Les Enfants Nursery (Inshes)
Day Care of Children

Unit 8
Inshes Retail & Leisure Park
Sir Walter Scott Drive
Inverness
IV2 3TN

Telephone: 01463 714 666

Type of inspection:
Unannounced

Completed on:
17 July 2024

Service provided by:
Les Enfants Nurseries Ltd

Service provider number:
SP2006008117

Service no:
CS2008191381

About the service

Les Enfants Nursery (Inshes) is registered to provide a care service within the nursery to a maximum of 162 children, not yet of an age to attend primary school at any one time. The centre comprises of a baby room, toddler room and two pre school rooms. During school holidays a maximum of 24 primary school aged children can attend the holiday club service.

The service is located at Inshes retail and leisure park in Inverness.

The service is also registered to provide after school care to a maximum of 40 children within Kingsmill's Scout Hall, Walker Park Kingsmill's Road, Inverness, IV2 3LL.

The service is privately owned and works in partnership with The Highland Council to provide funded early learning and childcare.

About the inspection

This was an unannounced inspection which took place on 16 and 17 July 2024. The inspection was carried out by three 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
- reviewed online questionnaires from 28 parents
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

• Children across all playrooms experienced warm, caring and nurturing approaches to support their wellbeing.

• Overall, most children were engaged and motivated in their play and were having fun with other children.

• Children's play and learning was enhanced through strong connections to the local community.

• There were inconsistencies in the management and auditing of medication.

• Intentional approaches to planning needed further development to ensure planned experiences were always developmentally appropriate and tailored to meet individual learning needs.

• Overall Playrooms were homely and fostered a welcoming atmosphere for the children.

• Some areas of practice were contrary to infection control practice and increased the risk of infection spreading.

• Children and families were regularly consulted on the service.

• Quality assurance systems and processes were not having a consistently positive impact on children's outcomes.

• Staff were caring and nurturing and committed to providing a positive experience for all children.

• Staff deployment did not consistently meet children's needs.

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. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 1.1: Nurturing care and support

Children across all playrooms experienced warm, caring and nurturing approaches to support their wellbeing. Staff cuddled and comforted babies and younger children and were quick to respond if a child became upset. Overall staff followed cues from children and recognised when a child needed support. This resulted in positive relationships between children and staff. However, there were occasions when staff did not respond to individuals to consistently meet their needs at the right time.

Staff worked in partnership with outside professionals to improve outcomes for children when they needed additional help. Appropriate strategies had been identified and put in place to support children, for example, using strategies from speech and language to support children in their communication and language. As a result, they were being supported to reach their potential. However, this was not consistent for all children, some personal plans did not always identify clear strategies of support. This meant staff did not always have access to detailed information to support continuity and care.

We found inconsistencies in the management and auditing of medication. For example, information was wrongly recorded for the dosage of a child's medication, meaning a child may not have received the correct care. (See Area for improvement under 'How good is our leadership?')

Children were able to choose when they could come for snack and were provided with opportunities to develop independence skills. For example, they were able to pour their own drinks and some children helped to chop fruit. The quality of snack experience varied. Some children benefitted from a social experience. However, some children did not receive the relevant support and interaction, resulting in missed opportunities to support and extend children's social and communication skills.

In some rooms the lunchtime experience was disorganised and delivered in a task driven manner. This meant staff were sometimes distracted and not alert to what was going on. This resulted in missed opportunities to support children who required additional support during this time. For example, staff were positioned with their backs to children eating, this increased the likelihood of children choking. There was also limited experiences to promote children's language and communication skills.

Children benefitted from their families being warmly welcomed back into the service. They were enabled to support their children to settle in. Establishing good working relationship with parents was important to the staff. All parents strongly agreed or agreed that they had a strong connection with the staff caring for their child. There was daily communication with families at drop off and collection time as well as online updates. Most parents felt communication was effective. However, a few parents felt daily communication could be improved. Comments included:

"My child seems well cared for and there is good communication in place between nursery and home."

"Staff always very friendly, and give feedback on how the day has been."

"We like the daily update in the app."

"Sometimes you just get '[child] had a good day' it would be good to know a bit more of what [child] did as the diary isn't always updated either."

Quality Indicator 1.3: Play and learning

Overall, most children were engaged and motivated in their play and were having fun with other children. They participated in a variety of play experiences which stimulated their natural curiosity, learning and creativity. However, on occasions some children were disengaged and would have benefitted from more adult interaction to enable them to feel included in their play experiences.

For the majority of the time, children benefitted from uninterrupted play allowing them to become absorbed and have fun. This increased their happiness and engagement levels. However, children's requests to play indoors or outdoors could not always be accommodated, as there was no direct access to the outdoor space from the indoor playrooms. On occasions children's play and learning was interrupted to undertake adult directed activities. This was particularly evident during times of transitions. For example, before going outside and lunchtime staff became task orientated. This significantly reduced children's engagement levels and resulted in missed opportunities to support creativity. The service should now review the flow of the day, including transitions to support children to have longer periods of play and more choice in their play experiences.

Interactions and the use of open-ended skilled questioning needed to be improved. Staff's knowledge and understanding of how to effectively and confidently deliver high quality play and learning experiences, varied across rooms and according to confidence and experience. For example, some staff naturally engaged well with the children during their play and supported their interests and curiosities, extending their learning. We also observed staff who showed much less confidence and adopted a more supervisory role and were task orientated. **(See Area for improvement 1)**

Some staff considered how to incorporate language, literacy and numeracy into children's day to day experiences. Some children were able to practice and develop their emerging writing skills through painting, cutting and mark making. However, these were limited within the toddler room and there was scope to develop this area of practice across all playrooms.

Staff were responsive to babies and younger children's cues. They had fun while exploring messy play and painting with ice in the baby room. Staff's spontaneous singing created a sense of joy and supported the youngest children's language development. Staff engaged younger children in a warm and kind manner. They were down at their level and offered reassurance and cuddles creating positive attachments.

Children's play and learning was enhanced through strong connections to the local community. This included daily walks for the babies and regular trips for older children. These experiences stimulated children's interests and curiosities.

Planning approaches to support children's learning and development was in the process of evolving. Staff within the nursery were beginning to implement a child centred approach to planning learning that was responsive to children's interests. For example, children contributed to floor books with comments and drawings about their experiences, which demonstrated some of their learning on pets and summer. However, children attending the holiday club told us they were not regularly able to influence the programme of activities on offer. Intentional approaches to planning needed further development to ensure planned experiences were always developmentally appropriate and tailored to meet individual learning needs.

Children's progress and development was recorded through online learning journals. Some observations identified children's developing knowledge, skills and understanding. However, some were descriptive and next steps were not consistently identified and followed up. **(See Area for improvement 1)**

Areas for improvement

1. To effectively deliver high quality play and learning experiences, the manager should support staff to access training appropriate to their role and apply the training to their practice.

This should include but is not limited to:

a) how to complete meaningful high quality observations

b) reporting and recording children's progress and identifying meaningful next steps

c) using best practice guidance to support high quality interactions and play experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our setting? 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 2.2: Children experience high quality facilities

Older nursery children had recently moved into newly refurbished playrooms. The service had worked hard to ensure children transitioned into their new rooms successfully. Children and families were consulted on their environment and had some opportunities to be involved, influencing the design of the setting and shaping their experiences. As a result, children were settled and confident in their new environment.

Playrooms were decorated in neutral colours which promoted a natural, calm environment. This fostered a welcoming atmosphere for the children. The addition of soft furnishings and plants softened the environment, creating a homely feel. However, the space for older children attending the holiday club looked clinical and lacked natural light and ventilation.

Playrooms indoors for babies and nursery children enabled them to access resources independently and provided ample space for exploration and play. Some interesting toys and equipment supported children's interests, for example, some open-ended natural resources promoted children's imagination and problem-solving skills. However, on the first day of the inspection the toddler room was lacking in resources and they were not well presented to readily provoke interest or curiosity.

The design of the setting limited children's opportunities to make choices in their play experiences. For example, there was no direct access to the outdoor area from any of the playrooms and on the day of the inspection children were not provided with choice around where they wanted to play. This was highlighted as an area for improvement by some parents who would like their children to access outdoors more often.

Children were offered positive experiences to be imaginative and creative in their explorative play and investigative learning outside. For example, in the garden children enjoyed exploring in the mud kitchen, with real life resources and sand. This encouraged the development of gross motor skills and hand eye co-ordination. Children were not always effectively supervised, whilst they played outdoors. At times staff were task orientated and not alert to the needs of individual children.

Formalised risk assessments for all aspects of the service were in place. However, some risk assessments relating to off-site excursion for school aged children did not contain enough detail to support staff to minimise potential risks and to keep children safe.

Overall children were encouraged and supported to wash their hands effectively at appropriate times. This helped to minimise the spread of infection. However, procedures for ensuring the cleanliness of some bathroom areas, including nappy changing units and step stools, were not effective and some areas were found to be unclean. Additionally the toilet facilities for some preschool children had an unpleasant odour. These areas identified were contrary to infection prevention and control good practice and increased the risk of spreading infection. **(See Area for improvement 1)**

Areas for improvement

1. To support children's health and wellbeing, the provider and manager should ensure that effective infection prevention and control practices are in place for children.

This should include but is not limited to ensuring:

a) toilet facilities and equipment are clean, hygienic and well maintained

b) nappy changing facilities are clean and decontaminated as required.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 3.1: Quality assurance and improvement are led well

The setting's vision, values and aims had been shared with families, who were encouraged to make comment and contribute. Parental engagement was being developed by welcoming parents back into the setting at drop off. Families were regularly consulted on the service. They did this through questionnaires, emails and texts. Parents strongly agreed or agreed that they were involved in a meaningful way to help develop the setting. Subsequently, parents were aware of what they could expect for their children and were given opportunities to inform the development of the setting.

Quality assurance systems and processes were not having a consistently positive impact on children's outcomes. A quality assurance calendar was in place and some quality assurance tasks were completed. However, the service had not undertaken effective formalised observations of daily practice and children's experiences. As a result, the service had not identified gaps in service delivery which impacted negatively on children's experiences. For example, the flow of the day and adult directed play and learning. Additionally audits of medication and personal plans were ineffective. **(See Area for improvement 1)**

Staff were developing the use of self-evaluation and improvement planning. We saw some examples of improvements to practice resulting in improved outcomes for children. For example, changes to the indoor environment. However, these processes were not yet regular or robust enough to secure sustained improvement. To support more reflective practice and improved outcomes for children, self-evaluation and improvement planning needs to be more firmly embedded.

Support and supervision systems were in place. These provided opportunities for staff to meet with management to discuss their personal targets. However, they were not yet consistently enabling staff to reflect on practice and make improvements. We discussed with the manager and provider, ways in which the service could strengthen their processes. For example, linking support and feedback to formalised observation of staff practice.

At the time of the inspection peripatetic management arrangements were in place for the service. The findings of the inspection identified that this arrangement was not ensuring positive outcomes for children. As this is contrary to current guidance we asked the service to review the management arrangements in place, to ensure the service is effectively managed. The provider agreed to address this and notify the Care Inspectorate.

Areas for improvement

1. To improve outcomes for children and families, the management team should ensure that a strong ethos of continuous improvement is established.

This should include but not limited to:

a) developing robust quality assurance systems

b) implementing effective audits

c) developing monitoring processes to support a cycle of improvement.

This is in order 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. While the strengths had a positive impact, key areas need to improve.

Quality Indicator 4.3: Staff deployment

Staff were caring and nurturing and committed to providing a positive experience for all children. They were warm and friendly in their approach which promoted a happy and inclusive environment where children could play and have fun. Several parents spoke positively about the staff team. Comments included:

"The staff are so welcoming. They clearly care greatly about the children there."

"Everyone is super friendly and go above and beyond to help you, and my little boy absolutely adores everyone who works there."

"My little one absolutely adores everyone who works there, and they have all been amazing!"

Significant changes to the staff team through staff absence and staff leaving impacted on high-quality care and outcomes for children. The provider told us that staff recruitment had been challenging and this had impacted on the mix of skills and experience within the staff team. Children were supported by a mix of new and experienced staff. New staff were beginning to benefit from a comprehensive induction using the National Induction resource. However, this had not impacted on practice. Some staff did not have the knowledge and skills to support high quality play and learning. **(See Area for improvement 1)**

Overall, the ethos between team members was positive and interactions between staff were kind and respectful. This helped create a positive atmosphere for both staff and children to feel comfortable and secure in. At times, the staff team communicated well with each other when a task took them away from their designated area. For example, they would inform each other when leaving the room or when attending to a child's needs. However, this was not always consistent across all playrooms. For example, in some rooms there were times where a lack of communication resulted in missed opportunities for high quality interactions.

Staff deployment did not consistently meet children's needs. On occasions staff were task orientated and not always aware of their positioning in relation to supporting interactions. experiences and outcomes. This was particularly noticeable when staff were task focused at snack times, during busier times of the day and throughout daily transitions. As a result, staff did not always pick up on cues from children for support or interaction. This had the potential to compromise children's safety and impacted on play experiences. **(See Area for improvement 1)**

Areas for improvement

1. To ensure children are safe and receive high quality experiences at all times the provider and manager should as a minimum, review and make appropriate changes to staff deployment, to improve experiences for children.

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).

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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