

# Kelton Nursery Day Care of Children

15 Queen Street  
CASTLE DOUGLAS  
DG7 1HU

Telephone: 01557504565

**Type of inspection:**  
Unannounced

**Completed on:**  
19 March 2024

**Service provided by:**  
Kelton Nursery

**Service provider number:**  
SP2003002755

**Service no:**  
CS2003011726

## About the service

Kelton nursery is registered to provide a day care of children service to a maximum of 70 children at any one time. Of those 70, no more than 40 may be accommodated at 15 Queen Street, Castle Douglas, DG7 1HU. Of those 40, no more than 8 are aged under 2 years. No more than 32 are aged 2 years to those attending primary school full time, with no more than 10 aged 2 to under 3 and no more than 10 attending primary school. No more than 30 primary school aged children may be accommodated at Castle Douglas Primary School, Jenny's Loaning, Castle Douglas, DG7 1JA.

The nursery is located in a residential area in the town of Castle Douglas, Dumfries and Galloway. The service is close to local shops, parks and other amenities. Children are accommodated in four indoor playrooms and an enclosed outdoor play space.

## About the inspection

This was an unannounced inspection which took place on 18th and 19th 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.

In making our evaluations of the service we:

- Spoke with people using the service and seven of their family
- Spoke with staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals

## Key messages

- Children received warm, nurturing care from a responsive staffing team.
- Children's interests and next steps were incorporated into play and learning opportunities within the nursery.
- The team should continue to review and develop the environment and resources available.
- The new manager and team were committed to continuing to improve the service to support positive outcomes for children and their families.
- Following the last inspection, there were two outstanding requirements and two areas for improvement. The service had made significant progress to meet all outstanding requirements and areas for improvement.

## 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?	3 - Adequate
How good is our leadership?	4 - Good
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 made an evaluation of good for this key question, 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.

### 1.1 Nurturing care and support

Children were supported by staff who were kind, caring, and patient. We observed praise, cuddles and reassurance from staff which meant attachments and relationships were strong, resulting in children being happy, and secure in the service. One parent told us "Staff are warm and welcoming."

The team had reviewed the mealtime experience and continued to develop the routine to ensure a rich, meaningful experience for children. We observed children experience a sociable and unhurried lunchtime with peers, as they could choose who they would like to sit beside. Children in the 3-5 room had opportunities to develop their independence and life skills by self-serving meals at the table. Children's independence and life skills in the under three rooms could be further enhanced by introducing more opportunities to self-serve and set up mealtimes. Staff sat with children over the mealtimes to supervise and enrich the experience. We have suggested the team review the tables and chairs available for all rooms to enable all children and staff can sit together comfortably.

School aged children were able to access the kitchen with staff to choose their own snack. They had a variety of healthy options including fruit, yogurt and toast. We discussed with the service that children should wait until they are seated in their room before eating to minimise choking hazards.

Children were supported by staff who knew their individual needs and personalities well. Personal plan templates had been reviewed and updated. Personal plans were in place for each child and contained relevant information on their likes, dislikes, and routines important to them. Parents told us they met regularly with the team to input and update their child's plans. We suggested the team consider streamlining the next steps recorded on the SHANARRI indicator template and future learning prospects to reduce the amount of paperwork staff need to complete. Children in the out of school service were included in updating their care plans as staff spoke to them about what they wanted to learn and what their interests were. We suggested the section for parents to complete could be expanded, the service agreed to review and make these changes.

Children's health was supported by a clear medication policy and procedure that had been reviewed since the previous inspection. All paperwork sampled was in line with current best practice guidance and auditing was undertaken termly. Medication was stored in individual containers. We asked the team to add clear labels to storage boxes.

Children experienced sensitive and dignified support for their personal care needs. Staff were aware of safe nappy changing guidance and could access the appropriate personal protective equipment (PPE).

Children's wellbeing was protected by a clear safeguarding policy. Staff were aware of their roles and responsibilities to keep children safe. They had recently attended child protection training and knew how to address any concerns appropriately.

### 1.3 Play and learning

Children were having fun, learning, being inquisitive, and using skills, for example to problem solve over the days of inspection. Staff responded well to children's needs and wishes. This created a learning environment where children could lead their own play and learning at a pace that suited them.

Children in the 3-5 room were enjoying creating a maze with bricks, loose parts and small world objects. Staff encouraged this creativity and celebrated children's enthusiasm. More resources were provided, and staff facilitated the use of more space. As a result children were having fun and given autonomy over their play.

Children benefited from a variety of play-based learning opportunities within the nursery. Staff planned children's play and learning in response to their needs, wishes and choices. The team met regularly to review their planning to ensure they remained child centred and responsive to children's current interests. We could see children's interests and next steps were clearly considered within the weekly planning sheets and big books in each of the playrooms. The manager, in partnership with staff, should continue to embed, sustain, and evaluate the new planning process to ensure high quality experiences for children in their care are achieved.

Play experiences developed children's skills in language, literacy, and numeracy. We saw children engage in mark making, counting, story times and singing, across all playrooms. Parents told us they could see their children's development and how this was supported by the nursery.

Children's play and learning was enhanced with access to their local community such as local walks, visits to the local shops and the library. Access to the local community supported children's connections to the area and their sense of belonging.

We asked the service to review and update individual potential for risk assessments for children when required. The assessments should contain clear strategies for supporting the individual child. The service agreed to progress this.

#### How good is our setting?

#### 3 - Adequate

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

The setting had improved since the previous inspection. We found rooms were bright and more welcoming for children and families. Furniture was child sized, and there were some soft furnishings which enabled children to relax if they wished. We discussed adding more adult sized chairs to the playrooms to enable staff to sit comfortably when engaging with children. We encouraged the team to continue to focus on developing their cosy spaces in the 2-3 and 3-5 rooms. Parents told us they liked the sleep space available for children in the 0-2 room.

Children were cared for across four separate playrooms, specific to their age. Overall, children could access a variety of toys and resources suitable to their age and stage of development. We discussed expanding natural, open ended materials and loose parts in the younger playrooms that are suitable for their age and stage of development. This will help spark children's curiosities and extend their play and learning experiences.

Infection prevention and control practices had improved since the previous inspection. We could see the environment had been decluttered and overall cleanliness had improved, by the welcome addition of a full time cleaner. However, some infection prevention and control measures needed further work by the manager and team to support children's health, wellbeing, and safety. Some areas of the nursery looked neglected and un-inviting to children. We noted ventilation in playrooms and some toilets could be improved. We also highlighted an unpleasant smell in some of the playrooms. We observed the children's toilets leading onto the main corridor did not have an external door. We have asked the new manager to review this in relation to children's privacy and dignity (see area for improvement 1). The manager undertook actions to resolve some of the issues raised by the second day of inspection.

Staff and children washed their hands before mealtimes. To further support robust infection prevention and control measures, children should wash their hands after meals and when they come in from the outdoors. This will help to stop the spread of infection and ensure children and staff are kept safe and healthy.

Maintenance arrangements were in place and repairs were carried out promptly when reported.

## Areas for improvement

1. To protect children's health, wellbeing and safety needs, the provider should ensure children are cared for in a safe and hygienic environment. This should include but not be limited to:

- Carrying out appropriate maintenance and repairs within the nursery, including identifying the cause of the malodorous smell.
- Ensuring children and staff carry out regular handwashing at key times throughout the session.

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

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells,' (HSCS 5.18) and '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?

4 - Good

We made an evaluation of good for this key question, 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.

The team had been through a period of significant change over the past year with new managers, staff leaving and new staff starting. However, the team engaged well with the inspection process. They were open and transparent during discussions.

Kelton nursery is provided by a constituted parent's committee. There have been many changes to the committee and new members were at the early stages of understanding the wide range of roles and responsibilities within their remit. However, the chair person we spoke to was committed to supporting the manager and team to continue to improve the service to ensure positive experiences for children and their families. We requested the committee submit a change of relevant individual notification through Care Inspectorate portal as required under their conditions of registration.

We had a discussion with the manager about notifications that services must submit to the Care Inspectorate, and have made an area for improvement below. (see area for improvement 1).

New vision, values and aims had been created for the service. Staff were aware of their role in promoting and embedding these to positively inform their practice.

Parents were welcomed into the setting by the manager and team. Parents dropped off and collected children directly from the playrooms which helped build strong relationships with the team. We observed effective communication at collection time between staff and parent/carers. Parents we spoke to told us communication had improved in the service and they were happy with the current engagement with the staff and manager. They also advised anything discussed was then actioned by the team.

The new manager was friendly, approachable, and visible in the setting to children, families, and staff. They had created conditions in the service where people felt confident to discuss their ideas, opinions or if needed concerns. Staff felt respected and listened to which supported a positive team ethos, this was evident on the days of inspection. Parents told us they felt confident to discuss ideas or concerns with the new manager.

The manager and team were motivated to continue to develop the service for children and their families. This showed us the service had the capacity and motivation to make positive changes to improve the outcomes for children. We could see that the new manager had, in a short period of time, made significant improvements to the experiences of children and their families.

Views of families had been actively sought to influence the development of the service. This was achieved through the parents committee, face to face discussions, and questionnaires. Information gathered was then discussed as a team and used to inform planning and improvement plans.

Children were at the heart of any changes and improvements in the nursery. The team met weekly to discuss what was working well and share new ideas. We encouraged the team to use the care inspectorate's self-evaluation toolkit and quality framework to consider the key questions; what we are doing, how do we know and what can we improve on. This will support the team to further embed a culture of self-reflection and support them on their improvement journey.

## Areas for improvement

1. To ensure children receive responsive care and support, management should make appropriate notifications to the Care Inspectorate when certain events take place. Management should refer to good practice guidance, "Records that all registered children and young people's care services must keep and guidance on notification" to identify events that require them to notify the Care Inspectorate.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected" (HSCS 4.18).

## How good is our staff team?

### 4 - Good

We made an evaluation of good for this key question, 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.

Staff were deployed effectively throughout playrooms, which supported high levels of interactions and promoted the wellbeing and safety of children. Appropriate staff to child ratios were in place on the days of inspection. We found staff were flexible in their deployment during busier times of the day such as over mealtimes, when children were outdoors, or when undertaking trips to the local community. Staff were attentive and responsive to children in their care. Key worker systems were now established to support continuity of care.

The manager and staff acknowledged the challenges of the past year and the impact of unplanned absences on children, their families, and the team. We have asked the parents committee and manager to review any absence management/maximising attendance policies and procedures to ensure they are in line with current good practice and support a clear and robust process when absences occur.

Vacancies within the team were now filled and new staff members were seen as a welcomed addition. New staff members had used the national induction resources as part of their induction journey.

Staff communicated effectively with each other throughout the days of inspection. They were respectful in their engagement which supported a positive ethos within the service.

The team advised they now met weekly to look at planning. Staff also told us they had opportunities to meet as a team and on a 1:1 basis with the registered manager. This enabled staff time to self-reflect and evaluate what was working well and what could be developed for them as an individual and the service.

We encouraged the team to continue to attend training, read practice notes and revisit good practice guidance to support their professional development and positive outcomes for children in their care.

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

### Requirements

#### Requirement 1

By 3rd November 2023, the service provider and management team must improve the outcomes for children and their families by introducing a robust and effective quality assurance process. To do this, the provider must at a minimum ensure:



- a) effective quality assurance, self- evaluation and improvement plans are in place, which have involved staff, children and parents to lead continuous improvement.
- b) carry out regular and effective monitoring and auditing of policies, medication, records and personal plans.

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) Regulation 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I benefit from a culture of continuous improvement, with the organisation having a robust and transparent quality assurance processes" (HSCS 4.19).

**This requirement was made on 3 May 2023.**

#### Action taken on previous requirement

The team had developed the quality assurance processes, self evaluation procedures and improvement planning for the service. Staff, children and their families were now encouraged to give their ideas, views and opinions to drive developments in the service. We could see the impact of the new culture of self evaluation and development in the setting during our inspection.

The manager had created a quality assurance calendar which ensured regular and effective monitoring of policies, medication, staff records and personal plans. This had now been embedded and expanded to include our previous suggestions. We could see the impact of the quality assurance calendar during our inspection.

We were satisfied with the progress the team had made in relation to this requirement.

**Met - outwith timescales**

## Requirement 2

By 3rd November 2023, the manager must improve training opportunities and monitor the impact of learning on outcomes for children attending the service. To do this, the provider must at a minimum ensure:

- a) a training calendar or log is created for each staff member to ensure core training, such as child protection and infection prevention and control is undertaken.
- b) training is sourced to support the development staff knowledge and skills working with 0-2 years and school aged children.
- c) staff are supported to reflect and consolidate their learning from training.

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) Regulation 2011 (SSI2011/210).

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

**This requirement was made on 3 May 2023.**

## Action taken on previous requirement

The team attended refresher training for all core learning, such as child protection, infection prevention and control, supporting safe sleep and food hygiene. Staff could tell us about their learning and the impact this had on their practice.

Team meetings continued to facilitate opportunities for staff to reflect and consolidate their learning together. Staff were then encouraged to record their training on the SSSC my learning journals.

New staff now followed the national induction resources as part of their induction into the nursery. This supported consistency and continuity in the standard of care delivered to children and their families.

Posters and information were available in the playrooms, which highlighted developmental milestones and schematic play. The team had completed training delivered by the Early Year Team from Dumfries and Galloway and could tell us how the learning had impacted their practice. We observed was now embedded into staff practice.

## Met - outwith timescales

## 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

In order to safely meet children's health needs, in relation to the storage and administration of medication, effective processes should be introduced and monitored by management to ensure the safe management of medication.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

**This area for improvement was made on 3 May 2023.**

### Action taken since then

We found consent forms completed, while individual health plans and medication stored on the premises were in line with current best practice guidance. The medication policy and procedures had been updated to reflect the current paperwork and processes in place. Auditing of medication was now completed termly as part of the quality assurance calendar.

Staff could confidently tell us the policy and procedures they would follow when storing and administering medication in the setting.

We were satisfied with the progress the team had made.

This area for improvement has been met.

## Previous area for improvement 2

To support children to develop and reach their full potential, the manager and team should review the environment and resources available to ensure a rich, stimulating space is designed to support all children's care, play and learning needs.

This is to ensure the care and support is consistent with the Health and Social Care Standards which states "I can use an appropriate mix of private and communal areas, including accessible outdoor spaces, because the premises have been designed or adapted for high quality care and support (HSCS 5.1)

**This area for improvement was made on 3 May 2023.**

### Action taken since then

The team had been working hard to make improvements to the environment to support positive outcomes for children.

Toys, resources within the playrooms and storage space were organised and easier to access for staff and children. We saw staff providing additional resources and materials to children to extend their play and learning on the days of inspection.

Staff could tell us how the toys and resources available in playrooms were now linked to individual children's interests and next steps.

We were satisfied with the progress the team had made.

This area for improvement has 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](http://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?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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