

Hop, Skip & Jump Nursery Day Care of Children

St. John's Hall
Russell Place
Forres
IV36 1BL

Telephone: 01309 673 668

Type of inspection:
Unannounced

Completed on:
23 February 2024

Service provided by:
Beth Campbell

Service provider number:
SP2008009842

Service no:
CS2008178083

About the service

Hop, Skip and Jump Nursery is registered with the Care Inspectorate to provide a care service to a maximum of 24 children, aged from three years to not yet of an age to attend primary school and for 10 children aged between two and three years.

The nursery is accommodated within a church hall in the town of Forres, Moray. Children are cared for in two linked playrooms and have access from the playrooms to an outdoor play area. The service is close to local shops, parks and other amenities.

About the inspection

This was an unannounced inspection which took place on 21 February 2024 between 09:45 and 15:45, 22 February 2024 between 08:45 and 14:30, and 23 February between 09:15 and 10:15. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations we:

- Spent time with children using the service and spoke to four of their parents and carers
- Received six responses to our request for feedback from parents and carers via MS Forms
- Spoke with staff and management
- Observed practice and children's experiences
- Reviewed documents.

Key messages

- Children were cared for by kind and caring staff.
- Improvements were needed to ensure personal planning and child protection procedures were in line with best practice guidance.
- Parents told us they would like more information about how their child was progressing in play and learning.
- Improvements were needed to the way in which play spaces and resources were used, in order to improve children's experiences.
- Quality assurance and self-evaluation processes were not yet effective in promoting continuous improvement and good outcomes for children.
- Staff were not always effectively deployed to meet the wellbeing, play and learning needs of children throughout the day.
- The staff team were enthusiastic about improving outcomes for children.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

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.

1.1 Nurturing care and support

Children were cared for by kind and caring staff. They took time to get down to children's level when interacting with them, and offered cuddles and reassurance when needed. When personal care was needed, staff did so discretely and in a nurturing way. These positive interactions supported children's overall wellbeing. Parents told us that, "The staff are so friendly and helpful," and, "My child really likes their key worker, she is very engaging with them."

Mealtimes were relaxed and unhurried, and children were familiar with the routine of washing their hands and coming to the table. The snack and lunch provided by the service were nutritious and balanced, and children opting for school meals could sit with their friends with packed lunches. However, all play had to stop for snack and the whole room was rearranged by the staff team. This meant that their play was interrupted and their choices were restricted at this time. The staff also prepared, served and tidied away food and tables at each mealtime. This meant that opportunities were missed to promote children's independence and social skills. While staff were focused on these tasks they were unable to consistently sit at the table with the children. This meant that children were not always supervised in line with best practice. We signposted the service to guidance on mealtimes and minimising the risk of choking, to support them to address this.

We discussed with the management team, ways in which children could become more involved in preparing and serving their own food and drinks, and signposted them to best practice guidance for this. We advised that the overall mealtime experience be reviewed (**see area for improvement 1**). This would give children further opportunities to learn life skills and develop a sense of responsibility for these important times of the day. Staff told us that they were keen to make changes to improve overall experiences for children and made changes during day two of the inspection to address some of these areas. Children were able to access water to drink at all times in the day, as they were encouraged to bring in their own water bottles. This meant that children were hydrated. We saw children were encouraged to be independent in changing their shoes and putting jackets on. This helped to support their independence and self-care skills.

Children's overall wellbeing was not fully supported through the effective use of personal planning. Where children with specific needs were supported by professionals from other agencies, such as local authority or healthcare professionals, more detailed care plans were in place. Some staff were confident to use the key strategies outlined in these plans and these children were supported as a result. Some personal plans had not been updated and did not contain relevant information to support children's current needs. Parents told us that they were not fully involved in developing and reviewing their child's personal plan. One parent told us, "We don't know what the children are doing and how their development is coming along, we have zero opportunities to have input in their learning or development." We signposted the manager to a guide for providers on personal planning to support the development of these plans. In particular we discussed how gathering information on each of the wellbeing indicators (SHANARRI) would help the service to identify wellbeing concerns and strategies to support children. This would ensure children receive consistent care that is right for them (**see area for improvement 2**).

Some senior staff did not have a clear understanding of their role and responsibilities in relation to safeguarding children. Procedures were in place to record and action child protection and wellbeing concerns but these were not being consistently followed. As a result children's safety and wellbeing was not promoted. We discussed our concerns with the leadership team and were satisfied with their plans to undertake child protection training at the earliest opportunity (**see area for improvement 3**). We were informed that the appropriate training had been undertaken prior to this report being published. This should support an increase in understanding of roles and responsibilities.

1.3 Play and learning

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

Most children were engaged and busy at play. Indoors, children enjoyed free play with large construction blocks, working together to build walls and houses. A member of staff supported children as they played, using questions and vocabulary to build on their interest. Outdoors, children enjoyed imaginative role play in the wendy house as they ran a café, taking orders for food and drinks and serving meals to the staff. This was supported by staff who understood when to let children lead play, and when to support them to extend their thinking. These play experiences provided opportunities for children to learn to play together, develop their creativity and build on their communication skills.

Although children had fun during play, there were some missed opportunities for staff to stimulate children's interest and enhance their learning. For example, one child showed an interest in rolling items down ramps, and although this was recognised by staff as a developmental need, there was no offer to extend this interest. This meant that at times, children's learning was not supported. Staff would benefit from additional training to develop their understanding of how to effectively support schematic play and learning, particularly for the youngest children in their care. This would support children to reach their full potential.

Children benefitted from some opportunities to develop and extend their language, literacy and numeracy skills. For example, they enjoyed rhymes and singing while they gathered before lunch. A height chart on the wall enabled children to talk about measurement and compare how much taller they were now than before. A child's interest in bird boxes had led to discussions and activities for all the children, linked to shape and colour. Resources to support literacy and numeracy learning were limited and often required to be led by adults. We observed staff sharing books in the 2-3 room with a small group of children, and recipe books were available in the play kitchen. However there were few books available in other areas of the nursery and a lack of other cosy, quiet spaces to read or rest. Some literacy resources such as magnetic letters were laid out on a table but had limited attraction to children without an adult on hand to support. We refer to this further under key question 2, where we have made a requirement about developing play spaces.

The garden area within the setting was used for free play. During the inspection the garden was only opened after lunch each day, and this limited children's ability to choose where to play across the entire day. We saw children who enjoyed being outside and made good use of the play equipment there. However, planned opportunities to support play and learning outdoors were limited. This meant that there were missed opportunities to support children's creativity and choices through their play experiences. We refer to this further under key question 4, where we made a requirement about staff deployment. The service did provide children with opportunities for regular trips into the local community. Children talked excitedly about the map on the wall which showed landmarks around the town, such as parks, the duck pond and High Street shops. Group photos of these trips were shared with parents, and parents told us that they valued these updates. We suggested to the management team that next steps would be to share individual observations of children's learning during these trips, linked to learning outcomes.

The service had some approaches in place to evaluate children's progress and achievements. For example, individual folders contained observations of children's play and learning with space for recording next steps, along with drawings and a progress tracker. Some observations were informative and linked to next steps for learning. However, some children had few observations in their folder and these were often not linked to their interests or to their development and learning. As a result, next steps for learning were not consistently being identified.

To further enhance children's opportunities for play and learning, both within the setting and in the community, the service should develop their approach to planned, high quality play and learning experiences for and with children. This will help to ensure that children experience learning that is relevant to them and appropriate to their stage of development.

Parents had limited opportunities to come into the setting to view their learning records. As a result, they did not feel well informed about their child's progress. One parent commented, "I would like to see the learning journals updated more, if this is still something that is done." Another parent told us, "Sometimes there is limited information at the end of each day. It would be nice to be invited into nursery a bit more although I know it is an open door policy." We discussed with the leadership team how planning for, and sharing of, children's development and progress should be central to their improvement work on family engagement.

Areas for improvement

1. To ensure children are nurtured and supported through their daily experiences, the manager and staff should ensure that mealtimes are a safe, relaxing experience that meets the individual needs of children.

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

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'I can enjoy an unhurried snack and mealtimes in as relaxed atmosphere as possible' (HSCS 1.35).

2. To ensure that children's current needs and preferences are planned for and met, the provider should ensure children's personal plans are used in practice and are reflective of children's needs. This should include, but is not limited to, ensuring plans are reviewed and shared with parents/carers, at a minimum of every six months.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

3. To ensure the safety and wellbeing of children, the provider should ensure that they are clear on their roles and responsibilities in relation to child protection. This should include, but is not limited to, accessing training appropriate to their role.

This is to ensure that 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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Children were cared for in a church hall which was used by several other community groups in the evenings. This meant that most resources in the main playroom had to be set out and packed away each day. The main playroom was spacious and airy, with a number of tables set out in the space and a large area for construction. However, there were few homely touches and most of the furnishings were old and uninviting. The decor within the hall itself was tired. This did not provide a warm and welcoming environment for children.

The 2-3 room had recently been repurposed into a "nurture room" for all children to access. This room contained low lights, some sensory resources, such as mirrors and a sand tray, a play kitchen and some soft furnishings. Staff told us that they were proud of the changes they had made to this space. We agreed that this was a positive start in improving the environment.

The outdoor environment comprised an enclosed garden area which could only be accessed when adults were available to escort groups of children from the main door. This meant that children were restricted to playing indoors for large parts of the day, limiting their choices in where to play and when. This fenced area was uninviting and poorly maintained, with grass cover having been worn away. A slide and wendy houses gave some physical play options, along with sports equipment stored in containers, but overall the area looked neglected. Parents and staff told us that the garden was especially unappealing in summer months due to large amounts of dust being kicked up.

The indoor and outdoor environments and resources did not support the children's stages of development and current interests. The setting did not offer children a range of rich, stimulating play resources to support and develop their learning. There were limited natural, open ended materials and sensory play opportunities such as water and sand. This restricted children's opportunities to explore, investigate and to support their creativity and curiosity. Children were asked which resources they would like to select for the following week, by looking at pictures and a whiteboard. However children had limited opportunities in the course of the day, to select different resources than those that had been set out by adults. We advised the management team to identify ways in which opportunities to self-select resources could be increased.

The service had identified the outdoor space as an area for development in their improvement plan. Whilst we agreed that this was necessary, we advised that an audit of the whole environment, indoors and outdoors, be carried out. Leaders and staff should consider how spaces and resources are organised and accessed to promote children's curiosity, engagement and the quality of learning. We made a requirement to address the provision of spaces and resources, in order to provide more positive experiences for children (**see requirement 1**).

Staff kept children safe throughout the day by making daily checks of the building and surrounding grounds. They were familiar with safety routines for taking children on trips into the local community. However, some potential risks to children's safety within the building had not been considered and we recommended that the service address this, in line with current best practice guidance (**see area for improvement 1**). For example, during the first day of the inspection a young child was able to access and climb on to the nappy changing unit whilst unsupervised. We recommended that all risk assessments were regularly reviewed by all staff, and followed in practice, to ensure that children are kept safe at all times.

Systems for protecting children from the potential spread of infection were in place but were inconsistently implemented. For example, children were familiar with routines for handwashing before meals, but were not always supervised whilst doing so. Toilets for children and staff had recently been refurbished and we advised some further measures be implemented to ensure that effective handwashing could take place within each of the cubicles. Staff addressed these issues during the second day of the inspection. We discussed with the manager the recently updated nappy changing guidance and as a result, some changes to the nappy changing area were immediately addressed. We made an area for improvement for longer term changes, to prevent the risk of potential spread of infection. This included ensuring that walls within the nappy changing area could be easily wiped (**see area for improvement 2**).

Children and families' privacy was protected by the safe storage of personal information including paper and electronic files.

Requirements

1. By 1 September 2024, the provider must ensure that children are cared for in a welcoming environment that supports their play and learning.

To achieve this, the provider must at a minimum:

- a) Provide interesting and stimulating, developmentally appropriate resources
- b) Provide children with ongoing and regular choices about the toys they play with and spaces they access.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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:

'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); and

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.23).

Areas for improvement

1. To ensure that children are kept safe, the provider should make sure that arrangements are in place to maintain a safe environment.

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

'My environment is secure and safe' (HSCS 5.19).

2. To ensure that children are kept safe and healthy, the provider should make sure that the potential spread of infection is minimised. This should include but is not limited to developing nappy changing areas and supporting children to wash their hands.

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).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The service had yet to develop a culture of continuous improvement which would lead to sustained, improved outcomes for children. An improvement plan had been developed which identified priorities for the current session. However, staff, parents and carers had not had the opportunity to input to this or become otherwise involved in improving the service. Some staff told us that they did not feel that their ideas for improvement were valued or supported, and that it was difficult to maintain any changes made. Some parents told us they did not feel informed about changes and improvements to the service. We acknowledged that family engagement was included in the improvement plan and we strongly agreed that this was a priority for the service. This would support all stakeholders to feel valued and included, which would help the service to deliver improved outcomes for children.

Children were not yet meaningfully involved in developing the service. Staff should promote opportunities for children's voices to be heard and acted upon. This would lead to improved outcomes for all children, including developing a deeper engagement in their play.

Staff reflected on and implemented some changes to daily practice. For example, they made some improvements to children's snack experience following advice given by us on the first day of the inspection. A more robust system was needed to support staff and management to identify areas of strength and improvements needed. The lack of quality assurance systems meant that the service had not identified the significant gaps found during this inspection. For example, issues in relation to improvements needed to the indoor environment had not been picked up. The quality and consistency of staff practice was not being monitored by the leadership team and there were no regular opportunities for staff supervision. We made a requirement that a quality assurance system for monitoring and evaluating all aspects of the service be developed and maintained (**see requirement 1**). We recommended that the leadership and staff team become familiar with the document 'A quality framework for daycare of children, childminding and school aged childcare' to further support their evaluation work.

Staff were supported to undertake a range of training provided through an online platform. In addition, local authority officers had delivered training on areas such as progress tracking, communications for children with speech and language difficulties, and schemas. Staff had yet to evaluate how to adapt their practice as a result of training, and how to ensure it had a positive impact on children's experience. Staff would benefit from a clear vision for the service, developed by the leadership team in partnership with staff, children and families. This would enable the leadership team to identify and target training for skills and knowledge in line with the aspirations, values and aims of the service. This would enable the service to drive and sustain improvements that would benefit the children.

Requirements

1. By 1 May 2024, the provider must ensure improved outcomes for children by implementing effective and robust quality assurance processes.

To achieve this, the provider must, at a minimum ensure that:

- a) Regular and focused monitoring and evaluation is carried out across the setting.
- b) Regular supervision and appraisal meetings are carried out and recorded to support ongoing professional development.

This is to comply with regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

This is to ensure 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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Staff were kind and caring towards the children and interactions were nurturing and positive. The staff team were supportive of each other and communicated well with each other throughout the day. They took responsibility for leading activities which children enjoyed. For example, one member of staff offered woodwork and construction experiences for children. Those staff members who were undertaking formal qualifications told us that they felt well supported by their mentor.

At times across the day, such as when reorganising the room for snack and mealtimes, staff were mainly focused on tasks. This led to reduced opportunities at these times for quality engagement and interaction with the children. As a result, children's wellbeing was not being consistently supported during these times. Staff breaks took place over children's lunchtimes. We advised the management team that this should be reviewed in order to ensure that higher levels of supervision were available at all mealtimes, in line with best practice guidance. To ensure that children's needs are fully met across the whole day, we made a requirement around staff deployment (**see requirement 1**).

We carried out checks on the way in which staff members were recruited into the service. During the course of the inspection, the service was unable to provide us with evidence of references for one member of staff. This has the potential to have a negative impact on the safety and welfare of children and as a result, we made a requirement around the safe recruitment of staff (**see requirement 2**).

Requirements

1. By 1 May 2024, the provider must ensure that staff are suitably deployed, to enable them to meet children's safety, emotional and developmental needs.

To achieve this, the provider must at a minimum:

- a) Ensure that children are supervised and supported during mealtimes
- b) Ensure that staff are deployed in a way that promotes access to outdoors.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

2. By 1 April 2024, the provider must ensure that the welfare and safety of children is protected.

To achieve this, the provider must at a minimum:

a) Implement safe recruitment procedures, in line with best practice guidance.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

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 establish more robust and effective systems of monitoring and evaluation that take account of the views of staff, children and parents/carers to support improved outcomes for children.

National Care Standards - Early education and childcare up to the age of 16. - Standard 13: Improving the Service and Standard 14: Well-Managed Service

This area for improvement was made on 22 February 2017.

Action taken since then

The service did not yet have an effective system in place for monitoring and evaluating practice and improvements. There were few opportunities for staff, children or parents/carers to contribute their views to improve outcomes for children. The service had recognised the importance of family engagement for driving improvement and had included it in their improvement plan for the current session. However, at the time of inspection this had not been progressed.

As this recommendation had not been met, we made a requirement for the service to embed an effective approach to quality assurance under key question 3.

Complaints

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

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