

Thrive Childcare and Education Corner House Perth Day Care of Children

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Type of inspection:
Unannounced

Completed on:
13 June 2024

Service provided by:
Paint Pots Nursery (Scotland) Limited

Service provider number:
SP2003002195

Service no:
CS2003010149

About the service

Thrive Childcare and Education Corner House Perth is a daycare of children service and is registered to provide care to a maximum of 69 children not yet attending primary school at any one time.

- no more than 12 are aged under 2 years
- no more than 21 are aged 2 years to under 3 years
- no more than 36 are aged 3 years to those not yet attending primary school full time.

The service is close to parks, woodlands and other amenities.

Children have access to an enclosed outdoor area.

About the inspection

This was an unannounced inspection which took place on 11 and 12 June 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 using the service and received feedback from 18 of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- To support children's wellbeing some staff should be supported to develop more nurturing and caring practice.
- The service must build on creating an effective personal planning approach that reflects the full needs of each child. These must be meaningful working documents that are used consistently by staff to inform their practice and support children.
- Children did not always experience high quality play experiences.
- The service needs to build on a cycle of continuous improvement that consistently supports positive outcomes for children and families.
- Staff deployment did not always ensure that children and families' needs were met.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	2 - Weak
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

2 - Weak

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

Quality indicator 1.1: Nurturing care and support

Some staff were nurturing, kind and caring, especially in the 0-3 age group. Parents shared with us: "Staff who've been there for years are very nice" and "All the staff are lovely and so friendly." We observed younger children receiving cuddles, with staff being respectful and responsive to their needs.

There were missed opportunities to sensitively support children through daily experiences and to provide positive interactions. At times, interactions were often neutral or poor, as staff were too busy completing tasks or dealing with disputes. For example, staff used unsuitable tones and language inappropriate for children's age and understanding. Some children also received very little or no interaction from staff. A previous area for improvement around positive interactions and consistent nurturing care had not been met and will remain in place (**see area for improvement 1 under What the service has done to meet any areas for improvement we made at or since the last inspection**).

The service recognised that personal planning was an area for development and were in the process of introducing streamlined plans for all children. However, some personal plans did not comply with legislation as they had not been reviewed with families at least six-monthly. We outlined to management how children with additional support needs and English as an additional language were not consistently supported throughout the service. The service must build on creating an effective personal planning approach that reflects the full needs of each child to improve their wellbeing and tailored care. Personal plans must be meaningful working documents that are used consistently by staff to inform their practice and support children.

Most parents disagreed or strongly disagreed that they were fully involved in their child's care, including developing and reviewing their personal plan. Comments included: "We only completed a plan when my child first started and they are now in a different room", "We haven't seen this or been asked to do a review at all" and "Feel communication is lacking. Haven't ever seen a personal plan in the last year" (**see requirement 1**).

Children were offered nutritional meals and snacks that reflected best practice. Staff used allergy cards to identify children's needs and provide appropriate foods. There had been some improvement to mealtimes for the younger children who had more opportunities to develop independence. Some children were self-serving food and pouring their own drinks. Staff should ensure all children are accessing their water bottles at mealtimes to support them to stay hydrated as some children did not have a drink over the lunchtime period. Due to minimal staffing over lunchtime, staff support for children was limited as staff were having to complete tasks. This resulted in times where no staff were sitting with children to support a safe, sociable experience (**see area for improvement 1**).

Children's medication was stored securely, labelled and out of reach of children. Staff demonstrated an awareness of children's health needs. We identified some areas where the management of medication could be improved. This included ensuring all inhalers are stored within prescribed boxes and that care plans are written up to support a consistent approach to the administration of medication.

The majority of staff were clear on their role and responsibilities regarding child protection. Some newer staff were less confident and could not discuss the content of training accessed, although they were able to tell us that they would approach the manager with any concerns. Chronologies were in the process of being introduced to personal plans to document significant events in children's lives which may impact on their wellbeing.

Children's safety and wellbeing was supported through responsive and comfortable sleep arrangements and routines. Staff monitored children as they slept, which helped keep them safe.

Quality indicator 1.3: Play and learning

Play spaces reflected some children's interests and promoted some curiosity. Toys and materials were easily accessible, stored in shelves, baskets and units at children's level. This supported them to lead their learning and make choices about their play.

Children in the 0-3 rooms were engaged in a variety of play experiences to support them to learn and develop. For example, in the babies' room there were opportunities to mark make in the sand tray and several loose parts resources for children to explore.

All children had regular access to the outdoor area. The 0-3 age group enjoyed their time outdoors and had opportunities to climb and balance. Staff shared they were keen to develop the babies and toddlers' outdoor areas further.

There were missed opportunities to build on children's interests in the 3-5 area due to resource issues. For example, there was no water, sand or paint replenished within the outdoor area and only one helmet was available for children to use the trikes. Children did not experience exciting play opportunities, at times becoming involved in disputes and showing a lack of engagement, which was demonstrated by acting inappropriately towards others. There was a limited choice of resources and some areas needed to be fully replenished. When asked what do you think this service could do even better? Staff told us: "Improving resources and materials for rooms and garden" and "More staff and more resources."

There were missed opportunities to identify schematic play and support this. For example, a child was spinning plates and was told by staff to stop this and play with a jigsaw. Staff would benefit from more training around schematic play to support children's learning.

On the second day of inspection more positive experiences held children's interests for some time. When that had adult support, for example, children enjoyed small group story times and singing. We suggested that more opportunities for smaller group activities would benefit children, with staff supporting their interests in singing and stories, as this was when children were most engaged,

Children's play was interrupted by planned large group times in the 3-5 room. Several children did not want to be involved and wanted to be outside. This impacted on the other children as they sat for lengthy periods waiting for the group activity to start. We asked the service to consider if optional smaller group times may be more suitable. This would offer children the choice to be involved.

There were missed opportunities for staff to encourage children's interests and enhance their play and learning. Staff did not use effective questioning to extend children's play consistently across the setting. Literacy and numeracy were not embedded within play and learning experiences.

Planning approaches were mainly child-centred and responsive to children's interests and life experiences. However, staff shared that due to staffing challenges, planning for children's learning in the 3-5 room was limited at the time of inspection. This resulted in missed opportunities to support children to explore their ideas and learn new skills.

Observations and next steps related to children's learning were not always current or of consistently high quality. Individual progress trackers were not always up-to-date and developmental reviews were not consistently dated or reviewed regularly to identify if next steps had been met. This resulted in limited opportunities for staff to evaluate children's progress and celebrate achievements. As a result, children were not supported to make progress in their learning. Parents comments included: "We never really hear what they might have learned with regards to education and in the year leading up to school this is disappointing" and "My child often complains about being bored at nursery" (**see area for improvement 2**).

Staff shared that there were limited opportunities to explore their community and natural environment due to staffing levels. Consideration should be given to how to reintroduce this experience to children.

Requirements

1. By 29 August 2024, the provider must ensure that all children receive nurturing care and support that is right for them and which meets their needs. To do this, the provider must, at a minimum, ensure:

- a) personal plans are in place for all children attending the service
- b) each child's personal plan reflects their current needs and sets out how these needs should be met
- c) plans are developed in partnership with parents and children (where appropriate) and are reviewed and evaluated at a minimum of six-monthly intervals, or sooner where required
- d) where children require additional support, their personal plans are supported by accurate assessments of risk and chronologies of significant events within the child's life
- e) that where children have identified support strategies in place, all staff caring for those children have an understanding of how to meet children's individual needs and are skilled at putting any strategies into practice.

This is to comply with Regulation 5 (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also 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).

Areas for improvement

1. To ensure all children experience a lunchtime that is calm, nurturing and supportive, the management team and staff should continue to improve the mealtime experiences. This should include but is not limited to:

- a) ensuring children are accessing their water bottles at mealtimes to support them to stay hydrated
- b) ensuring there are sufficient staff to sit with children to support a safe, sociable experience.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible (HSCS, 1.35); and 'If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible' (HSCS, 1.38).

2. To ensure that children are make progress in their learning and development, the provider should ensure that they experience high quality play experiences. This should include, but is not limited to:

- a) developing staff skills and knowledge on child development
- b) reviewing information about children's learning and development to ensure it is consistently recorded and shared with parents
- c) developing the indoor and outdoor environments to ensure they are fully resourced, interesting and motivate children to play and learn
- d) ensuring resources support curiosity, discovery and creativity.

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 have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling" (HSCS 1.30) and "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).

How good is our setting?

3 - Adequate

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

Quality indicator 2.2: Children experience high quality facilities

The setting was welcoming and benefited from lots of natural light. There was a secure entry system in place which was monitored by the manager and staff, and all visitors were welcomed at the main entrance. This enabled the service to keep children safe and monitor visitors.

The environment was generally clean; however, some areas could be refreshed. For example, there were scribbles on the walls in the sleep area. Nappy changing and toilet spaces looked tired and would benefit from being free of odours. The provider shared plans to improve the nappy changing spaces and toilets to ensure these were in line with current guidance. Continued maintenance and improvement could support children to experience a more homely and inviting environment.

The manager had shared the Care Inspectorate's Look, Think, Act campaign (also known as SIMOA) with staff. The carrying out of head counts while outdoors supported staff to keep children safe. The large outdoor area was, on the whole, safe for children. Children had access to an all-weather surface area, however, a large natural area of the garden was closed off to children. This would have provided children with opportunities to explore a natural environment. This would enhance children's play and learning opportunities.

The 0-3 rooms were well-resourced. Staff shared that they rotated equipment as children's interests change. The 3-5 room and garden were not well-resourced, with a lack of engaging activities and resources available for children. As a result, several children were disengaged. To promote a positive sense of wellbeing, the service should progress their action plan and evaluate their environment and resources. Spaces should reflect children's current interests with appropriate resources to support play and learning.

Most staff demonstrated good infection prevention and control procedures, including supervising children during hand washing. Children washed their hands at appropriate times which included before mealtimes and after toileting and personal care, and were encouraged to do this independently,

There was a homely and cosy feeling throughout the babies and 2-3 rooms, with some nice areas for children to relax in. We suggested some more homely touches in the 3-5 room, such as dimmed lighting, natural materials and soft furnishings. These would create a more welcoming space where children felt secure. This would offer children some quiet and cosy spaces which may support them with self-regulation and their emotional wellbeing.

Risk assessments were in place and had been regularly reviewed to support a safe environment for children. Arrangements were in place for maintenance and repairs within the setting and children's safety and wellbeing had been considered.

Arrangements for the storage and processing of children's personal information should be improved. We located children's personal paperwork in staff files. The manager and staff should ensure that children's personal information is stored confidentially, and appropriately, to comply with best practice.

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

The service had a vision and values in place. To ensure that these support positive outcomes for children more work was needed to develop these in practice. We suggested the service develop these with families, children and staff to ensure a clear vision for all involved.

Families shared they did not feel meaningfully involved in developing the service. One parent shared, "Recent changes to the layout in the nursery were completed without parent consultation. We were told that there would be breakaway rooms for small group activities upstairs, but this has only happened once for Bookbug, I feel misled in this regard." Several parents also commented on the lack of communication, concerns about leadership and the number of staff changes.

Ongoing changes to the staffing structure of the setting had impacted on their capacity to make and sustain improvements to the service. Following the previous inspection, the service had made very little progress in actioning areas from their improvement plan. We recognised the challenges of making and embedding improvements with a changing staff and management team. However, there needs to be a focused approach, moving forward positively with the changes needed to improve outcomes for children. We encouraged the service to progress with the identified priorities and their own action plan to address key areas of the service.

Monitoring and auditing approaches were in place. The manager had been unable to keep up-to-date with this due to other challenges in the service. Systems including the monitoring of staff practice, environment and resources need to recommence, with the impact being monitored to ensure this leads to sustained improvement. A previous area for improvement had not been met and shall remain in place (**see area for improvement 3 under What the service has done to meet any areas for improvement we made at or since the last inspection**).

How good is our staff team?

2 - Weak

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

Quality indicator 4.3: Staff deployment

There had been significant and ongoing changes to the staff team since the previous inspection. The provider had found recruitment and retention of staff difficult. This led to the use of regular supply staff and a very high turnover of staff. As a result, staff changes were having an impact on consistency and continuity of care. One parent shared: "Staff changes so regularly it is hard to have a relationship with them."

There were staff vacancies at qualified level which were impacting on how well rooms were led. The organisation was aware of this and was trying to recruit into these permanent roles, in addition to lunch cover staff. In some rooms, staff told us they felt they had a good balance of skills, but staff shared that they felt they needed more permanent and skilled staff. Staff also shared that they felt stretched and unable to meet children's needs. One staff member commented: "Staff turnover is starting to affect some areas."

Staff decision-making, at times, impacted children's experiences and needed to be monitored. For example, stopping outdoor play, large group times and not consistently sitting with children during mealtimes resulted in missed opportunities to create high quality experiences. Parents told us, "I think better communication between staff is needed and better structures", "I do not believe my child is engaged in any learning or play whilst they attend" and "Management need to do better at identifying staff that are equipped to carry out their job roles."

Staffing levels and experience did not consider the complexity of children's needs, even though staff to child ratios were in place. At points there were gaps in specific skills to promote high quality outcomes for children. Also, there were times of the day when staff were stretched and could not spend time with children to provide a basic level of care and support. The balance of children's needs, staff skills and levels, routines and free flowing activities needs to be reviewed to improve children's experiences and quality interactions across the day. A previous area for improvement in relation to the deployment of staff, staff skills, knowledge and experience will remain in place (see area for improvement 4 under What the service has done to meet any areas for improvement we made at or since the last inspection).

Management recognised the importance of staff wellbeing and had taken steps to try to improve this. Staff we spoke with told us that they felt supported by their manager on a day-to-day basis. Staff supervisions and appraisals were in place, however, due to other challenges the manager had been unable to keep up-to-date with these. Continued support from the provider and leadership team would support manager and staff wellbeing and support positive outcomes for children.

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 ensure all children experience positive interactions and consistent, nurturing care, the provider should support the service to further develop staff skills, knowledge and practice through effective training, learning and mentoring opportunities.

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); and

'As a child or young person I feel valued, loved and secure' (HSCS 3.10).

This area for improvement was made on 6 September 2023.

Action taken since then

There had been significant and ongoing changes to the staff team since the previous inspection. This had led to the use of regular supply staff and a very high turnover of staff. As a result, staff changes were having an impact on the care of children. At times, interactions were often neutral or poor, as staff were too busy completing tasks or dealing with disputes.

This area for improvement has not been met.

Previous area for improvement 2

To ensure all children experience a lunchtime that is calm, nurturing and supportive, the management team and staff should continue to improve the mealtime experiences.

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

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35); and

'If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible' (HSCS 1.38).

This area for improvement was made on 17 August 2022.

Action taken since then

Mealtimes in the babies and 0-2 rooms were settled, and included more opportunities for children to develop their independence. However, we found that the settings approach to mealtimes was inconsistent. Staff were still task orientated in the 3-5 area and staff breaks were having an impact on children's experience. Mealtime experiences should be further developed throughout the 2-3 and 3-5 rooms to ensure this is a calm, safe and sociable experience for children.

This area for improvement is no longer in place and has been incorporated into area for improvement 1 under How good is our care, play and learning?

Previous area for improvement 3

The service should continue to develop and build a cycle of continuous improvement that supports positive outcomes for children and families and addresses the areas that parents and children feel need most improved, including monitoring and supporting staff practice.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

This area for improvement was made on 17 August 2022.

Action taken since then

Ongoing changes to the staffing structure of the setting had impacted on capacity to make and sustain improvements to the service. Following the previous inspection, the service had made very little progress in actioning areas from their improvement plan. We recognised the challenges of making and embedding improvements with a changing staff and management team.

This area for improvement has not been met.

Previous area for improvement 4

To promote consistently positive experiences for all children, the provider should support the management team to effectively review the deployment of staff responsively across the day and when forward planning.

Staffing arrangements should be well-planned to ensure there is the correct mix of skills, knowledge and experience available within each playroom.

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); and

'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity' (HSCS 4.17).

This area for improvement was made on 6 September 2023.

Action taken since then

There had been significant and ongoing changes to the staff team since the previous inspection. The provider had found recruiting and retaining staff difficult. This led to the use of regular supply staff and a very high turnover of staff. As a result, staff changes were having an impact on consistency and continuity of care.

There were staff vacancies at qualified level which were impacting on how well rooms were led. The organisation was aware of this and were trying to recruit into these permanent roles.

This area for improvement has not been met.

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

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