

Rainbow Nursery - Bathgate Day Care of Children

16 Gideon Street
Bathgate
EH48 4HD

Telephone: 01506 633 348

Type of inspection:
Unannounced

Completed on:
17 May 2024

Service provided by:
Rainbow Nursery

Service provider number:
SP2003011498

Service no:
CS2003043185

About the service

Rainbow Nursery - Bathgate is a day care of children service comprising of a nursery and out of school care. The service is registered to provide care to a maximum of 172 children at any one time, of whom no more than 40 are under two, no more than 86 are aged two to not yet attending primary school and no more than 46 are of primary school age.

The service is located within Bathgate, West Lothian near to shops, transport links and local amenities. Care is provided from two buildings, within a short walking distance of each other. There are four playrooms and 'The Den', which accommodates the children who attend out of school care. Some rooms have direct access to the outdoor areas.

About the inspection

This was an unannounced inspection which took place on 15 May 2024 between 09:50 and 17:50, 16 May 2024 between 09:00 and 18:00 and 17 May 2024 between 09:00 and 15:30. 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
- received feedback from 30 families
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Children experienced warm, kind and caring interactions throughout their daily experiences. Their overall wellbeing was supported through personal planning.
- Meals were relaxed and unhurried experiences. However, they were not always nutritionally balanced or reflective of current guidance.
- Safer sleep guidance was not followed consistently across the nursery.
- Children had fun as they experienced a good balance of spontaneous and planned experiences. They were well supported to develop skills in language, literacy and numeracy.
- Children were generally well supported to wash their hands at key times which helped to minimise the risk of potential spread of infection. However, some toilet and nappy changing facilities did not promote hygiene and safety.
- Quality assurance processes were in place but were not always effective, including inconsistencies in practice around the management of medication.
- Staff were responsive to where children played and moved around flexibly to provide support, interaction, and engagement in play.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	5 - Very 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, kind and caring interactions throughout their daily experiences. For example, staff sang and chatted with children during personal care which created a positive and relaxed experience. Most families commented positively on the care provided. Their comments included: "All the staff are so helpful and friendly and make my child's time fun and enjoyable", "Very welcoming, friendly, have genuine care for your child" and "I feel that the staff are supportive and understanding towards my child's individual needs".

Children's overall wellbeing was supported through personal planning. Personal plans had been developed and contained clear, detailed information about children's individual needs. Staff worked proactively with other professionals which supported them to identify strategies of support tailored to children's individual needs. Strategies were mostly used to support children to achieve their potential. There was scope to improve communication across the nursery using strategies such as signing and visual aids.

Children experienced unhurried mealtimes and were able to eat at a pace which was right for them. Most children were supported effectively by staff as they sat with them during mealtimes and chatted. This created a positive experience. Older children had opportunities to be independent as they prepared food and self-served. This supported them to build confidence and life skills. Meals were not always nutritionally balanced and did not reflect current guidance, for example, children with dietary needs were not always offered sufficient alternatives to ensure they had healthy, well-balanced meals (**see area for improvement 1**). Inaccurate information was shared with some families around children's mealtimes. This meant that families were not well informed about what their child had eaten throughout the day.

Safer sleep guidance was not followed consistently across the nursery. Most children experienced safe sleep however some babies slept in buggies (**see area for improvement 2**). Staff were responsive to our feedback and had begun to make improvements during the inspection to keep children safe. Children experienced calm, relaxing and peaceful sleeping environments. Staff offered children physical comfort, cuddles and reassurance which supported them to settle. Children were sensitively supported when they woke from a sleep which helped them to feel safe and secure.

There were inconsistencies in practice around the management of medication. Whilst most medication was effectively managed, we found two medications without permission to be administered and one medication which was out of date. This put children at risk of harm. Staff took action to address this during the inspection (**see area for improvement 3**).

Quality Indicator 1.3 - Play and learning

Children had fun as they experienced a good balance of spontaneous and planned experiences. Independence and choice were encouraged as children moved confidently between the different areas of the playrooms and outdoors. Families told us that their children were supported through interesting and fun experiences.

Children had good opportunities to lead their own play and learning. Their play and learning experiences were enhanced through connections to their local and wider community such as visits to the woods, parks and beaches, supporting them to learn about their community and nature. Planning approaches were child-centred and responsive to children's interests supporting them to learn new skills. School-aged children, in particular, had ownership of their play space and were actively involved in planning their play experiences helping them feel listened to and respected.

Children were well supported to develop skills in language, literacy and numeracy. They independently engaged in mark making and enjoyed reading stories with staff. Younger children experienced singing throughout the day which created a positive atmosphere and supported their language development. Opportunities for numeracy were naturally woven into children's play and learning experiences with some staff supporting and extending children's understanding of mathematical concepts. School-aged children experienced exciting opportunities to explore science, technology, engineering and mathematics and learn new skills. For example, they investigated how to drill different materials.

Some staff were skilled in using effective questioning and commentary to extend children's learning. However, there were some missed opportunities and at times, staff did not always give children enough time to think and respond. This meant that children's views and ideas were not always heard. Staff were aware of schematic play to support younger children's development. Children would benefit from staff using this knowledge to plan and extend play experiences.

Staff were knowledgeable about children's individual development. Observations were generally of good quality and personal to each child. Most families felt included and involved in their child's daily experiences and progress through discussion and online photos. However, some families felt they could be better informed. Children's next steps were often too broad, which meant that their progress and achievements may not always be captured. The management team identified this as an area for development.

Areas for improvement

1. To support children's wellbeing, the provider should ensure that meals and snacks are well planned, nutritious and balanced to meet children's dietary needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33) and 'My meals and snacks meet my cultural and dietary needs, beliefs, and preferences' (HSCS 1.37).

2. To support safe sleep experiences for children the provider should ensure staff are knowledgeable of safe sleep guidance and implement this in practice.

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

3. To ensure children's medical needs are safely managed, the provider should, at a minimum ensure:

- a) medical permission forms are fully completed by parents and carers prior to the administration of medication
- b) medication to be administered is in date
- c) staff are knowledgeable and competent in relation to the recording of medication and follow the 'Management of Medication in Day Care of Children and Childminding Services' guidance.
- d) staff apply their learning to practice.

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

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

Children experienced a welcoming, bright, and well-ventilated space. The setting had a secure entrance with information displayed which helped to keep families informed about what was happening in the service. Comfortable and cosy spaces were available throughout the setting for children to rest and relax.

The majority of children benefitted from free flow access between the indoor and outdoor areas which enabled them to be independent, direct their own play and supported them to be active and healthy. Some loose parts and opportunities for risky play were available outdoors which supported children to problem solve, be creative and build their confidence.

Play spaces took account of children's stages of development. For example, children enjoyed exploring messy and sensory experiences. The quality and range of resources varied across the setting. Some areas stimulated children's curiosity and interests, for example, children engaged positively in the mud kitchen and told us they loved cooking on the fire pit. However, other areas of the setting lacked wonder, excitement and rich opportunities for creativity, literacy or numeracy. This meant that children were not always challenged in their play and learning. Staff were responsive to our suggestions and had begun to add additional resources to improve the quality of experiences during the inspection.

Staff worked with children to identify and minimise risks within the setting. One family told us: "My child has recently been showing an interest in life skills and assessing and managing their own risks within nursery such as cooking (indoors, outdoors), and woodworking". Children were involved in risk assessing and took SIMOA the elephant on outings to promote discussion about how to keep themselves and others safe. As a result, children were becoming confident in recognising and assessing risk.

Infection, prevention and control practices such as the use of PPE and food safety practices supported children to stay safe. Children were generally well supported to wash their hands at key times, for example, before mealtimes. This helped to minimise the risk of potential spread of infection. However, some toilet and nappy changing facilities did not follow current guidance to promote hygiene and safety. For example, some of the facilities required maintenance and did not have appropriate waste facilities for disposing of PPE and nappies. When raised by inspectors, this had begun to be addressed. Children would benefit from toilet and nappy changing facilities being updated to keep them safe and healthy (**see area for improvement 1**).

Children's personal plan information was stored securely. Closed circuit television (CCTV) was used both within the playrooms and for security purposes around the outside of the setting. Whilst families were informed within the handbook that CCTV was used, it was unclear what areas of the premises the CCTV operated. Signage was not displayed to inform families and visitors of its use in line with guidance. When raised by inspectors, the manager took immediate action to display signs. A policy was in place, however, this was not consistently followed. For example, no log was kept when CCTV was reviewed (**see area for improvement 2**).

Areas for improvement

1. To ensure children experience toilet and nappy changing facilities which promote health, safety and hygiene, the provider should, at a minimum ensure:

- a) facilities are clean, hygienic, and well maintained
- b) staff are knowledgeable about 'Space to grow and thrive' and 'Nappy changing for early learning and childcare settings' and implement this in practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

2. To ensure children and families are safe and protected, the provider should ensure that the use of CCTV follows current guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used' (HSCS 2.7).

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

Families were involved in the development of the service. They were included in reviewing the vision, values and aims which helped to create a shared understanding of the expectations and aspirations of the setting. Most families felt they were meaningfully involved in developing the service. Their comments included: "From coffee mornings, parent consultation to gala day involvement" and "The opportunity is always given and feedback asked for regularly".

Quality assurance processes were in place but were not always effective (**see area for improvement 1**). For example, an audit of medication was carried out but did not identify expired medication and lack of permissions. This had the potential to put children at risk. We found ineffective recording of complaints and staff performance. There was limited evidence that investigations had been fully carried out potentially impacting upon actions and improvements to be made (**see area for improvement 2**). The manager was responsive to our feedback and had begun to take steps to address this following the inspection. Some observations of staff practice took place, and this could be developed to support improvement. The management team had plans in place to improve the monitoring of staff practice.

An improvement plan was in place which focused on key areas for development. These identified clear, measurable outcomes. Staff were involved in the self-evaluation of the service and had identified actions to be taken. Whilst some progress had been made, the pace of change was slow for some areas identified. Aspects of the self-evaluation were not reflective of practice, for example, they identified that menus were well planned and promoted healthy choices, however, some children did not experience this. This meant there were missed opportunities to make improvements (**see area for improvement 1**).

Areas for improvement

1. To improve outcomes for children, effective and robust quality assurance processes should be implemented. To do this the provider should, at a minimum, ensure:

- a) regular, effective, and focused monitoring is carried out across the setting
- b) robust audits are developed and implemented, and any actions are addressed promptly
- c) self-evaluation is used effectively to maintain and improve the service
- d) the management team effectively monitors the work of each member of staff and the service as a whole.

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).

2. To ensure that children are safe and protected, the provider should at a minimum:

- a) ensure that there are clear, robust, and effective procedures in place where complaints or concerns are raised by families or others
- b) ensure that procedures and relevant information is shared with families, staff and other agencies involved in the service
- c) ensure that a thorough investigation is carried out and actions identified are addressed timeously
- d) keep a record of any complaint or concern made, the investigation report, the outcome, and the actions taken.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I use a service and organisation which is managed and well led' (HSCS 4.23).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality Indicator 4.3 - Staff deployment

Children and families were warmly greeted on arrival at nursery which supported positive transitions and communication. Families told us: "The staff are genuinely lovely and care about my child which means so much to me" and "The same staff in the baby room promotes continuity and builds confidence in building my baby's relationships".

Staffing levels and deployment took account of children's individual needs, routines, and activities throughout the day. Staff were responsive to where children played and moved around flexibly to provide support, interaction, and engagement in play. For example, staff spread across the indoors and outdoors of the nursery, meaning children were supported in each area. A mix of staff skills, effective communication and teamwork between staff meant children had positive, meaningful play experiences.

Staff breaks were well planned to ensure children had the right support. Where staff absences occurred, supply staff were familiar to children and families which promoted continuity and consistency of care.

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	3 - Adequate
1.3 Play and learning	4 - Good
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	5 - Very Good
4.3 Staff deployment	5 - Very Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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