staff to develop their skills. To do this, the provider should, at a minimum, improve the quantity and quality of resources available to children; and arrange a programme of staff training to children's play.

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

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 benefitted from a secure and clean environment. Areas throughout the service were bright, well ventilated and well maintained. Furnishings were comfortable, in a good state of repair and children's artwork and photographs were displayed throughout the service promoting their sense of belonging and inclusion.

Some cosy spaces where children could rest and be alone supported their emotional wellbeing, and the calm environment for children under three years supported them to remain settled and relaxed. To support all children's emotional wellbeing, staff should continue with their plans to further develop cosy nurturing spaces using soft lighting and furnishings throughout the setting.

Whilst we recognise that some furniture pieces were of good quality, we found that there were limited supplies of play materials within many play areas which limited children's opportunities to choose from a wide range of resources. For example, we observed lack of basic creative items such as felt tip pens and paint. This meant children did not benefit from an environment that supported them to develop their curiosity, creativity or learn through their chosen play ideas (see quality indicator 1.3 area for improvement 1).

Whilst we recognise that children did have some access to outdoor play, we found that this was restricted by staff. Staff told us the garden for babies was unsuitable during wet weather and there were not enough prams available for all babies to access their wider community at the same time. This meant some children missed the opportunity for outdoor play. Staff and management should ensure that children have consistent daily access to outdoors and, where playrooms have doors that open directly on to safe outdoor play spaces, this should be free flow access to enable children the choice to access outdoors at a time that suits their

individual needs. We made an area for improvement about this at previous inspections. This area for improvement has not been met and remains in place.

We reviewed risk assessments that were in place and found them to identify risks for children and staff. Risk assessments detailed clear mitigations to support children to be cared for safely. Most parents who provided us with feedback agreed or strongly agreed 'My child is safe whilst in this setting.' To ensure children are cared for in a safe environment, we asked the management team that processes for reviewing and updating risk assessments are considered as part of the service's quality assurance processes..

Whilst we recognise that many staff members had undertaken online infection prevention and control training and were mostly supporting children to engage in hand hygiene procedures, we found that overall infection prevention and control practices were ineffective. For example, we observed a burst changing mat was in use, not all staff were clear on when to apply and remove Personal Protective Equipment (PPE) during personal care routines and mealtimes, and staff were not using foot pedals to open bins which resulted in ineffective staff hand hygiene. We discussed with the management team that all staff should be supported to revisit or undertake infection prevention and control training and recommended that staff practice should be further considered within the service monitoring processes to ensure staff are applying knowledge gained from training into practice. This would support a safe environment for children.

How good is our leadership?

2 - Weak

We evaluated this key question as weak. While we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 3.1 Quality assurance and improvement are led well.

A succession of changes to the senior leadership and staff team had at times led to uncertainty for children and families. As the result of significant changes, we suggested the service would benefit from revisiting the vision, values and aims for the service. This would ensure they reflect the views, wishes and aspirations of the current stakeholders.

Communication with families had improved and now included weekly emails, monthly newsletters and communication through learning journals. Most parents who provided us with feedback agreed 'My child and I are involved in a meaningful way to help develop this setting and our ideas and suggestions are used to influence change.' This meant families were now informed of changes within the service and felt included in their child's care.

Throughout this inspection report we have identified significant weaknesses that require priority action to improve the quality of care and support for children. In February 2023 the Care Inspectorate required the provider to develop and improve quality assurance systems to support them to identify strengths and areas for improvement enabling them to take appropriate action when needed. However, we found that the provider had not prioritised embedding robust quality assurance processes and, as a result, limited improvements had been made. Where monitoring had been undertaken, we found that in some instances this was ineffective or was not completed by appropriate personnel. For example, a recent medication audit had been undertaken, however, this did not identify errors in dosage details and where the audit recognised medication had expired, no prompt action had been taken to ensure medication was always available for the child. We have repeated this requirement and suggested that quality assurance processes are prioritised to secure positive outcomes for children (requirement 1).

Services are required to notify Care Inspectorate when certain accidents, incidents or allegations are made. On several occasions the service failed to notify Care Inspectorate as required. As a result, children's safety and wellbeing was compromised. We discussed our concerns with the senior leadership team and the manager of the service who agreed to undertake retrospective internal investigations, share the findings with relevant families and submit the requested notifications. To enable the management team to build their knowledge and confidence within their role, we require the provider to implement a plan for ongoing training and support (requirement 2).

We shared concerns with the senior leadership team regarding the service's capacity to sustain improvements. For example; concerns over staffs knowledge and understanding of infection prevention and control practices were raised in 2021, concerns over staff knowledge and understanding of safeguarding were raised in 2023, and both are highlighted within this inspection report as areas for further improvement. In addition, in 2022 we asked that improvements were made to the planning for play and learning processes and to support children to access outdoors, both remained unmet. This demonstrated poor capacity to make and sustain improvements, putting children's health, safety and welfare at risk of harm. The provider and current management team should develop a robust strategic improvement plan outlining how they plan to make improvements to enhance experiences and outcomes for children and should consider using the weaknesses highlighted throughout this report as a starting point for improvements.

Requirements

1. By 31 May 2024, extended from 28 April 2023, the provider must demonstrate to the Care Inspectorate that the service has reviewed and further developed monitoring and quality assurance arrangements to ensure the service is identifying areas of success and areas for further improvement. In order to achieve this, the provider must, at a minimum:
 - a) develop and implement an improvement plan which identifies clear priorities for improvement and the actions taken to achieve this.
 - b) improve communication methods with families to ensure all families are included within these processes and ensure that relevant information is shared with families timely. This will ensure all parents feel well informed.
 - c) ensure views are routinely sought from children, staff and parents on aspects of the service and that these views are used to inform improvement planning.
 - d) ensure self-evaluation processes are developed which include the introduction of formal systems that supports reflective practice across the setting.
 - e) ensure monitoring of staff practice and children's play and learning experiences is regularly carried out to identify strengths and any areas for further improvement. Monitoring the quality of children's mealtimes should be prioritised to ensure they are safe and nurturing.
 - f) monitor the quality of children's personal plans and learning journals to ensure these reflect children's current health, welfare and safety needs.
 - g) implement a process for monitoring staff registration with regulatory body Scottish Social Service Council

(SSSC) to ensure all staff are registered.

This is in order to comply with Regulation 7(2)(c) of The Social Care and Social Work Improvement Scotland (Requirements for care services) Regulations 2011 (SSI 2011/210).

This is also 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 an organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. By 31 May 2024, the provider must ensure that management team demonstrate the skills, knowledge and experience necessary to manage the service. They must ensure that those employed to manage and lead the service are provided with the opportunity to develop skills appropriate to their role and to seek support and guidance where required. In order to achieve this, the provider must at a minimum;

a) develop and Implement a plan for further support and training for the management team. Training and support should include but not be limited to; reviewing national and local child protection guidance, implementing internal policies and procedures to ensure investigations are undertaken where children's health, welfare or safety is compromised or at risk and reviewing Care Inspectorate's 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'

b) complete written retrospective accounts or internal investigations for the incidents identified during inspection which had not been actioned appropriately. This should document the providers findings, any future learning including identified training needs for staff, disciplinary action taken and any referrals to the regulatory body Scottish Social Services Council (SSSC) if required.

This is to comply with Regulation 7(2)(c) (Fitness of managers) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

The ratio of staff to children met, and exceeded, requirements set by the conditions of the service's registration. The service had recently successfully recruited several new staff members and the addition of support staff ensured children were mostly cared for by familiar adults. This supported children's wellbeing.

Staff were aware of how many children were in attendance at any time during the day. Staff used a whiteboard to update when children arrived or departed from the service and they worked well together to communicate and update this information. This helped to keep children safe.

Whilst we recognised that there were sufficient numbers of staff in place, we found that the deployment of staff at times throughout the day negatively impacted on children's experiences. For example, on the first day of our inspection, staff deployment restricted children's opportunities to explore free flow play within the 3-5 playroom, and opportunities for all children to choose to play between indoors and outdoors was

reduced. In addition, poor staff deployment resulted in some children not receiving appropriate supervision during mealtimes. Management should monitor the deployment of staff to ensure children's care, play and learning experiences are not restricted.

Staff told us they felt supported by colleagues and their manager and that they felt comfortable to raise concerns or ask for support if required. A process for undertaking staff professional development reviews had been implemented, however, we found that the quality of these reviews were varied and, where staff had expressed work related or wellbeing concerns regarding children in their care, the management team failed to take appropriate action to support staff and protect children. We have made a requirement regarding improving the management teams confidence in implementing internal policies within quality indicator 3.1 requirement 2.

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

Requirements

Requirement 1

By 29 December 2023, extended from 28 April 2023, the provider must demonstrate to the Care Inspectorate that the service has reviewed and further developed monitoring and quality assurance arrangements to ensure the service is identifying areas of success and areas for further improvement. In order to achieve this, the provider must, at a minimum:

- a) develop and implement an improvement plan which identifies clear priorities for improvement and the actions taken to achieve this
- b) improve communication methods with families to ensure all families are included within these processes and ensure that relevant information is shared with families timely. This will ensure all parents feel well informed
- c) ensure views are routinely sought from children, staff and parents on aspects of the service and that these views are used to inform improvement planning
- d) ensure self-evaluation processes are developed which include the introduction of formal systems that supports reflective practice across the setting
- e) ensure monitoring of staff practice and children's play and learning experiences is regularly carried out to identify strengths and any areas for further improvement. Monitoring the quality of children's mealtimes should be prioritised to ensure they are safe and nurturing
- f) monitor the quality of children's personal plans and learning journals to ensure these reflect children's current health, welfare and safety needs
- g) implement a process for monitoring staff registration with regulatory body Scottish Social Service Council (SSSC) to ensure all staff are registered.

This is in order to comply with Regulation 7(2)(c) of The Social Care and Social Work Improvement Scotland (Requirements for care services) Regulations 2011 (SSI 2011/210).

This is also 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 an organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 7 February 2023.

Action taken on previous requirement

Whilst we recognise that some monitoring of service delivery had been undertaken, we found that this was inconsistent and had not contributed to improved outcomes for children and families. Throughout this inspection report we have outlined important weaknesses which require priority action. Effective and robust quality assurance systems would enable the provider to monitor progress. To support the provider to make the required improvements, we have extended the time scale for compliance. The requirement will now read;

By 31 May 2024, extended from 28 April 2023, the provider must demonstrate to the Care Inspectorate that the service has reviewed and further developed monitoring and quality assurance arrangements to ensure the service is identifying areas of success and areas for further improvement. In order to achieve this, the provider must, at a minimum:

- a) develop and implement an improvement plan which identifies clear priorities for improvement and the actions taken to achieve this
- b) improve communication methods with families to ensure all families are included within these processes and ensure that relevant information is shared with families timely. This will ensure all parents feel well informed
- c) ensure views are routinely sought from children, staff and parents on aspects of the service and that these views are used to inform improvement planning
- d) ensure self-evaluation processes are developed which include the introduction of formal systems that supports reflective practice across the setting
- e) ensure monitoring of staff practice and children's play and learning experiences is regularly carried out to identify strengths and any areas for further improvement. Monitoring the quality of children's mealtimes should be prioritised to ensure they are safe and nurturing
- f) monitor the quality of children's personal plans and learning journals to ensure these reflect children's current health, welfare and safety needs
- g) implement a process for monitoring staff registration with regulatory body Scottish Social Service Council (SSSC) to ensure all staff are registered.

This is in order to comply with Regulation 7(2)(c) of The Social Care and Social Work Improvement Scotland (Requirements for care services) Regulations 2011 (SSI 2011/210).

This is also 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 an organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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 support children's wellbeing, learning and development, improvements should be made to the planning for play and learning processes. Children's ideas, wishes and interests should inform planned play experiences and should be evident within the observation, assessment and planning cycle. The provider, manager and staff should ensure that information about children's development and learning is consistently recorded and shared with parents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported to achieve my potential in education' (HSCS 1.27) and '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).

This area for improvement was made on 6 September 2022.

Action taken since then

We found that insufficient progress had been made with this area for improvement and concluded that this was not met. Some training had been undertaken to support staff's understanding of planning for children's play and learning, however, most of those staff who had undertaken the training were no longer employed by the service. As a result gaps remained with the planning for play and learning processes and children were not sufficiently challenged or supported to reach their potential. We will review any further progress made this area for improvement at the service's next scrutiny activity.

Previous area for improvement 2

All children should have routine daily access to stimulating outdoor play. Staff should recognise that some children have a preference for learning outdoors and should minimise the barriers for them accessing the outdoor space. Management and staff should review the outdoor provision and include planning for outdoor learning within the planning cycle that include planning for outdoor play and learning experiences beyond the setting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'As a child, I play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

This area for improvement was made on 6 September 2022.

Action taken since then

We found that insufficient progress had been made with this area for improvement and concluded that this was not met. We found that whilst the layout of the premises provided opportunities for children aged two to five years to have free flow access to the outdoor play areas, this was not supported by staff or the management team. We observed that for most children attending the service, their time outdoors was limited. In addition where children did access their local community, this was not well planned for to consider children's opportunities to play, explore and make connections with their wider world. We will review any further progress made with this area for improvement at the service's next scrutiny activity.

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?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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