

The Wendyhouse Children's Nursery Day Care of Children

Angle Road
Kirriemuir
DD8 4PL

Telephone: 01575 572 244

Type of inspection:
Unannounced

Completed on:
2 May 2024

Service provided by:
Jill Culross trading as the Wendyhouse

Service provider number:
SP2007009333

Service no:
CS2007162014

About the service

The Wendyhouse Children's Nursery provides a daycare of children service in Kirriemuir. The service is registered to provide care to a maximum of 75 children birth to 12 years, of whom there are no more than 15 children aged birth to under 2 years, no more than 40 children aged 2 to 5 years, and no more than 20 children aged 5 (or school attenders) to 12 years.

The service is located within a residential area of Kirriemuir. Internally there are three main playrooms for the nursery and one area for the out of school club indoors. Externally is a large, fully enclosed garden used for outdoor play for all ages of children.

About the inspection

This was an unannounced inspection which took place on 1 and 2 May 2024. Feedback was shared with the service on 2 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:

- observed practice and daily life
- spoke with the provider, management and the staff team
- reviewed documents
- spoke with children using the service and received feedback from 13 of their families.

Key messages

- Interactions between staff and children were kind and caring.
- Staff knew the children well and had a good knowledge of how to support and meet individual needs.
- Children were engaged in their play and having fun.
- The management team should develop a fully effective approach to quality assurance and self-evaluation to support ongoing improvement.
- Families were regularly invited to share feedback and suggestions with the service.
- Children were regularly consulted and involved in changes and improvements being made to the service.

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, where there were a number of important strengths which, taken together, clearly outweigh areas for improvement.

Quality Indicator 1.1: Nurturing care and support

Interactions between staff and children were kind and caring. Children were cuddled and comforted when upset and staff were responsive to their needs. Positive attachments had been formed which ensured that children felt nurtured and cared for. Where children required support with personal care, for example, nappy changing, interactions were warm and nurturing and children's privacy and dignity was respected. Parents shared with us, "They are a fantastic team who I can trust to leave my child in their care" and "My child is always very happy to go and comes out telling me excitingly about their day".

Snack and mealtimes were a nice social experience where staff sat with children. There were some opportunities for children to develop their life skills and independence as they served their own meals, poured drinks and washed their dishes afterwards. We suggested the service extend on opportunities for children to be more involved in the preparation of snack. This would further support children to develop their independence and responsibility. Allergies and dietary requirements were well managed by the team and individual placemats highlighted any allergies. To further promote close, nurturing relationships we asked the manager to consider how and when babies receive their bottles from staff. For example, some staff sat on the floor when a rocking chair was available.

Personal plans were in place for each child which included all the required information to support staff to meet the needs of children. Plans and enrolment forms were reviewed with families every six months to ensure staff had the most up to date information to support children. However, not all families felt that staff consistently followed the strategies identified in their child's plan. We asked the manager to be mindful of this. Chronologies were used to record any significant events which could have an impact in a child's life. This enabled staff to support families at the right time.

Medication was stored safely and securely in a locked cabinet in the office. Consent forms were completed with families. We identified a medication that had no permission form in place and another which had not been reviewed in line with guidance. The manager was responsive and ensured these were in place by the end of the inspection process to support children's safety and wellbeing. Medication audits were carried out monthly, however, these should be further developed to ensure that children's health needs are consistently managed well.

Children were provided with the opportunity to rest and sleep when required. A designated sleep room in the baby room was well monitored and supervised. Some cosy, dimly lit, nurturing spaces were also available for children to rest and relax. We asked the manager to consider how to develop this throughout the nursery to fully support children's resilience and wellbeing.

Quality Indicator 1.3: Play and learning

Children were happy and having fun throughout the nursery and out of school club. Children were engaged in their play both indoors and outdoors and we observed nice, supportive interactions from staff during the children's play. Parents shared with us, "My child is always happy when coming home and is always kept

busy with different, interesting activities" and "A variety of learning experiences are offered".

There were some good opportunities for children to be involved in sensory play. For example, babies had fun with the bubbles and other activities set up in a sensory area and children in the two to five room played outside with foam and had a range of messy play opportunities within the playrooms.

Free flow access to the garden in the 3-5 area supported children's choice and enabled them to lead their own play and learning. Staff shared that the 0-2 age group did not access the garden area when the older children were outside. We asked the manager to ensure all children are supported to be active and have access to the outdoor area on a daily basis.

Staff shared that planning for children's play and learning was an area they were developing. Observations of children's interests were observed in all children's journals that we reviewed. On the whole, observations of children's learning were of a good quality and identified specific learning. All children had a range of experiences in their journals. Some children had next steps within their learning to support progression, however, some of these were not specific. Children also had limited opportunities to reflect on their own learning, that is, journals were not readily available to children as these were online. We asked the manager to consider ways to involve children in their own progression and next steps.

Floorbooks of children's play and learning experiences were in place, however, had not been updated since February. We encouraged the service to build on the good practice and quality of observations in the floorbooks as they further develop these. These would support the development of the services approach to responsive planning.

We suggested there could be further challenge for children. Areas throughout the service should be further developed to ensure they offer a breadth of experiences. This would support children to effectively lead their own learning and be challenged. For example, the home area could have been more welcoming, with opportunities for literacy and numeracy. While staff interactions supported children's activities, they were not yet consistently promoting children's curiosity and problem solving to support learning through play.

Some use was made of the community. For example, children went on walks to a local woodland area and park. The manager had identified that she would like to develop further links within the community to improve outcomes and experiences for children.

How good is our setting?

4 - Good

We evaluated this key question as good, where there were a number of important strengths which, taken together, clearly outweigh areas for improvement.

Quality Indicator 2.2: Children experience high quality facilities

The environment was safe and secure. Children were cared for in rooms dependent on their age. The outdoor environment provided a safe space where they could take part in a wide range of play experiences. Children enjoyed caring for their vegetables and plants and were creative in the literacy shed. A large tarmac area at the rear of the garden was used for children to access go karts and bikes to support their gross motor skills.

The service was undertaking some renovation work to improve their reception area and add a sensory room. We would encourage the service to continue with their plans as they develop the entrance focussing

on attention to detail as they do this. We also asked the manager to ensure any displays including children's artwork are in good condition to support children to feel valued and respected. This will ensure all aspects of the environment show children that they are important and matter.

The indoor and outdoor environments were developmentally appropriate for the children. The baby room provided a nurturing and sensory space for the children to take part in a variety of play experiences to develop their curiosity and imaginations. Children in the 2-5 room enjoyed a large open environment to explore and children in the out of school club had a space where they could relax after a day at school.

Overall, infection prevention and control measures were followed. Children and staff were observed washing hands regularly and the environment was clean. We asked the manager to ensure that when staff were using nappy changing areas that the fan was switched on and staff did not touch bin lids. This would minimise the risk of contamination.

Risk assessments were in place for all areas and aspects of the service. We suggested that the bus and travel risk assessment be developed further to ensure it covers all hazards and how staff will minimise this risk. We also asked that where risks were identified, maintenance is carried out in a timely manner so as not to impact on children's experiences. For example, children could not access the climbing frame in the garden due to it requiring repairs.

Accidents were recorded on an App and shared with parents. We asked that audits should be further developed to include checks that parents have received this information to support the sharing of information.

How good is our leadership?

4 - Good

We evaluated this key question as good, where there were a number of important strengths which, taken together, clearly outweigh areas for improvement.

Quality Indicator 3.1: Quality assurance and improvement are led well

There was a vision, values and aims in place for the service. The group of nurseries all individualised their own version of the provider's vision and values. Some staff were still unsure what these involved. We encouraged the service to develop a shared approach with staff, families and children.

Children and families had been involved in making changes and improvements within the service. For example, the development of the garden area. The service should continue with this approach and use this information to inform the improvement priorities for the next year.

Self-evaluation and quality assurance processes still required to be further developed and sustained to ensure it was embedded within practice. The team used best practice documents to support them to self-evaluate and reflect on their practice, the environments and learning experiences for children. The service had a quality assurance calendar in place to support ongoing self-evaluation of the service which included peer on peer observations, audits and staff appraisals. While some audits supported improvement, for example, learning folders and personal plans, audits of medication and accident forms were not yet consistently identifying any issues. The area for improvement from the last inspection has not been fully met and will be continued within this inspection report. **(See area for improvement 1.)**

Appraisals and wellbeing chats were in place for staff, these were used as a discussion with staff evaluating

their own practice. Management should ensure that feedback from staff is consistently used to celebrate staff strengths and reflect together to identify areas for improvement. This would ensure a more supportive and empowering approach.

Staff meetings were held regularly to discuss children's individual needs, the environment and daily running of the service. Some staff said that they would like more communication from the management team, therefore we asked the manager to consider how staff are fully involved and included.

Policies and procedures were in place to support safe practice within the service. We asked the manager to make a few small changes to some policies to reflect our notification guidance.

Areas for improvement

1. To support ongoing service improvement, management and staff should continue to further develop robust and routine quality assurance systems to ensure that the quality of the service is monitored and assessed effectively.

To do this, management should, at a minimum:

- a) formally monitor staff practice and provide staff with constructive feedback to support them to fully meet children's needs
- b) support staff to reflect on the key learning from training they have attended and completed
- c) further develop the content of all audits to identify any discrepancies and to support ongoing improvement and change within the service
- d) support staff to make greater use of self-evaluation tools to identify and support improvements.

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 there were a number of important strengths which, taken together, clearly outweigh areas for improvement.

Quality Indicator 4.3: Staff deployment

There had been some changes to the staff team due to one of the sister nurseries joining the service temporarily. Some staff shared this had been a challenge, however, they now felt well supported by the management team.

Staff to child ratios were consistently met throughout the day and there was ample staff in the service. Staff absences could be covered by familiar staff from the sister nurseries and the manager. Staff breaks were effectively managed to ensure minimal disruptions to children's play and learning. Parents shared

with us, "The staff are very approachable and friendly and show compassion within their roles".

Consistent staff worked in the rooms throughout the day to provide continuity of care for the children and ensured consistency for parents at drop off and pick up times. Staff from the child's room provided a handover to parents where they shared information about their child's day. Some parents shared with us that staff did not always share enough information with them at drop off and pick up times. We suggested where possible children's key workers could be available to do this to support relationship building with families.

Staff were flexible and proactive and worked well together as a team. On the whole they communicated well with each other to ensure they were responsive to the children's needs. However, whilst children's significant information was documented, this was not consistently shared between staff.

Safer recruitment guidance had been followed for newly recruited staff members. Staff induction checklists were in place which show tasks to be completed over a three-month period. Best practice documents were now included in the induction process to ensure staff have a knowledge of these documents to support their practice. It would be beneficial for the reflective questions from the National Induction Resource to be incorporated into the induction process. This would provide the manager with a clear overview of staff strengths and any additional support required.

The manager now had an overview of all staff training. Most staff had all completed their core training which included first aid and child protection. Staff were now reflecting on their training to support ongoing development. We asked the manager to continue to be mindful when deploying staff throughout transition periods until all staff received first aid training.

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 ongoing service improvement, management and staff should continue to further develop robust and routine quality assurance systems to ensure that the quality of the service is monitored and assessed effectively.

To do this, management should, at a minimum:

- a) formally monitor staff practice and provide staff with constructive feedback to support them to fully meet children's needs
- b) support staff to reflect on the key learning from training they have attended and completed
- c) further develop the content of all audits to identify any discrepancies and to support ongoing improvement and change within the service

d) support staff to make greater use of self-evaluation tools to identify and support improvements.

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).

This area for improvement was made on 12 July 2022.

Action taken since then

The service now have a quality assurance calendar in place which is used as a working document. Management are continuing to review and develop this document to ensure it is effective.

Auditing of documents is now taking place, this should be reviewed and further developed to support effective and safe practice.

Staff are now collecting feedback and suggestions from children and families to meaningfully involve them in ongoing change and improvement.

Staff should further familiarise themselves with the Quality Framework document to support them to evaluate practice, play and learning experiences, environments and outcomes for children.

This area for improvement has not been fully met and will be taken forward within this inspection report.

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 iarrrtas.

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.