

Annie's Nursery Day Care of Children

1 Rannes Street
Insch
AB52 6JJ

Telephone: 01464 820 517

Type of inspection:
Unannounced

Completed on:
9 May 2024

Service provided by:
Alford Out Of School Club

Service provider number:
SP2014012297

Service no:
CS2014325795

About the service

Annie's Nursery is a day care of children service delivered from a former residential property in Insch. The service is registered to provide care to a maximum of 25 children aged from birth to those not yet attending primary school.

The nursery is located in the centre of the village of Insch close to local amenities such as shops, school and play areas. The service is delivered from two playrooms. One for birth to two-year-olds and the other for two to five-year-olds. Both rooms have direct access to outdoor areas to the front of the building. Children can also access the large outdoor area to the rear of the building.

About the inspection

This was an unannounced inspection which took place on 8 and 9 May 2024 between the times of 08:45 and 18:00. 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 and four of their parents/carers
- received 17 responses to our request for feedback from parents via MS Forms
- spoke with the manager and staff
- received six responses to our request for feedback from staff
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children benefitted from warm and caring interactions with staff.
- Staff should further develop their skills in consistently extending children's learning and development through their interactions.
- Children and families enjoyed a relaxed and welcoming environment.
- A system for quality assurance, self-evaluation and planning for improvement was in place but had not been fully implemented.
- Staff worked well together to support and care 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?	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?

3 - Adequate

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

Quality Indicator 1.1: Nurturing care and support

Children experienced warm and nurturing interactions with staff. Positive attachments had been formed with established staff and were being established with new staff. Children received comfort through hugs and cuddles when required as well as praise and encouragement to support their confidence and wellbeing.

Staff promoted children's privacy and dignity when providing personal care. This included kind and pleasant interactions when nappy changing and support in handwashing. Parents told us they were happy with the care provided to their children. One said a positive of the service was, "The staff and how they cater to my child's interests as well as other children's needs" another commented, "The staff that have been there for a while are extremely attentive and caring with the children, it almost feels like extended family".

Children enjoyed nutritious snacks and lunches. Older children had opportunities to help prepare snack and develop their independence. For example, cutting and serving their own food and clearing away their plates when finished. Staff gave younger children time to develop independence in feeding themselves while still offering support when necessary. Children enjoyed a relaxed and unhurried mealtime. Most of the time staff sat with the children, supporting positive interactions and the building of relationships. However, there were occasions when staff were focused on tasks such as clearing away or supporting other children which meant they were not focused on children who were eating. Staff should remain consistently focused on children who are eating in order to reduce any potential risk of choking.

Sleep times for children generally reflected parental wishes and home routines. Babies enjoyed a pleasant, dedicated sleep room. Older children slept on mats within their playroom. Staff supported the sleep routine by lowering the lights and trying to reduce the noise within the room.

Information was gathered for children to support staff in identifying and meeting their individual needs. This was recorded in a personal plan for each child. An area for improvement had been made at the last inspection to develop these to include strategies of support. Although staff were able to tell us about the support for individual children, this was not yet reflected in the plans. This area for improvement has been carried forward. **(See area of improvement 1.)**

Children's health was supported by the safe management and administration of medications. In the plans we sampled it was not explicit where parents were giving permission for the administration of medications. The manager changed the medication forms to reflect this during the inspection.

Children were safeguarded by staff understanding of their role in identifying, recording or reporting any concerns. To promote consistent approaches and shared information good links were maintained with other agencies such as the local school nursery and social work.

Quality Indicator 1.3: Play and learning

Children were happy and enjoyed the activities offered during our visit. They were able to choose what to play and who to play with, supporting their choice and the building of peer relationships.

Children were supported to develop their interests as activities offered had been planned around observed interests of children. For example, some activities had been planned around cats as children had been interested when a cat was seen in the garden. Staff were recording this and should continue to embed this into practice ensuring that they evaluate the impact of the activities offered on children's experiences.

Planning for children's learning was not yet embedded in practice across the service. Observations of children's learning and achievements were not yet consistently identifying children's learning and next steps to promote progression. Where next steps were identified, these were not always included in the planning and therefore were not yet being used to support children's learning and development.

At times children's learning and development was supported by staff interactions. For example, when discussing sunshine with a child outdoors and supporting recognition of written numbers during snack. However, this was not yet consistent across the staff team and time is needed to build staff confidence in using skilled interactions to extend children's learning and development. For example, by extending the use of number into unplanned activities such as construction. **(See area for improvement 2.)**

Children's development of literacy and language was supported by staff interactions and storytelling. While children had opportunities to express themselves through drawing and painting there were limited opportunities for purposeful mark making to support the development of writing skills out with these areas. The use of purposeful mark making should be extended into unplanned activities such as the role play and construction areas.

The nursery is in the centre of the village and the manager and staff recognise the advantages of this in building strong links with the community. The use of local amenities such as parks, shops and play areas supports children to feel part of their community.

Areas for improvement

1. In order to ensure that children's health and wellbeing is promoted the manager and staff should prioritise their plan to further develop the system of recording information on personal plans. They should ensure that information is included on the strategies of support being given to children and that all reviews and changes are dated appropriately.

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).

2. To support positive experiences and outcomes for children the staff should develop their skills and confidence in promoting children's learning and development through skilled interactions.

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

'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.29).

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 2.2: Children experience high quality facilities

Children benefited from an environment that was bright and welcoming. The playrooms had lots of natural light and were well ventilated supporting children's health and wellbeing. The rooms were well maintained and furnished to a good standard.

Resources reflected children's current interests and were easily accessible, supporting children's choice and independence. Displays in the rooms used photos of children's families as well as children's artwork, supporting them to feel included and valued.

Children were able to lead their own play through accessing a range of resources independently as well as the planned activities. Parents told us that their children received a variety of experiences. Their comments included, "My child loves playing outside and this is something they always involve them in, also walks to the forest and pond. Furthermore within the nursery if they are indoors, they are always painting, drawing, colouring, building, doing jigsaws" and "Children are given a variety of different play options through the day and I can see my child doing messy play, quiet time, reading, dancing, outdoor play and they appear to be learning skills through each of these".

Children's safety was promoted through the use of risk benefit assessments. These identified hazards and the mitigating actions to be taken to reduce any risk to children. We suggested that having more detail in these would support new staff to know exactly what was necessary to support children's safety. Staff were beginning to include children in the daily checks and risk assessments, this supported children's awareness of how to keep themselves safe.

Children's health was supported by access to the outdoor areas where they enjoyed more active play. Time outdoors was at times initiated by staff rather than individual children. We suggested that staff continue to develop this aiming, where possible, for children to be able to independently choose to play indoors or outdoors.

Infection prevention and control (IPC) measures further promoted children's health. This included the cleaning of surfaces and resources and staff awareness of their role in maintaining a clean environment. Children were supported to wash their hands before eating, when coming in from outdoors and after toileting. We advised that this should also be done after eating to comply with current guidelines.

Nappy changing procedures followed IPC guidance. However, nappy changing for the younger children was currently carried out in the staff toilet and for older children within the main area of the children's toilet. This does not meet with current guidance as there is a potential risk of cross contamination. We asked the

provider to consider alternatives and take steps to ensure that current guidelines are followed to help reduce potential risks of cross contamination. **(See area for improvement 1.)**

Areas for improvement

1. To support children's wellbeing, and reduce the risk of cross contamination, the provider should ensure that nappy changing arrangements comply with current guidance. This should include, but not be limited to the provision of suitable nappy changing facilities.

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

'If I require intimate personal care, there is a suitable area for this, including a sink if needed' (HSCS 5.4).

How good is our leadership?

3 - Adequate

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

Quality Indicator 3.1: Quality assurance and improvement are led well

There was an agreed vision statement which was shared with parents and staff. This supported everyone to know what was important to the service to meet the needs of children and families. The provider was working with the staff and parents to encourage conditions where people were confident in making suggestions and initiating change.

Most parents told us that they felt involved in the development of the service and were happy with the level of communication they received. This included recent changes to staff and management teams. Most parents said they felt involved in the development of the service and one commented, "There are always emails being sent out when new things are being implemented or when staff feels there is a change needed and asks for the parents/caters input. There is always a chance to leave feedback".

Activities were beginning to be implemented to support children's involvement at appropriate levels such as discussing new snack menus with them. This should be continued and developed across a wider range of the activities of the service.

A quality assurance calendar was in place to promote the evaluation of the service and identify where improvements were necessary. The provider has been involved in the day-to-day management and running of the service while a new manager was being recruited. This had reduced the capacity to carry out the quality assurance and progress planned improvements.

The quality assurance activities that had been undertaken last year were used to inform the self-evaluation of the service. This was then included in an improvement plan. Areas identified in the plan such as staff training were focused and included actions and processes to support improvement. However, the success criteria of these were not always clear. This meant that improvements have not been progressed in a timely manner. For example, the area for improvement regarding personal plans had not been progressed since the last inspection.

We have asked that the processes for quality assurance, self-evaluation and planning for improvement be fully implemented and further developed where necessary. **(See area for improvement 1.)**

Areas for improvement

1. To support positive outcomes and experiences for children, the provider should ensure that processes for quality assurance, self-evaluation and planning for improvement are implemented fully and further developed where necessary. They should ensure that processes are leading to meaningful improvements which are focused on outcomes for children.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 4.3: Staff deployment

The provider recognised the importance of ensuring the service was appropriately staffed to support the wellbeing of children. Arrangements to provide cover for staff absence took consideration of the promotion of a continuity of care for children. Staff breaks were arranged at such times as to minimise any impact on children's experiences.

Staff looking after the younger children were an established team with a range of experience and skills. Staff caring for older children were a newer team but also with a range of experiences. They were beginning to work well together to support children's wellbeing. Communications with parents regarding recent staff changes had supported transitions for children where possible. Parents were told of new staff so they knew who would be caring for their child. Some parents had commented that they felt there were not always enough staff while most agreed that there were. Comments included, "Class sizes are generally small, I know it has been a struggle to get enough staff but I've never felt that there are too few", "I have never had the feeling that there isn't enough staff on" and "I am sometimes concerned that there are fewer staff in the mornings, particularly when the rooms are combined". During our visit we looked at registers and staff rotas and were satisfied that there were enough staff to meet the minimum adult to child ratios.

Children were cared for by staff who had already established positive attachments or were beginning to do this. For example, all staff were able to confidently discuss individual children, their interests and routines.

During our visit staff were communicating well with each other to support children's safety. This included ensuring there was adequate supervision for children if a task took them away. Staff were treating each other with courtesy and this helped to provide a positive relaxed atmosphere for children.

Staff ensured they were available to speak to parents at handover times. This supported information sharing and building of relationships.

New staff had been recruited in line with current guidance. Room leads and the manager were mentoring new staff who had undergone an induction period to support their confidence in their role. We suggested that using the National Induction Resource may further support this.

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 ensure that children's health and wellbeing is promoted the manager and staff should prioritise their plan to further develop the system of recording information on personal plans. They should ensure that information is included on the strategies of support being given to children and that all reviews and changes are dated appropriately.

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).

This area for improvement was made on 21 July 2023.

Action taken since then

Personal plans had enough detail to keep children safe and to support staff in identifying their needs, interests and preferences. However, there was no detail in them about any strategies of support which were being used to support children and promote their wellbeing.

This area for improvement has not been met and will be carried forward.

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?	3 - Adequate
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	3 - Adequate
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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