

Happy Days - Dalkeith Day Care of Children

127 High Street
Dalkeith
EH22 1BE

Telephone: 01316 634 280

Type of inspection:
Unannounced

Completed on:
9 May 2024

Service provided by:
Genesis (J & T) Limited

Service provider number:
SP2010011218

Service no:
CS2010274508

About the service

Happy Days Dalkeith is registered to provide a care service to a maximum of 137 children under the age of 12 years of whom 42 children may be under the age of three years. A maximum of 60 primary school age children will be cared for at the Masonic Lodge, 129 High Street, Dalkeith.

The service is provided from a detached Georgian house in Dalkeith, Midlothian. The premises provides playrooms over two floors, toilets, and nappy changing areas, two soft play/multi-sensory rooms, kitchen, staff room and office space. The building is surrounded by three enclosed outdoor play areas.

The school aged children use the Masonic Lodge, next to the nursery property. The premises provides a large hall, access to a garden area, toilets and kitchen facilities.

About the inspection

This was an unannounced inspection which took place on 29 April 2024 between 08:00 and 16:45. Following our first visit, we issued the provider with a letter of serious concern with one requirement. This was in relation to significant concerns about inadequate staffing which impacted on children's safety and wellbeing. We returned to the service on 02 May 2024 between 08:00 and 16:45 to assess the provider's actions in relation to the requirement. We provided feedback to the providers on 09 May 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 during their play
- reviewed comments from 23 families using the service
- spoke with staff and managers
- observed staff practice and daily experiences for children
- reviewed documents
- spoke with visiting professionals from the local authority.

Key messages

- The understanding of nurturing relationships and positive interactions were variable across the nursery.
- Many staff knew children well but recorded evidence of support provided to children needed improvement.
- Older children had good play and learning opportunities.
- Outdoor play spaces provided attractive and developmentally appropriate places to play.
- To keep children safe and healthy the procedures for infection prevention and control needed to be improved.
- Managers had made a positive start to the self-evaluation of the nursery and development of improvement plans.
- Children were cared for by staff who tried to keep them safe and happy, but the deployment of staff did not promote positive 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?	2 - Weak
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
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?

2 - Weak

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

Quality indicator 1.1 - Nurturing care and support.

Most staff were respectful in their interactions with children, offering them choices when meeting their care needs. Older children were confident in the setting, making independent choices about their play and confident in their interactions with staff and visitors. However, some children were not fully supported by nurturing and caring approaches. On the first day of our inspection, staff levels impacted on their ability to fully welcome children into the nursery, provide comfort, appropriate support, or supervision. The youngest children's sense of security was compromised by frequent changes of staff across the day. On our second visit, nurturing interactions had improved. However, some staff did not respond appropriately to children's cues for help and support as they did not fully understand the principles of building strong nurturing relationships with children (see requirement 1.)

Each child had some information recorded as part of their personal plan. This was the tool used by staff to identify routines, health needs and areas where children might need additional support. For most children, these documents had been reviewed by parents, but staff needed to ensure that they were also updated to reflect children's current needs. There were no cohesive support plans for children who would benefit from them. Individual strategies for some children would help to ensure that consistent approaches to areas of support, and overall development could be provided. These strategies would provide a tool to assess individual progress and outcomes (see requirement 2).

We spoke to managers and staff about children who needed targeted support and had input from other professionals. Staff could describe children's needs well and work had begun to ensure that the plans for support and development were clear and could be assessed. However, the development of these plans had taken some considerable time and a consistent approach to following and assessing plans to evidence their impact was needed (see requirement 2).

Children's overall wellbeing was supported through the effective procedures for the administration and storage of medication. Children's health plans, allergies, intolerances, and food allergies were clearly recorded and included action plans for staff to follow.

Children were provided with healthy meals and snacks throughout the day. The mealtime experience for children in toddlers (2-3 year olds) and the early learners (3-5 year olds) provided opportunities for independence, choice, and a good social experience. Children told us they liked the meals, especially pudding. Meals for the younger children needed further assessment to ensure that staff were organised, had the equipment they needed to hand and that they could effectively supervise and support children during their meal.

Good practice for the making up of formula milk and feeding the youngest children needed to be followed. This included ensuring that staff followed good hygiene practices, fed children whilst sitting comfortably on chairs and had furniture to place bottle on rather than the floor (see area for improvement 1).

Children had opportunities for sleep and rest throughout their day. For the youngest children, individual

routines were followed and sleeping children were monitored to ensure their safety. We asked staff ensure that good practice was followed where a number of children went to sleep at the one time. This included not having too many children sleeping in the one place and ensuring that children did not walk across clean bedding to get to their own sleep mat.

Quality indicator 1.3 - Play and learning.

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

Throughout the nursery, children had fun using the outdoor areas. These provided interesting environments where children were able to lead their own play in all weathers. Children in the early learners had sustained choice to play indoors or outdoors and often ate meals and snacks outside. Other age groups did not have free-flow access to outdoors but used them for significant periods of the day. Increased use of loose parts, to stimulate creativity and imagination, would enhance the learning opportunities in these areas.

With the support of the local authority, staff were improving the play environment in the early learners to ensure that they provided challenge and a wider range of learning opportunities. Some children were engaged in their learning, but better interactions were needed during play to encourage curiosity and inquiry.

Children in the toddlers had access to two playrooms, which taken overall, provided a varied learning environment. However, both these rooms were not always in use as one was used for sleep and staffing impacted on the free flow use between the two rooms. This should be assessed further as part of the ongoing work on evaluation and self-assessment.

The play provision for the youngest children was of a basic standard and needed some development to ensure that children had sustained opportunities for a wide range of play resources and type to support their learning and development.

Children in the after-school club had a range of games and art activities to take part in. We have asked that staff look at the range and quality of play opportunities to ensure that they provide variety and excitement.

Senior staff were in the process of developing and embedding a system of planning play and learning which focused on children's interests, skills, and outcomes. Across the nursery, work was needed to ensure that planning for play was clearly understood and carried out consistently. This would enable staff to evidence clearly what children were learning and where ideas for activities came from. For the younger children a firmer understanding of child development to help them establish realistic expectations of children's learning was needed.

Children's progress needed to be tracked to ensure that skills and gaps in learning could be identified. Managers were looking at how children's progress was shared with parents to make improvements to this process. We reviewed observations of children's learning on Family, the digital platform used to communicate with parents. Observations were of varied quality and rarely evidenced what children were learning (see area for improvement 2.)

Requirements

1.

By 31 August 2024, the provider must ensure children's care, wellbeing and development needs are met. To do this, the provider must, at a minimum, ensure:

- a) that staffing arrangements enable children to receive care and support from consistent staff who know them well
- b) that staff develop an understanding of nurturing care and the development of secure attachments, and apply this knowledge to their care and interactions with children.

This is in order 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 or young person I feel valued, loved and secure' (HSCS 3.10).

2.
By 31 August 2024, the provider must develop a system for personal planning which meets the health, welfare and support needs of children.

To do this the provider must at a minimum:

- a) ensure that sufficient information to meet the health, care and support needs of individual children is gathered and used to meet individual needs
- b) record, implement and evaluate support strategies in place for individual children who need them
- c) ensure that support plans for children with additional support needs are implemented consistently and fully understood by all staff who care for those children.

This is in order to comply with Regulations 4.(1)(a) and 5.(1)(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Areas for improvement

1. Babies should experience bottle feeding which promotes their comfort and safety. To do this the procedures for making up and giving bottle feeds should follow good practice guidance developed by organisations such as the NHS, and National Childbirth Trust.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me.' (HSCS 1.14)

2. Children's learning progress and development should be observed and recorded by staff who use this information to support high quality play and learning experiences. This information should be shared with parents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported to achieve my potential in education and employment if this is right for me.' (HSCS 1.27)

How good is our setting?

3 - Adequate

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

Quality indicator 2.2 - Children experience high quality facilities

The entrance of the nursery provided a warm and welcoming space. Overall, the building provided good natural light and ventilation. The provider had a programme of refurbishment for some playrooms to ensure that they provided attractive places for children to play.

There was enough space for children's play when all the available rooms were in use. Furniture was of good quality but storage across the playrooms was limited. The providers agreed to consider further storage and work surfaces in the baby rooms. This would enable staff to have resources to hand and have space for serving food.

Outdoor environments at the main nursery provided children with developmentally appropriate places to play. The garden area used by school aged children needed to be risk assessed and an appropriate range of outdoor resources provided for older children's play.

On the second day of the inspection playrooms were set up and provided an improved range of resources. We have asked the manager to continually assess the range and quality of resources which were available, not just for core activities but for extensions to children's ideas and interests. To ensure that the youngest children's developmental needs were met, an improved range of resources to support children's natural curiosity was needed. The environment needed to provide spaces for cosy quiet time and for staff to sit comfortably with children. This would support nurture and the building of secure relationships.

To ensure that children's health and wellbeing was maintained at all times, Infection Prevention and Control (IPC) procedures needed to be embedded into staff practice. Staff did not wash tables prior to children eating and handwashing was not consistent or carried out appropriately. The kitchen/staff area was not well arranged to ensure that food preparation spaces for the making of baby bottles, snacks and serving of meals were of a good standard. There were items in the nappy changing areas which were difficult to clean and resources, which should not be in nappy changing areas needed to be removed (see requirement 1).

Requirements

1. By 31 July 2024, the provider must ensure the health, welfare and safety of children. To do this, the provider must, at a minimum, ensure:

- a) all staff understand and follow the services infection prevention and control (IPC) policies and procedures
- b) the Care Inspectorate document Space to Grow and Thrive is used as guidance for the organisation of current food preparation facilities, nappy changing and toilet areas
- c) monitoring procedures evidence staff compliance with IPC procedures.

This is in order 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).

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 had been some staff changes, and more recruitment was taking place. The induction process had been improved to ensure that new staff had more in-depth knowledge of their role and an understanding of expectations. We discussed with managers that the change in staffing provided a good opportunity to discuss, as a group, the vision, values and aims of the nursery. This would help staff understand what the priorities were the setting.

There was some evidence of reflective practice discussions with staff, but these had not resulted in sustained improvements in the nursery. We have highlighted to the providers and managers the importance of including staff in developing the priorities for improvement to enable them to feel confident to initiate changes and share the responsibility for them.

There were limited opportunities for children to influence improvement. Planning for play and learning was beginning to focus on children's ideas and school aged children influenced snack choices and the purchasing of some resources. However, we have identified the need to look at the environments and transitions during the day for the youngest children. Non-verbal cues were being missed. The lack of understanding around interactions, support strategies and the importance of relationships means that children are not being heard.

Parents were welcomed into the nursery at the beginning and the end of the day. Staff working with the youngest children gave parents very full feedback about their child's day and engaged in appropriate conversations to make them feel part of nursery life. A weekly message about what was going on in nursery was provided for parents to ensure that they were up to date with plans and changes.

The manager was new to the leadership position. They were very well supported by the auditing and self-evaluation manager. We could see the start of the work that had been carried out in terms of self-evaluation and developing action /improvement plans. As this developed it needed to include evaluations from parents and from the staff group. A positive start had been made to the process for self-evaluation, but it was too early in the process for the impact of improvements, identified through self-evaluation, to be seen in practice.

There were auditing procedures in place. However, not all of these are having an impact for example, personal plans were audited but in most the support strategies were still missing. The procedures for auditing needed to also reflect on quality, not only if something had been completed.

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.

Quality indicator 4.3 - Staff deployment.

On the first day of inspection, we arrived in the nursery at 08:00. As parents and children arrived at the nursery we had significant concerns regarding the suitable deployment and numbers of staff. There were not enough staff in the nursery to welcome children, carry out a suitable handover with parents, ensure children's safety through appropriate supervision, provide interactions and comfort to support emotional security. The manager and provider ensured that staffing levels were increased to appropriate levels with staff coming from another setting and staff, who were off, coming into to work. We made one requirement in a serious concern letter and returned to check compliance and carry on with the inspection process on 02 May 2024. Whilst we found some improvements had been made to staffing arrangement, further

improvements were required to ensure children benefit from high quality care and support that meets their needs and keeps them safe (see requirement 1 within Key Question 1: How good is our care, play and learning?)

The deployment of staff throughout the nursery needed to be given further consideration to ensure that it was outcome focused. The youngest children were cared for by too many different adults over the course of the day. This had a significant impact on their emotional security. Staff often had to leave the playroom to get resources or attend to children's personal care needs. This further increased the number of transitions. The provider indicated that they planned to have an additional member of staff allocated to this floor to ensure continuity and positive transitions across the day.

The first day of the inspection was stressful and upsetting for staff. However, they worked well as a team to try and meet children's needs. Where they could, they participated well in the inspection to provide information and take part in professional discussion. Unplanned staff absence had impacted on the quality of outcomes for children but had also affected staff wellbeing. The provider and managers planned to increase staff understanding about maximising staff attendance in the nursery through induction, discussion and policies and procedures.

With the introduction of new staff to the nursery, managers planned to carry out work regarding the development of staff teams. This was to ensure that they understood how to provide high-quality outcomes for children. To do this managers now need to assess the staff group in terms of skill, understanding and motivation. We have highlighted in this report the need for the staff team to receive further good practice guidance, upskilling and training on key areas of childcare and development (see area for improvement 1.)

Areas for improvement

1. To ensure that children are supported and cared for by professional and competent staff. The provider should develop and implement a training plan to take account of staff skills, experience and gaps in professional knowledge. Training and information for staff should include attachment and nurture, adverse childhood experiences, the service policies and procedures and child development.

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.'

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

Requirements

Requirement 1

The provider must, by 02 May 2024, ensure that there are, at all times, staff present in suitable numbers and with the skill to meet the care, welfare, support and safety needs of children.

To achieve this the provider must, at a minimum:

- a) ensure that children receive appropriate supervision throughout the day.
- b) provide consistency of staffing in such numbers to meet the care routines and support needs of children under 2 years old.
- c) ensure that staff are well organised for all transitions throughout the day.

This is in order to comply with The Health and Care (Staffing) (Scotland) Act 2019 (HCSSA). Section 7.(1)(a)(b)(c) - Duty on care service to ensure appropriate staffing.

This requirement was made on 29 April 2024.

Action taken on previous requirement

This requirement was made in a serious concern letter received by the service on 30 April 2024. On our return visit to the nursery on 02 May 2024 we found:

- a) staffing levels had been significantly increased. The impact was evident in that staff had time to fully welcome children into the service.

The manager was present in the nursery hallway to greet and speak to parents.

There was a much calmer atmosphere, and we did not observe any children being left unsupported or unsupervised. Breakfast time was calm and children were supported to have a sociable and meaningful experience.

School aged children were in the Masonic Lodge which is their registered space. This was enjoyed by those children who said it was much better and that they had more space. It resulted in age-appropriate activities and improved staff supervision.

- b) there were staff in each of the rooms who were familiar with the children. Those that were familiar to children were responsible for care routines. This had a positive impact on the wellbeing and security of children. There was more consistency of staffing for the youngest children, which resulted in a calmer atmosphere and a lower stress level for staff. It increased the chances of children's care and support needs being met as staff knew the children in their care.

- c) staff were more organised and they were present in numbers which could enable the setting up of environments and use of outdoor areas. Transitions through the day were better planned. Lunch went smoothly and therefore children were fed on time. Staff breaks were taken and did not impact on staff in the room as there were enough to promote consistency of care.

This requirement was 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

Children should receive the right level of care and support. To achieve this, staff should develop support plans for children who need them. These plans should be shared and agreed with parents and regularly assessed to ensure progress is being made to achieve positive outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me.' (HSCS 1.14)

This area for improvement was made on 2 June 2023.

Action taken since then

No effective progress had been made to ensure that support plans were in place and used by staff for the children who needed them.

This area for improvement was not met. A requirement has been made in key question 1 quality indicator 1.1.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	2 - Weak
4.3 Staff deployment	2 - Weak

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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