

Puddleduck Private Nursery Day Care of Children

18 Cathedral Square Glasgow G4 OXA

Telephone: 01415 527 569

Type of inspection:

Unannounced

Completed on: 21 March 2024

Service provided by: Puddleduck Nursery Ltd

Service no: CS2017354017

Service provider number:

SP2017012863



About the service

Puddleduck Private Nursery is a day care of children service in the city centre of Glasgow. The service is located in premises within a church building in Cathedral Square. The service is in partnership with Glasgow City Council to provide commissioned places for children aged between three and five years and for eligible two year olds.

The service can accommodate 44 children not yet attending primary school at any one time. This includes no more than 12 children aged 1 year to under 3 years and no more than 32 children aged 3 years to those not yet attending primary school full time.

The accommodation consists of one large playroom and a playroom with an adjoining space. Children have access to an outdoor play area for physical play and outdoor learning. There is changing and toilet facilities for children and office, catering and staff facilities.

The service is close to transport routes, shops and community services.

About the inspection

This was an unannounced inspection which took place on 20 and 21 March 2024. The inspection was carried out by one inspector 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
- reviewed feedback from six parents and carers whose children attend the service
- reviewed feedback from six staff members employed in the service
- spoke with management and staff
- observed practice and staff interactions with children
- · reviewed documents.

Key messages

- Staff used kind and nurturing approaches which made children feel welcome and contributed to positive relationships.
- Older children were maximising opportunities for free flow access to outdoor environments.
- The manager and staff should review the systems in place for planning and observations of children's play and learning.
- The provider must ensure safe recruitment procedures are followed to ensure staff are recruited safely and staff are registered with Scotlish Social Services Council (SSSC).
- The manager should revisit the deployment of staff and supervision of children at lunchtime to ensure children's safety and wellbeing.
- Staff were passionate about their additional responsibilities of champion roles.
- · Management were visible, friendly, and approachable to children, families and staff.
- Improvements had been made in the involvement of parents and children in planning for improvements and self-evaluation of the service.

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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

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

How good is our care, play and learning?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality indicator 1.1: Nurturing care & support

Children's care and learning routines were delivered with kindness and compassion from staff who were warm, nurturing and caring towards children. This helped children feel secure and contributed to the positive relationships they had with staff. The interactions between staff and children were responsive and engaging. We observed children approaching staff for cuddles and staff responded with cuddles. This helped children feel loved and secure. One parent who provided feedback shared with us, "My child is happy and speaks fondly of his nursery teachers. Children are given a range of activities to engage in. They cater to my child's dietary requirements. The staff are friendly and welcoming and reassuring. Outdoor play is encouraged."

Children were happy and almost all children appeared settled. New children were settling into the service and visits were tailored to meet children's individual needs. This supported children and their families to settle at a pace that was right for them.

Children had developed friendships which enhanced their wellbeing and were familiar with nursery routines. They were confident in their environment, and we observed some children approach staff for support. This showed they felt comfortable with staff who cared for them.

There was no medication stored on the premises during our visit. We reviewed medication records in the service. These had been completed for the administration of medication to children and records were completed to sign medication in and out of the service. We viewed a child's personal plan which noted they had an allergy. There was no other information recorded of the signs and symptoms or the steps to take should they be exposed to the allergen. We discussed this with management and on return to the service the next day, a health care plan was in place to support the child's health and wellbeing.

Personal Plans were in place for children. Most plans contained information which helped staff to meet children's needs. These included information and comments in relation to individual SHANARRI wellbeing indicators (safe, healthy, achieving, nurtured, active, respected, and responsible). The plans were created in partnership with parents, and we could see contributions from parents for children's next steps and learning. Additional wellbeing plans were in place to support some children. We discussed with management how personal plans could be improved to include the introduction of a chronology to record significant events. We signposted the manager to Care Inspectorate Practice guide to Chronologies.

Quality indicator 1:3: Play and learning

Children were having fun, and most children were engaged in a variety of play experiences. Some children were leading their own play and learning, and staff were responsive to children's interests to support this. Play experiences indoors and outdoors provided opportunities for children to develop their skills in language, literacy, and numeracy.

Outdoors children were mark making with chalk and drawing "monsters" on different surfaces. This supported their play and learning of their current interest in the story book 'The Colour Monster.' Children were exploring the concept of pouring and filling with water. Indoors children were looking at pages within story books and joining in imaginative play using toys and resources. Younger children had opportunities to develop their senses when exploring the texture of sand and paint and exploring sounds with the musical floor piano. There were opportunities to develop physical skills and movement when playing with push along toys.

We observed older children having fun in their outdoor spaces. Some of the equipment available to children enabled them to take positive risks and there were opportunities to be challenged in their play. Older children were maximising opportunities to free flow to the outdoor environment. Staff were acknowledging and welcoming children as they entered play spaces. There were missed opportunities for outdoor play for younger children who did not access fresh air until late afternoon. Children should be provided with opportunities for fresh air and physical play outdoors throughout the day to support their health and wellbeing.

We sampled children's observations and planning and saw that information within these varied across the staff team. There were differences in staff skills in the recording of planning and observations, and there were discrepancies in how often this happened. We discussed with management planning for children should be improved and include capturing the child's voice and their interests. Meaningful plans and individualised observations for all children with clear and specific next steps for learning has the potential to improve outcomes for children's play and learning (see area for improvement 1). One parent who provided feedback shared with us, "We don't really receive updates of what the kids have been doing that day or any information regarding that." In contrast another parent shared with us, "staff are incredibly supportive of my child when reaching his milestones, always going the extra mile to ensure they are supporting families alongside the children's they care for. The staff on the floor provide great learning experiences tailored to the needs and preferences of the children, this is seen throughout the learning journals."

Areas for improvement

1. To support children to achieve their potential, the service should further develop its approach to providing high-quality play, based on children's needs and interests. To achieve this, consideration should be given to:

- reviewing and developing the planning and observation approaches to support children's play and learning.
- staff engage in professional development in observation and curriculum planning approaches that support children's engagement in collaborative play.

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

4 - Good

We evaluated this quality indicator as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality indicator 2.2: Children experience high quality facilities

Children were cared for in an environment that was safe, secure, bright, and clean. The service had undergone a refurbishment of toilets for older children which were completed to a high standard. The three to five years playroom was spacious for children. There was ample space for children to play independently or in groups. We saw children using the stage area as a cosy space with opportunities to rest or relax on soft furnishings, contributing to a calm environment. Younger children had opportunities to move between two play spaces, one of which was a sensory room. We discussed with the management team the addition of soft furnishings and resources would contribute to a cosy play and learning environment for children. Parents who provided feedback, shared with us, "I love that the staff go above and beyond making my child safe and happy. Friendly welcoming environment" and a "Great open space for the children."

A selection of toys and resources were available for children to include natural and loose part materials. The storage of resources was accessible to children and organised to promote curiosity and support children's choices. The service had identified loose parts as an area of development within their improvement plan and had plans for further developments. We identified gaps in toys and resources in some play areas. Staff and management shared with us additional toys and resources had recently been ordered and they were awaiting their delivery. This has the potential to improve outcomes for children's play and learning.

Older children had free flow access to the outdoor play area. The service had made developments to the area to include the addition of a bamboo fence and installation of a gate. The area was safe and secure for children, contributing to their health and wellbeing. The service had used loose part materials to create opportunities for risky, and challenging play and to extend the range of experiences available to children for play and learning. Sheltered areas, from the weather were available for children contributing to children's health and wellbeing. The service had further plans of development for outdoors to include changes to the surface of the ground and to extend opportunities for children's play and learning.

Children were observed washing their hands before mealtimes and tables were cleaned. Staff were wearing personal protective equipment. We observed hand washing could be improved with all children being encouraged to wash their hands after mealtimes. A portable handwash sink in the three to five years playroom was not working for some time during out visit. This contributed to children needing to wash their hands in the toilet areas. We observed some staff in younger playrooms who had an operational portable handwashing sink were using hand sanitiser to clean their hands. Handwashing should take place with soap and running water unless advised otherwise. We discussed with management staff handwashing should be improved.

How good is our leadership? 3 - Adequate

We evaluated this quality indicator as adequate. While some strengths had a positive impact, key areas need to improve.

Quality indicator 3.1: Quality assurance and improvement are led well

The management team were dedicated and committed to the service and engaged with the inspection process. They were visible, friendly, and approachable to children, families, and staff and knew them well. Staff shared with us they felt supported by the management team, and they spent time in playrooms. One parent who provided feedback shared with us, "Management and supervisor staff are incredibly knowledgeable and professional when engaging with them."

We looked at how the service recruited staff. A more robust procedure must be in place for safe recruitment checks. While we noted that some checks had been carried out prior to employment, we found a staff member was being employed with only one reference in place and another staff member had not received a reference from their most recent employer (see requirement 1). We shared the best practice guidance 'Safer Recruitment through Better Recruitment' to continue to support recruitment within the service.

A staff member was being employed in the service without receipt of a Protecting Vulnerable Groups certificate. As a result the staff member had not registered with the regulatory body Scottish Social Services Council (SSSC). This contributed to the service not meeting SSSC legislation whereby staff working in a service for six months or more must be registered. We asked for a risk assessment to be put in place. This would contribute to mitigating the risks to children's safety and wellbeing and safeguarding the children (see requirement 2). As SSSC has paused registration between 10 April and 3 June, this results in a longer timescale to achieve the requirement.

An improvement plan was in place which identified the service's priorities. Management and staff shared with us the progress they had made to digital learning and loose parts. They told us the positive impact the plan was having on children and their families. One staff member who provided feedback shared with us, "The children have been learning a lot more about digital strategy and how things work which most children have shown a keen interest in and we are working to implement a digital strategy area within the room."

There was distributed leadership in the service with staff having responsibility and champion roles to include attachment, additional support needs and attainment. Staff were confident and passionate to tell us their responsibilities and the positive impact these were having on children and families.

Management understood the importance of involving children and families to inform planning and the development of the service. The service had established a parents and a children's committee. Management shared examples of consultations in menu developments, choosing new resources for the service and developments to the outdoor play area. We discussed with management this could be improved with sharing the outcome and impact of the changes made.

Some staff participated in peer monitoring and shared feedback on strengths identified and areas to improve practice. Management had very recently implemented monitoring of playroom practice. We discussed with management the benefits of focusing on specific areas when monitoring and the recording of clear action points for improvement. Re-visiting these areas has the potential to provide opportunities for reflection and improve outcomes for children and their families. The introduction of a quality assurance calendar will contribute to supporting processes for continued improvements.

We discussed with management monitoring and reviewing the three to five room routine at lunchtime. We observed some staff were task-orientated and not always sitting with children when having their lunch. We observed instances when children were left unsupervised when eating. This has the potential of children choking on food. We signposted management to Care Inspectorate Practice note - 'Keeping children safe: supporting positive mealtime experience in early learning and childcare (ELC).' Mealtimes could be improved for children by being encouraged and supported to self-serve at the table they are sitting. This has the potential to enable a sociable and safe mealtime experience for children (see area for improvement 1). We observed children having snack in the younger playroom. Staff were sitting with children who were well supervised and was a sociable experience for children.

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Requirements

1. By 19 April 2024, the provider must ensure all staff working with children have been safely recruited to the service and procedures include but not be limited to a suitable Protecting Vulnerable Scheme Group record in place and receipt of a minimum of two references, including one from the candidate's previous employer.

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 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).

2. By 31 July 2024 the provider must ensure all staff working with children are registered as appropriate with a regulatory body. This must include but not be limited to undertaking regular monitoring of 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 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).

Areas for improvement

1. To support high quality supervision, interaction, and engagement the manager must review and improve the deployment of staff at lunchtime. This should ensure children's safety and wellbeing and promote opportunities for children's independence.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state, 'People have time to support and care for me and to speak with me.' (HSCS 3.16).

How good is our staff team?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality Indicator 4.3: Staff deployment

There was a small core staff team who were present to care for the children. The staff team provided a wide range of skills and experience to the service. The service had made recent changes to staffing within playrooms and staff were settling in with support from existing playroom staff.

The staff team had undergone changes which had resulted in new staff to the service. New staff were inducted into the service which included reading the service's policies and procedures and understanding their processes. We identified the induction period took place over a relatively short period of time. A

robust induction period over a lengthy period, covering a wide range of skills and tasks would help support staff in their role and understand the expectations placed upon them. We signposted the manager to the 'Early Learning and Childcare - National Induction Resource.'

Staff were deployed indoors and outdoors and supervising children in their play. We observed examples of communication and team working taking place between and within play spaces. We observed the staff team informed each other when leaving the room or attending to a child's needs. Staff were using radio communication to share movements of children from indoors to outdoors, contributing to children's safety and wellbeing.

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

The manager and staff should complete Child Protection training provided by an accredited external organisation.

Health and Social Care Standards 3.14 - 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.

This area for improvement was made on 13 June 2018.

Action taken since then

The management team had attended child protection training with Glasgow City Council. Information from the training had been shared with staff members.

Staff had attended an online child protection training course.

The area for improvement had been met.

Previous area for improvement 2

The manager and staff should complete training on outdoor learning for children.

Health and Social Care Standards 4.11 - I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 13 June 2018.

Action taken since then

The manager and a staff member had attended nature school training. Information from the training had been shared with staff members.

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Management and staff had read good practice outdoor documents. Improvements had been made to the outdoor environment to support children's play and learning.

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.

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate

How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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