

ABC Day Nursery Day Care of Children

12 Rose Terrace
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Type of inspection:
Unannounced

Completed on:
12 June 2024

Service provided by:
ABC Children's Services Limited

Service provider number:
SP2010011116

Service no:
CS2003010080

About the service

ABC Day Nursery is a day care of children service registered to provide a care service to a maximum of 70 children at any one time; aged from 0 to an age to attend primary school; of whom no more than 38 may be less than 2 years.

The service is provided from a terraced two storey Georgian building in the city centre of Perth. The upper floor consists of two playrooms, toilet and nappy changing facilities, a kitchen and a staff room. The lower floor consists of another two playrooms, toilets and an office space. Direct access to the nursery garden to the rear of the property is available from one of the playrooms on the lower floor. The building overlooks a large public green space and is close to shops and parks.

About the inspection

This was an unannounced inspection which took place on 11 and 12 June 2024 between 08:30 and 16:45. Two inspectors carried out the inspection.

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.

In making our evaluations of the service we:

- spoke with children and 17 parents using the service
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

Parents told us that they felt welcomed into the service. Children were seen to be supported well when settling into the service. Some children had built strong attachments to staff, which enabled them to feel safe and secure.

All children had personal plans in place. However, these did not always reflect how their needs would be met. This resulted in staff being unsure how to support a child who was unsettled as strategies were not well recorded.

Children benefitted from a secure and welcoming environment. Most areas were bright from natural light and well ventilated, which contributed positively to children's well-being. There was scope to add more warmth to the spaces, for example, with soft furnishings and lighting.

Quality assurance procedures were in development and were contributing to improvement. There was scope to include the evidence behind what was going well and what could be further developed. This would enable more quality reflections.

Children would benefit from staff deepening their knowledge and understanding of theory and practice in relation to child development. This would support them to feel confident in their roles and responsibilities in providing children with high quality care and experiences.

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?	3 - Adequate

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

Parents told us that they felt welcomed into the service. Children were seen to be well supported when settling into the service, for example, cuddles and reassurance were given. Some children had built strong attachments to staff, which enabled them to feel safe and secure. At times, staff were adult-led and tasked focused which outpaced children. This had the potential to impact on children's well-being.

All children had personal plans in place. However, these did not always reflect how their needs would be met. This resulted in staff being unsure how to support a child who was unsettled as strategies were not well recorded. Parents told us they would like, "more communication and opportunities to meet with staff to discuss their child's needs and progress". This would support children and families to be fully involved in decision making about their care and support their wellbeing. **(See Requirement 1)**

Procedures had improved to promote positive partnership working with other agencies. Staff applied their knowledge and understanding of safeguarding to support children's safety. Training had been provided to promote targeted intervention. These were in the early stages of implementation and management were working with staff to ensure support was applied consistently to enhance children's care, play and learning.

Snack and mealtimes had improved to reflect the rich opportunity for learning. Children were given opportunities to be independent and develop life skills such as, self-serving their food. Staff sat with children and supported conversations that encouraged healthy eating and developed children's communication skills. As a result, children experienced snack and mealtimes that were nurturing and at a relaxed pace. This helped them to feel secure and valued.

Medication, when required, was well managed. The safe storage of medication and appropriate paperwork supported safe and effective treatment. Audits were in place to monitor practice to ensure it was right for children. It was not always clear if parents were included in the reviewing of their child's medication. This risked information being inaccurate. The manager addressed this before the time of feedback.

Quality Indicator 1.3: Play and learning

Almost all children were seen to be enjoying their play and learning experiences. They played well together and alone, freely moving around the space to lead their own play. Their interests were used to create some intrigue and fun within the environment. For example, an interest in 'people who help us' led to a range of toys, games and books to be added to the space. This showed their wishes and interests were valued.

At times children's learning and development was supported by staff interactions. For example, staff took time during a walk to let children smell flowers and discuss the nature around them. However, this was not consistent for all children. As a result, there were missed opportunities to extend learning further. For example, children were interested in toy medical equipment such as, stethoscopes and a blood pressure monitor. A few children were knowledgeable on their names and how to use them; however, staff did not extend this conversation any further. The manager was aware of the need to develop staff's knowledge and understanding of how to effectively extend children's play and learning. This would promote quality experiences for children. **(See Area for improvement 1)**

The planning of play and learning was not yet fully embedded in practice. Staff were in the early stages of developing ways to provide a good balance of planned and spontaneous activities. 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. This impacted on children's ability to reach their full potential.

Children's experiences were captured in online learning journals. Staff used photos, videos and written observation to share these with parents. They were sporadic and did not consistently identify children's learning and next steps to promote progression. This impacted families' ability to be fully involved in their child's play and learning. For example, one parent told us, "I'm unsure what my child has been doing. They did do individual observations, however now it seems like one for everyone for the day and therefore don't specifically know how they managed an activity".

Requirements

1. By 12 August 2024, the provider must ensure children's care, welfare and development needs are met by developing children's personal plans and ensuring staff use this information effectively.

To do this the provider must at a minimum, ensure:

- a) Personal plans set out children's current needs and how they will be met.
- b) All staff are aware of and understand the information within the personal plans including, support strategies and use this to effectively meet each child's needs.
- c) Personal plans are regularly reviewed and updated in partnership with parents.

This is to comply with Regulation 5(2)(a) and (b) (Personal plans) of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

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); and

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

Areas for improvement

1. Children should experience high quality care, play and learning that meets their individual needs. To achieve this, staff should increase their knowledge and understand of approaches that influence and support children to reach 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 care and support meets my needs and is right for me' (HSCS 1.19).

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 benefitted from a secure and welcoming environment. Most areas were bright from natural light and well ventilated, which contributed positively to children's well-being. Children had some areas of comfort, including a newly developed cosy space outside which supported children's choice. There was scope to add more warmth to the spaces, for example, with soft furnishings and lighting. This would create a more nurturing and homely feel for children.

Staff had developed children's spaces indoors to include a range of attractive toys and games that provided some curiosity. Whilst children enjoyed exploring, they often moved around the space not engaging fully in quality play and learning. As a result, the setting did not always support children achieve their full potential.

Outdoors, older children were able to move freely between indoor and outdoor, promoting choice and independence. Younger children visited the green space, known as the inch, nearby. One parent told us, "They are lucky to have the inch on the doorstep for walks / park playing and exploring. They are also taken to the museum, library, etc as well as the outdoor space at nursery". This promoted children to be healthy and active.

Children had some opportunities to take part in risky play. For example, in the garden children enjoyed climbing, jumping and balancing on an obstacle course they had created. Staff missed opportunities to discuss risks with the children. For example, a plank was unsafe due to too many children walking along it at once. As a result, risks were not always identified and managed appropriately to keep children safe.

Risk assessments were not in place to ensure the setting was safe and secure. Staff were aware of how to minimise some risks and told us they checked the play spaces daily to minimise hazards. However, risk assessments for outings for example, had not been created. This meant risks were not fully considered and staff were not familiar with procedures to minimise them. The manager agreed to address this as a priority to ensure children, families and staff are safe.

Infection prevention and control procedures supported children, families and staff to be safe and healthy. For example, handwashing was embedded in the setting. As a result, children were confident in the routine of washing their hands at appropriate times. Staff were proactive in cleaning toys and regular touch points to minimise the potential spread of infection. This supported a safe, well-maintained space.

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

Vision, values and aims were displayed in the setting to promote a shared approach to children's care, play and learning. These were due for review to ensure they continued to reflect the values of children, families, staff and wider community. Staff had begun discussing their values, to ensure they positively informed practice. This would ensure they positively inform practice and promote an inclusive ethos.

Most families agreed or strongly agree that they felt involved and could influence change within the setting. Staff were beginning to welcome more opportunities for feedback through questionnaires and face to face discussions. One parent told us, "I would love the opportunity to see the room when it's set up to see what's on offer for my child". This would support them to be more involved in their child's care, play and learning.

Quality assurance procedures were in development and were contributing to improvement. Focused monitoring was in the early stages of implementation. They had enabled some gaps in children's care and support to be identified and addressed. Some monitoring documents were in the form of checklists which could be restrictive. There was scope to reflect more of the evidence behind what was going well and what could be further developed. This would support a deeper understanding of strengths and areas for improvement as well as provide more focussed targets in relation to improvement planning. **(See Requirement 1)**

Staff meetings were held regularly to share findings from monitoring. This supported transparency and enabled everyone to be working towards a shared vision.

Self-evaluation was limited to an annual event, where the management team would assess the impact of improvements from the previous year. This had the potential to miss opportunities to celebrate successes or identify gaps in quality of care, play and learning. We signposted the service to our Self-Evaluation for improvement to support continuous reflexivity and improvement.

Requirements

1. By 30 August 2024, the provider must ensure improved outcomes for children by implementing effective and robust quality assurance processes.

To do this the provider must 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) the management team effectively monitors the work of each member of staff and the service as a whole.

This is to comply with Regulation 3 Principles and Regulation 15 (a) and (b) Staffing 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: '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?

3 - Adequate

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

Quality Indicator 4.3: Staff deployment

All Staff were welcoming, engaged well in the inspection process, and were open and honest during discussions. Most parents told us they felt they received good support from staff, which resulted in a positive impact on their children. For example, one parent told us, "the staff are wonderful with my child and do have the children's best interests at heart and you can see they are trying to do as much as they can".

Staff skill mix, knowledge and skills across the whole day were sufficient in providing children with positive experiences. Staff told us regular core training such as, child protection, first aid, and health and safety enabled them to keep up-to-date with current best practice. Children would benefit from staff deepening their knowledge and understanding of theory and practice in relation to child development. This would support them to feel confident in their roles and responsibilities in providing children with high quality experiences. (See Area for improvement 1 in 'How good is our care, play and learning?')

Levels of staff were adequate to ensure children's safety. Staff felt they worked well to support each other during difficult or stressful times. They were flexible to share tasks to lessen disruption on children's experiences. This promoted a positive ethos within the setting, where children could feel safe and cared for.

Management had worked well to respond to the varying staffing needs of the service. Families did not always feel informed of changes or introduced to temporary staff. Whilst they reflected that their children had a good relationship with staff, their children had struggled with the regular changes to staff and they were no longer sure who their key workers were. This impacted on their ability to build secure attachments.

Staff reflected that they felt well supported by the manager. Processes for mentoring and supporting temporary agency staff were in development. Staff told us they had, "an induction with a senior member of staff. This usually consisted of a few days reading over policies and procedures and being shown around the rooms and meeting staff". Policies and procedures were not up to date and did not always reflect best practice guidance. The manager was aware of gaps in the induction process and had plans to implement the national induction resource. This would support staff to have time to reflect on their roles and fully consider this alongside children's care, play and learning needs.

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

Requirements

Requirement 1

By 10 April 2024, the provider must ensure children's care, welfare and development needs are met by developing children's personal plans and ensuring staff use this information effectively.

To do this the provider must at a minimum, ensure:

- a) Personal plans set out children's current needs and how they will be met.
- b) All staff are aware of and understand the information within the personal plans including, support strategies and use this to effectively meet each child's needs.
- c) Personal plans are regularly reviewed and updated in partnership with parents.

This is to comply with Regulation 5(2)(a) and (b) (Personal plans) of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

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); and

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

This requirement was made on 13 February 2024.

Action taken on previous requirement

- a) Personal plans did not fully set out children's current needs and how they will be met. This has been further reflected within this report.
- b) Most staff knew children well. The information within the personal plans, including support strategies, were not yet in place. This impacted on staff ability to fully understand child's needs and effectively meet them.
- c) Personal plans were reviewed regularly. It was not always clear if these were updated in partnership with parents as some documents did not provide clear dates and detail.

This requirement has not been met and had therefore been extended with new timescales.

Not met

Requirement 2

By 30 April 2024, the provider must ensure that children are safeguarded and protected from harm.

To do this the provider must at a minimum, ensure:

- a) staff are competent, skilled and knowledgeable in relation to local and national child protection guidance relevant to their role
- b) staff apply their learning into practice.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This requirement was made on 13 February 2024.

Action taken on previous requirement

- a) All staff were competent, skilled and knowledgeable in relation to local and national child protection guidance relevant to their role.
- b) Staff were confident in explaining how they would apply their learning into practice. Records were appropriately kept to ensure children's safety was a priority.

This requirement has been met.

Met - within timescales

Requirement 3

By 12 March 2024, the provider must ensure that children are safe and protected.

To do this the provider must at a minimum, ensure:

- a) a clear and robust absent child procedure is developed
- b) staff, including the management team, are competent, skilled and knowledgeable in relation to the absent child procedure
- c) staff, including the management team, apply their learning to practice.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This requirement was made on 13 February 2024.

Action taken on previous requirement

- a) A clear and robust absent child procedure has been developed.
- b) Staff, including the management team, were competent, skilled and knowledgeable in relation to the absent child procedure.
- c) Staff, including the management team, effectively applied their learning to practice to ensure children were safe and accounted for.

This requirement has been met.

Met - within timescales

Requirement 4

By 5 March 2024, the provider must ensure that children experience an environment which is safe and meets their basic needs.

To do this they must as a minimum:

- a) ensure resources are safe for children's stage of development
- b) ensure children are effectively supervised
- c) ensure that basic provisions such as, toilet paper and hand towels are easily accessible
- d) implement an effective system to audit the environment and ensure actions identified are appropriately and timeously addressed.

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My environment is safe and secure' (HSCS 5.17).

This requirement was made on 13 February 2024.

Action taken on previous requirement

- a) All resources were safe for children's stage of development.
- b) Children were effectively supervised throughout the day as a result of proactive communication and team work.
- c) Basic provisions such as, toilet paper and hand towels were easily accessible for all.

d) An effective system had been implemented to audit the environment and ensure actions were identified and timeously addressed.

This requirement has been met.

Met - within timescales

Requirement 5

By 12 March 2024, the provider must ensure the health and safety of children through effective infection prevention and control measures.

To do this the provider must at a minimum, ensure:

- a) Staff are knowledgeable and competent in infection prevention and control guidance and procedures.
- b) Staff follow infection prevention and control guidance and procedures.
- c) Quality assurance processes are in place to monitor the effectiveness of infection prevention and control practices.

This is to comply with Regulation 4 (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: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This requirement was made on 13 February 2024.

Action taken on previous requirement

- a) Staff were knowledgeable and competent in infection prevention and control guidance and procedures.
- b) Staff followed infection prevention and control guidance and procedures.
- c) Quality assurance processes were in place to monitor the effectiveness of infection prevention and control practices.

This requirement has been met.

Met - within timescales

Requirement 6

By 21 May 2024, the provider must ensure improved outcomes for children by implementing effective and robust quality assurance processes.

To do this the provider must 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) clear and effective plans are developed 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 comply with Regulation 3 Principles and Regulation 15 (a) and (b) Staffing 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: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 13 February 2024.

Action taken on previous requirement

Quality assurance procedures were in development and were contributing to improvement. Focused monitoring was in the early stages of implementation. They had enabled some gaps in children's care and support to be identified and addressed. Some monitoring documents were in the form of checklists which could be restrictive. There was scope to reflect more of the evidence behind what was going well and what could be further developed. This would support a deeper understanding of strengths and areas for improvement as well as provide more focussed targets in relation to improvement planning.

This requirement has not been met and had therefore been extended with new timescales.

Not met

Requirement 7

By 20 March 2024, the provider must ensure that children are effectively supported and supervised in order to keep them safe.

To do this the provider must at a minimum:

- a) ensure staffing is well planned to support continuity of care for children
- b) ensure staff communicate and work together effectively
- c) ensure staff are flexible in their approach to meet children's requests for help and attention
- d) monitor staff practice and deployment and, where necessary, make improvements.

This is to comply with Regulation 4 (a) and (b) (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:

'I use a service and organisation that are well led and managed' (HSCS 4.23); and

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

This requirement was made on 13 February 2024.

Action taken on previous requirement

a) Staffing was well planned to support continuity of care for children.

b) Staff were seen to communicate and work together effectively.

c) Staff were flexible in their approach to meet children's requests for help and attention.

d) Staff practice was in the early stages of being monitored. This supported the deployment of staff and was beginning to identify opportunities for professional development.

This requirement has been 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

To enable all children to be cared for in an environment that meets their needs and supports them to reach their full potential, the manager and staff should as a minimum ensure play spaces offer a range of resources and materials to effectively challenge and stimulate children and reflect their current interests and curiosities.

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 for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

This area for improvement was made on 13 February 2024.

Action taken since then

Staff had developed children's spaces indoors to include a range of attractive toys and games that provided some curiosity. Whilst children enjoyed exploring, they often moved around the space, not engaging fully in quality play and learning. As a result, the setting did not always support children achieve their full potential.

This area for improvement has been met. A new area for improvement has been made in section 'How good is our care, play and learning?', to ensure staff increase their knowledge and understanding of approaches that influence and support children to reach their full potential.

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	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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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