

Little Me Day Care of Children

7 Aray Street
Maryhill
Glasgow
G20 0PG

Telephone: 01419 453 000

Type of inspection:
Unannounced

Completed on:
3 April 2024

Service provided by:
Little Me Nursery Limited

Service provider number:
SP2005007348

Service no:
CS2005090461

About the service

Little Me is a day care of children service in a suburban area of Glasgow. The service is located in a converted church hall in Maryhill. 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 80 children from six weeks to those not yet attending primary school. Two rooms available to children aged six weeks to under two years of age on the ground floor. A maximum of ten children in each room. One room available for children aged two years to under three years. A maximum of 20 children to be accommodated within this room. A maximum of 40 children on the first floor. Three children aged 30 months to under three years and 37 children three years to those not yet attending primary school.

The accommodation consists of four playrooms and a large outdoor play space. There is changing and toilet facilities for children and office, catering and staff facilities. The service is close to schools, transport routes, shops and community services.

About the inspection

This was an unannounced inspection which took place on 2 and 3 April 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 children using the service
- reviewed feedback from 10 parents and carers whose children attend the service
- reviewed feedback from 6 staff members employed in the service
- spoke with provider, 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.
- Improvements had been made to the mealtime experience for children, supporting children to be independent and responsible.
- Personal plans were in place for children and had been created in partnership with parents and carers.
- The manager and staff should continue to review the systems in place for planning and observations of children's play and learning.
- Management and staff had made improvements to the outdoors environments to support children's safety and health and well-being.
- Improvements had been made to infection prevention and control procedures and practice to support children's health and well-being.
- Improvements should be made to the involvement of children and parents in planning for improvements and self-evaluation of the service.
- Improvements had been made to the supervision of children during mealtime experiences, supporting children's safety and well-being.

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?	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 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. Parents who provided feedback shared with us, "I think it feels like a second home to my daughter and I never feel bad leaving her there. I know she is very well looked after and cared for and that she has a lot of fun there" and "staff are so friendly, when our daughter goes we feel like she's at a family's house."

Staff knew the children well which meant they were able to respond to their individual needs and preferences. Staff were aware of children's comforters and children were offered these. This helped children feel safe and secure. Children were provided opportunities to rest and sleep contributing to their wellbeing. We observed the two to three years room had made improvements to children's sleeps routines which were responsive to children's individual needs. We discussed with management monitoring resources of sleep time for three to five years children to ensure there were enough blankets for children to be comfortable and warm.

Children were happy and had developed friendships which enhanced their well-being. They were confident in their environment and were familiar with nursery routines. We observed some children approach staff for support. This showed they felt comfortable.

We observed improvements to children's mealtime experience. Older children were self-serving lunch and children were encouraged to be independent and responsible in serving, pouring and clearing used lunch items. Lunch was a relaxed, unhurried and a sociable experience for most children. Three to five years children were engaging in quality conversations with staff and having fun as staff shared jokes with children from yoghurt pots. We discussed with management opportunities for staff sitting with children in the two to three years room would enable more engagement and interactions between children and staff when they are having their lunch.

Management and staff had made improvements to personal plans for children. These were being reviewed regularly with parents and carers and improvements had been made to record more meaningful next steps for children. We discussed with the provider and manager how information in relation to some children's health needs could be improved with more detailed information on children's allergies/intolerances. This was actioned during the inspection and children's records were updated. Almost all parents strongly agreed when asked, 'I am fully involved in my child's care, including developing and reviewing their personal plan'. In contrast one parent who provided feedback shared with us, "we've never been asked to help develop a plan, and I wouldn't know where to go to view it either."

Improvements had been made to the recording of information within children's chronologies. We discussed with the manager how these could be improved further with the recording of all events and where appropriate signposting to records with more detailed information.

Quality indicator 1:3: Play and learning

Children were having fun and engaged in a variety of play experiences. Children were confident and had good opportunities to lead their own play and learning which impacted positively on their development and wellbeing. Children were proud of their achievements and sharing these with adults, contributing to a sense of positive self-worth and self-esteem.

Play experiences provided opportunities for children to develop their skills in language, literacy and numeracy. Older children were using materials to build towers and joining in story time. Staff had been supported in the development of their approach to play and learning in the areas of numeracy and literacy from their leader of early learning from Glasgow City Council. Staff took time to extend conversations with children about their play and used some well-timed open-ended questioning to further extend and challenge their thinking and learning. Younger children were developing their curiosity and creativity skills when creating collage pictures and sand play. Physical apparatus was popular and provided opportunities for supporting children's physical and movement skills and opportunities for challenging and risky play. One parent who provided feedback shared with us, "She has been involved in so many things such as playing in tuff trays, arts and crafts, music, and outdoor play as well and going on walks."

We discussed with the manager and provider re-visiting the nursery routine and the purpose and benefits of together time for older children. This would support with restricting children's play and learning at these times.

Staff had attended professional development to support them in planning approaches. Improvements had been made to planning for older children to include streamlining planning processes and the introduction of floor books to record planning. Staff were tracking children's learning. We made suggestions to how planning processes could be further improved to include the development of in the moment approaches to planning, and reviewing and streamlining planning processes for children under three years. This has the potential to improve outcomes for children's play and learning (see area for improvement 1).

Detailed observations of children's learning and development were being recorded and shared with parents and carers using a digital platform application. We saw parents providing feedback in response to observations and sharing learning and progression taking place at home. This supported working in partnership for children's play and learning. We discussed with the manager and the provider the depth and breadth of detail contained within individual children's learning journals. We highlighted the value of ensuring that recordkeeping for children was manageable for staff in line with 'Realising the ambition: Being Me' national practice guidance. The manager agreed that she would review the frequency of learning journal entries.

Areas for improvement

1. In order to ensure staff follow child-centred and responsive planning approaches for children's learning and development the manager and staff should review the systems in place for planning, evaluation and observations of children's play and learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards, 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).

How good is our setting?

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 2.2: Children experience high quality facilities

Children were cared for in an environment that was clean, bright, welcoming and well-ventilated. One parent who provided feedback shared with us, "It has a lovely warm and welcoming atmosphere, it always seems really clean and the staff are so friendly and really care about all the kids." Indoor and outdoor environments were safe and secure. There had been a review of children's indoor and outdoor environments. New resources had been added to play spaces to include development of natural resources and loose part materials to create opportunities for risky, and challenging play. This also contributed to extending the range of experiences available to children for play and learning. The storage of resources was accessible to children and organised to promote curiosity and support children's choices and interests. There were cosy and comfortable spaces for children to rest and relax throughout the day. The storage cupboard within the service had been organised and had plentiful resources which were easily accessible for staff to select to change and add toys to play spaces.

We saw improvements had been made to the outdoor play spaces. Broken items had been discarded and stones and materials on the ground which were accessible to under two-year-olds, had been cleared and were being maintained. This contributed to safe environments and supported children's health and well-being. Developments had been made to the outdoor learning cabin for children's play and learning. The cabin also provided shelter from the weather for children, contributing to children's health and wellbeing. The large upper grassy area for three to five years children was tidied and maintained to support children's play and learning. One parent who provided feedback shared with us, "My son goes out to the garden every day, there is activity opportunities on offer to him such as mud kitchen, painting, bikes, slides, toy house, water, sand and the staff always set out activities depending on their learning topic."

We observed children playing outdoors in the fresh air in their designated spaces. The service had made improvements for free flow opportunities for three to five years children. They were maximising opportunities for play between indoors and outdoors environments. There were a range of experiences for children to participate in and opportunities for active, risky and challenging play.

The two to three room nappy changing area felt cold on entering the space. We discussed with the manager and provider monitoring the temperature of the changing area, to be comfortable for the changing of children's nappies.

There were improved procedures for infection prevention and control across the service. Soap and paper towels were available for handwashing and dispensers were being used for the storage of materials. Children were observed washing their hands before and after mealtimes. We saw children independently washing their hands after experiences of for example sand play, without encouragement from staff. We discussed with management continued improvements should be made with using handwashing sinks for these purposes only and the closure of the toilet door, which leads out to the mealtimes table in the two to three years room to support children's health and well-being.

How good is our leadership?**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 3.1: Quality assurance and improvement are led well

The manager was dedicated and committed to the service and engaged with the inspection process. She was friendly and approachable. Staff told us the manager was supportive and spent time in playrooms. She had led the staff team with improved changes to the service. There was a clear focus for shared teamwork. Staff were motivated, well led and passionate about improving outcomes for children and their families.

Quality assurance systems were improved to include monitoring of staff practice to include interactions, play experiences and infection control practice. Management had identified strengths and areas for improvement. Re-visiting these areas has the potential to provide opportunities for reflection and improve outcomes for children and their families. We discussed with management all staff being involved in monitoring, for example through peer monitoring, has the potential to support staff to recognise and share their successes and identify improvements to be made to improve outcomes for children.

Audits of accident and incidents, medication and personal plans were in place. We looked at the services accident and incident records. We discussed with management improving the auditing of accidents and incidents by recording any steps taken to minimise accidents and incidents within the service. We discussed with the manager the service would benefit from creating a quality assurance calendar to monitor and audit all aspects of the service. The completion of regular quality assurance tasks has the potential to lead to continuous improvement of the service.

Staff had been supported to engage in the services improvement journey through self-evaluation tasks using the care inspectorate 'A quality framework for daycare of children, childminding and school-aged children' and Education Scotland's 'How good is our early learning and childcare?' Staff had identified strengths and areas to be improved. We discussed with the manager how these could be improved further by capturing the outcome and the impact for children of improvements made. Continued use of quality systems will provide opportunities for these to be embedded with the potential to continue to improve outcomes for children and their families.

The manager had involved children and families to inform planning and development of the service. The service had reviewed their lunch menu and parents and children shared ideas and suggestions for meal options. These were added to the new lunch menu contributing to balanced and nutritious meals for children. We discussed extending parents and children's involvement to other areas of the service and sharing with parents how they have taken any suggestions forward. This has the potential to improve outcomes for children and their families. One parents who provided feedback shared with us, "I'm sure any suggestions/ feedback I give is taken on board, but I'm not aware of anything being driven by the nursery to engage the parents in developing the service."

We looked at how the service recruited staff. The service had updated their safe recruitment policy and improvements had been made to ensure all staff were recruited safely in accordance with our good practice guidance 'Safer Recruitment through Better Recruitment.'

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

The staff team had undergone changes which had resulted in new staff to the service who were settling into their role. An induction programme was supporting new staff to develop a better understanding of their roles, responsibilities and best ways of working to meet children's needs. A staff member who provided feedback shared with us, "When joining the nursery I received an induction and lots of support from management, my room supervisor then supported me through my first few weeks until I was settled in."

There had been some changes to senior staff roles who were leading and supporting their teams. Staff worked well as a team and staff shared with us, they felt this was a strength of the service. We observed examples of communication and team working taking place. The staff team communicated when leaving a room or attending to a child's needs.

Numbers of children attending the service were quieter due to the Easter holiday period. The service had recently recruited an additional assistant practitioner to support staff with children's care, play and learning. This provided additional support at busier times of the day to include mealtimes and staff breaks. The manager continued to provide cover for staff breaks.

Improvements had been made to the supervision of children during the mealtime experience. All children were supervised throughout the experience. During our visit staff were deployed indoors and outdoors and supervising children in their play. This contributed to supporting children's safety and well-being.

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

Requirements

Requirement 1

By 14 August 2023, the provider must demonstrate management and staff have a clear understanding of their role and responsibilities to minimise the spread of infection to support children's health and wellbeing. To do this, the provider must, at a minimum:

- ensure all staff receive infection, prevention and control training to support staff to understand current infection prevention and control practices.
- monitor staff practice to ensure staff are implementing best practice guidance within the service.
- carry out regular audits, reviewing infection control practice across the service to ensure compliance with Health Protection Scotland guidance 'Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)'.

This is to comply with Regulation 4(1)(d) 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, which state, 'My care and support meets my needs and is right for me' (HSCS 1.9) and '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 14 June 2023.

Action taken on previous requirement

Staff had attended infection prevention and control training and completed an Infection prevention and control in-house quiz.

Regular audits were being carried out of environments in relation to infection prevention and control and action points recorded.

Toilet roll holders had been installed. Dispensers were being used within all playrooms, along with the kitchen, toilet and changing areas to store blue roll, soap and paper towels.

Monitoring of staff practice had taken place and identified strengths and areas of improvements to be taken forward.

The requirement had been met.

Met - within 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

To support children's play and learning the manager and staff should ensure individualised personal plans capture progression and support children to reach their full potential. This should include but not be limited to the following areas:

- the recording of meaningful and specific next steps for individual children.
- plans should be created and reviewed in partnership with parents and carers as a minimum every six months.

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

This area for improvement was made on 14 June 2023.

Action taken since then

Personal plans were created and reviewed with parents. We discussed with the manager recoding signatures and dates on all children's plans.

Well-being assessments plans for individual children included comments on children's progress in relation to individual SHANARRI well-being indicators (safe, healthy, achieving, nurtured, active, respected and responsible). Specific next steps were being recorded for children. We saw some next steps were too generic and the manager and staff should continue to review these to be more meaningful.

The area for improvement had been met.

Previous area for improvement 2

In order to ensure staff follow child-centred approaches to planning for children's learning and development the provider should ensure staff engage in training in observation and curriculum planning approaches that support children's engagement in collaborative play projects.

This is to ensure that care and support is consistent with the Health and Social Care Standards, 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).

This area for improvement was made on 14 June 2023.

Action taken since then

Staff had taken part in observation and curriculum planning approaches professional development to include Curriculum for Excellence and Pre-birth to three. Staff had been unable to attend planned training from Glasgow City Council. These included a variety of play and learning based professional development opportunities.

Theme based floor books were in place for three to five years children and evaluations were recorded. The service had introduced trackers for children's learning. We discussed continued reviews of the planning would support with responsive in the moment planning processes.

Planning processes for under 3's consisted of records which included information on children's interests, reported interest from home, a weekly record with information of activities, resources and spontaneous activities. Not all records were fully completed or planning evaluated. We discussed with the manager reviewing and streamlining planning processes for children under three years, and staff training to ensure all staff's understanding of the processes.

The area for improvement had not been met. Please refer to 'How good is our care, play and learning?' for further information.

Previous area for improvement 3

To support children to be cared for in a safe and comfortable environment; play spaces, experiences and resources should be better organised, well maintained and attractively set up for children to promote purposeful play outdoors. Consideration should be given, but not limited to the following areas:

- Review outdoor spaces to include repairing or discarding faulty or broken equipment and resources.
- Identify gaps in resources and extend resources to include loose parts.

- Review the procedure for outdoor risk assessments and ensure staff identify and remove potential hazards, for children to play and learn in a safe environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state, 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.' (HSCS 5.21) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 14 June 2023.

Action taken since then

Faulty and broken equipment and resources had been removed from environments.

New resources had been added to outdoor spaces.

The service risk assessment had been updated to include additional areas to be assessed. We discussed with the manager and provider recording the hazards identified and action taken to reduce the level or risk.

Outdoor environments were safe and secure for children.

The area for improvement had been met.

Previous area for improvement 4

To keep children safe and secure the manager should ensure that safe recruitment procedures include but not be limited to receipt of a minimum of two appropriate and relevant references, one of which should be from the current or most recent employer. The service policy should be updated to reflect this information.

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 area for improvement was made on 14 June 2023.

Action taken since then

Suitable references had been received for new employees to the service and when applicable from the most recent employer.

The recruitment policy and procedure had been updated to reflect best practice guidance.

The area for improvement had been met.

Previous area for improvement 5

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).

This area for improvement was made on 14 June 2023.

Action taken since then

Children were being supervised in all playrooms when eating their lunch.

Staff were sitting with babies and interacting to include singing at lunchtime.

Staff were not always sitting with children when eating their lunch in the two to three years room. At times staff were overlooking and task orientated.

Staff were sitting with children in the three to five years room and lunch was a sociable and fun experience.

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?	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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.