

Happy Days Day Care of Children

14-18 Ledgate
Eastside
Kirkintilloch
Glasgow
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Telephone: 01417 765 009

Type of inspection:
Unannounced

Completed on:
17 May 2024

Service provided by:
Happy Days Nursery (Scotland) Ltd

Service provider number:
SP2003000771

Service no:
CS2003003829

About the service

Happy Days is registered to provide care to a maximum of 69 children in the following age groups:

- 15 children aged six weeks to two years,
- 22 children aged two to three years,
- 32 children aged three to five years.

The provider is Happy Days and this is one of three services operated by the provider.

The service is located in Kirkintilloch. Accommodation for children comprises of three playrooms for children under two, two to three and three to five. There is a large garden area which has been divided to create an area suitable for babies and play areas for children over two.

About the inspection

This was an unannounced inspection which took place on Thursday 9 May and Friday 10 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 attending the service
- gathered feedback from family members of children using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Children were happy and having fun.
- Staff spoke positively about their roles and were proud to work at Happy Days nursery.
- The provider must address issues relating to infection prevention and control throughout the setting.
- Parents views were sought on various aspects of the service.
- Personal plans should be reviewed and updated to ensure children are reaching their potential.

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?	2 - Weak
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.

Staff throughout the nursery were warm and welcoming. Staff within the baby room were kind, caring and nurturing in their approaches with children. They knew children well and were communicating and sharing information in a way that supported children's needs. Overall, most children were happy and secure approaching staff for comfort or support showing they were developing relationships with staff. Parent told us;

'Happy Days are amazing! Staff are very hardworking and friendly.'

'Staff always communicate well with us about my child's day, what he's been up to.'

'The staff are always very informal of what my child has been up to that day and always ask if there is anything I wish to know.'

Mealtimes gave children the opportunity to sit with their friends and develop some independence skills, for example, clearing plates and serving some of their own food. However, there were some improvements that could be made to the lunchtime experience. We suggested that adults sit with children and children should be encouraged to use cutlery. This will allow all children across the nursery to experience positive mealtimes and be supported to develop healthy eating habits.

Personal plans were in place for all children and had been completed with some parents' input. They included likes, dislikes, and details of routines. Not all plans included strategies or next steps required to support children's health, welfare, and safety needs. This meant that not all children were getting the support they needed to reach their full potential. Plans should be reviewed to ensure children's individual needs are reflected and planned for. This will further ensure children get the care and support that is right for them. (See area for improvement 1).

We sampled medication held of children who required it while in the nursery. We found medication and medication templates were not in line with best practice guidance. Management should review storage of medication and update recording templates to ensure all information is in line with guidance 'Management of medication in day care of children and childminding services.' (See area for improvement 2).

Children were supported to have a sleep if they needed at a time that suited them. Parents permission was given for babies to sleep in prams outside in an enclosed space. We highlighted that individual sheets should be used when babies are sleeping in the prams. This will minimise the risk of the spread of infection.

Quality indicator 1.3: Play and learning.

Most children were happy, having fun and enjoying their time at nursery. Children were able to move freely around their dedicated playroom. This meant that there were opportunities for children to choose during free play and develop some skills.

Children enjoyed stories and were writing and mark making during play. A literacy 'champion' passionately spoke to us about ensuring children are read to everyday and Book Bug sessions were in the early stages of being implemented. Children under three were encouraged to develop their language, literacy and numeracy through nursery rhymes and stories. Staff were verbally encouraging children to engage in activities. Children were actively and eagerly taking part in singing with their peers. As a result, children were developing early literacy skills such as rhyming and concepts of print.

Overall, there was little evidence of children leading their own play. Not all children experience learning that is relevant, personalised or sufficiently challenging for their stage of development. This led to missed opportunities to support children's creativity and choices throughout their play experiences. (See area for improvement 3).

Children had individual plans to support their learning. Staff made good use of Realising the Ambition to track babies and very young children's development. Although there were systems and processes in place to support the recording, planning and evaluating of experiences, these were inconsistently applied throughout the setting. Focus should now be on staff recording high quality observations and next steps for learning should be tracked and updated when they are reached. This would add value to the children's experience and ensure they are fully supported and challenged.

Staff understanding of child development and schemas was varied across the setting. Some staff engaged well to support children at a level that was right for them. For example, a child not ready to sit for lunch was supported to have lunch at a time that was right for them. We would encourage the manager and staff to take account of children's developmental stage when planning experiences for children. This will further ensure that all children are supported to reach their potential.

Other professionals, for example educational psychologist and an outreach worker were involved in supporting some children with additional support needs and strategies to support had been highlighted. However, on the day of inspection the use of strategies to support individual children were inconsistently applied.

Areas for improvement

1. To meet children's health, welfare and safety needs, the manager should develop children's personal plans. This should include, but not be limited to, identifying and implementing appropriate strategies to meet children's needs, supporting progress and helping them to achieve their full potential.

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 1.1).

2. To keep children safe and healthy, management should ensure medication is audited, stored and administered appropriately. The service's medication policy and processes should be updated in line with the current health guidance 'Management of Medication in Day care and Childminding Services'.

This is to ensure that 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).

3. To support children to achieve their full potential the manager and staff should ensure appropriate levels of challenge in learning through responsive planning. This should include, but not be limited to, high quality observations, meaningful next steps and evidence of progression in learning.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. While some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children, we made requirements for improvement.

Quality indicator 2.2: Children experience high quality facilities.

Most of the spaces were bright and well ventilated. On the first day of inspection the 3-5 room was very stuffy, however, the air conditioning was turned on. We would encourage staff to ensure the this room is well ventilated at all times.

Throughout the nursery children had some opened and natural loose parts resources to develop children's imagination and curiosity. However these were limited, we would ask the provider and manager to review resources to develop more open-ended resources that will provide challenge, develop curiosity and imagination for the age and stage of children's development. We discussed reviewing the rooms used by the children with consideration to create an environment that inspire children's imagination with a focus on loose parts play and open-ended resources. Also providing children with more challenging opportunities to discover and explore.

Overall, the indoor and outdoor environments do not always reflect the children's current stages of development. The setting does not offer children a range of stimulating play resources to support and develop learning and there was a lack of cosy spaces to rest and relax. The provider, management and staff team should continue to review the learning environment to ensure children are appropriately challenged and progress at an appropriate level, whilst also supporting and stimulating children's natural curiosity, creativity and imagination. (See area for improvement 1).

Children have free flow access for large parts of the day. On the second day of inspection children were kept inside due to the very high UV levels. Risk assessments were in place highlighting hazards and mitigation. This helped to keep children safe.

Accidents and incidents were appropriately recorded and shared with parents. We discussed the benefits of identifying trends during reflection and auditing of accidents and incidents. Sharing these with the staff team would help identify and raise awareness of potential risks, supporting children to be safe.

Maintenance work was due to be carried out in several areas throughout the setting and some areas were visibly dirty. These improvements were needed in the indoor and outdoor environment to ensure children's safety and minimise the potential spread of infections. On the second day of inspection some improvements had been made and some extra cleaning had been carried out. We would ask the provider to continue with any maintenance work to maximise the spaces available to children. Particular attention should be given to

the nappy changing areas, units with warped wood, worn skirtings and the children's tables. This will further enhance the quality of the environment and minimise the spread of infection. (See requirement 1).

Requirements

1. By 31 August 2024, the provider must ensure that children are cared for in a clean, safe and well-maintained environment. Maintenance of the building and repairs must be carried out to ensure that children experience a quality environment. The provider must, at a minimum, ensure there are plans in place to install a baby changing area within the baby room.

This is to comply with Regulation 10 (2)(a)(d) (fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

Areas for improvement

1. To ensure children experience high quality facilities, management should review and improve the learning environment. This should include but not be limited to, providing cosy spaces to rest and relax and ensuring high quality resources are available to support natural curiosity, creativity and imagination.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 to my age and stage, which stimulate my natural curiosity, learning and creativity.' (HSCS 2.27); and 'As a child, I play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

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 improvements are well led.

The manager and the staff team were welcoming and engaged well in the inspection process. When we made suggestions for improvements as part of the inspection, the team, where possible, had started to implement changes or discussed plans to make improvements. This highlighted their commitment to positive outcomes for children.

Staff spoke passionately about their role and how they enjoy working with children at Happy Days Nursery. Staff have leadership roles for example, literacy, numeracy and nurture champions. The literacy champion spoke to us about plans to deliver book bug sessions for all ages groups. The manager should continue to support staff to carry out the roles and monitor the impact they are having on children's experiences.

Views of parents are gathered in a number of ways. The manager had responded to some suggestions but collating a 'you said we did' newsletter. This meant that parents' views were taken on board in a meaningful way.

Quality assurance systems, including self-evaluation and improvement plans were in place. We saw evidence of staff using good practice documents such as the 'Quality Framework for day care of children, childminding and school-aged children' to support self-evaluation. Children had been consulted on the improvements to the garden and all parts in the improvement plan had considered the impact on children. However, we did not yet see the impact of these improvements and we would encourage the manager and staff to continue with their plans.

Monitoring of the nursery environment, staff practice and engagement is carried out by the leadership team. However, these processes were not yet robust enough to ensure procedures were consistently followed to secure sustained improvement. Robust monitoring systems, including self-evaluation, need to be more firmly embedded with a focus on, monitoring children's personal plans, children's experiences, monitoring of staff practice and evaluating and improving the nursery as a whole. This will ensure that positive changes are sustained and will impact on the experiences for children. (See area for improvement 1 and area for improvement 1 under 4.3 staff deployment).

Areas for improvement

1. To ensure the quality of children's experiences are improved, the provider should implement robust quality assurance processes, including self-evaluation, covering key areas of practice. This should include, but not be limited to, monitoring children's personal plans, children's play and learning experiences, monitoring of staff practice, and evaluating and improving the nursery 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).

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 staff team were enthusiastic and committed to their role. They were friendly and caring. Children were warmly welcomed into the setting. As a result, children had good relationships with the staff. Parents told us;

'The girls are always welcoming toward myself and my daughter in the mornings and always have time for a quick chat.'

'Staff are attentive to the kids at all time from what I see.'

Children were kept safe and protected through the safe recruitment of staff. New staff were supported into their role through an induction process, making good use of the National Induction resource. The induction covered important service information and offered shadowing experiences and supervision. As a result staff were well supported in their role.

Staff communicated well, sharing information to support the needs of children or when tasks took them away from their areas of responsibility. Staff were proactive in seeking help from colleagues and on hand offer assistance when needed. Staff told us they felt they work well as a team. This demonstrated a positive working environment.

At busier times, such as mealtimes, some staff were seen to be more task focussed and appeared unclear about their role. This meant they spent less time with the children to support their needs. As a result, children were not always benefiting from a relaxed, unhurried and sociable mealtime experience.

Staff engaged in a range of training. We discussed with management how staff would benefit from further training opportunities to support their practice in relation to infection prevention and control measures. Furthermore, the use of effective evaluations would identify how training impacts their practice. This would help identify any gaps in staff skills and knowledge. (See area for improvement 1)

Areas for improvement

1. To ensure children are cared for in a clean, safe and hygienic environment, the provider must ensure that staff implement robust infection prevention and control practices. This should include but not be limited to ensuring staff have received appropriate training and that quality assurance systems for the management of infection, prevention and control practices are effective and rigorous.

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).

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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
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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