

Hop, Skip & Jump Nursery Day Care of Children

St. John's Hall
Russell Place
Forres
IV36 1BL

Telephone: 01309 673 668

Type of inspection:
Unannounced

Completed on:
19 June 2024

Service provided by:
Beth Campbell

Service provider number:
SP2008009842

Service no:
CS2008178083

About the service

Hop, Skip and Jump Nursery is registered with the Care Inspectorate to provide a care service to a maximum of 24 children, aged from three years to not yet of an age to attend primary school and for 10 children aged between two and three years.

The nursery is accommodated within a church hall in the town of Forres, Moray. Children are cared for in two linked playrooms and have access from the playrooms to an outdoor play area. The service is close to local shops, parks and other amenities.

About the inspection

This was an unannounced inspection which took place on 18 June 2024 between 08.45 and 4.15pm and 19 June 2024 between 08:45 and 14:30, and 23 February between 09:15 and 10:15. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations we:

- Spent time with children using the service and spoke to five parents/carers.
- Received three responses to our request for feedback from parents and carers via MS Forms.
- Spoke with staff and management.
- Observed practice and children's experiences.
- Reviewed documents.

Key messages

- Children were helped to form positive relationships, as staff provided kind and caring approaches that supported their overall wellbeing.
- Children's personal plans needed to be consistently reviewed with families so that they remained reflective of children's needs.
- Children were happy and having fun, they moved around independently both indoors and outdoors and were able to make choices.
- Children would benefit from a versatility of play resources, that incorporated wider choice and involved them in leading their play.
- The culture of self-evaluation was at an early stage of development, and needed to be embedded to demonstrate sustained improvements.
- A well established staff team that communicated well together helped to promote continuity of care, and positive transitions for the children.

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?	2 - Weak
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.

1.1 Nurturing care and support

Children were helped to form positive relationships as staff provided kind and caring approaches, that supported their overall wellbeing. Children received nurturing approaches from the staff that helped them to feel reassured. When a child arrived a little upset, staff offered a cuddle and words of comfort that enabled them to quickly settle, and go off to play with their friends. Whilst no children needed to sleep whilst at the service, a cosy space furnished with blankets, cushions and a bubble light created a sense of calm. It enabled children to rest and recuperate which was beneficial for their overall development. Following lunch three children snuggled together under a blanket and chatted with each other.

Families had been involved in the creation of the child's personal plan, such as family details, health, interests and likes/dislikes. Such information helped to identify individual needs and to support overall wellbeing. Chronologies also helped to identify children's needs and directed actions to support them well. There was an inconsistent approach to the review of the personal plan, it was not reviewed six monthly, and it was not always clear that parents/carers had been involved. Relevant staff worked proactively with children, families and other professionals and key strategies had been recorded that also helped to support individual needs. However, the strategies were not easily identified within the personal plan and not readily available to staff. We advised leaders that having key information elements of the personal plan, easily accessible to relevant staff would be beneficial for the purposes of responding promptly to individual needs. (see area for improvement 2)

We discussed the wellbeing indicators SHANARRI (represents a basic requirement of what children need to grow and develop - GIRFEC). Whilst there were visual cues related to SHANARRI within the setting for children, staff using them more readily in practice with the children would help to raise their meaning and importance.

Children helped with the preparation and delivery of rolling snack (allows children to participate in snack times when they feel ready to and encourages independence). At mealtimes, children also helped with lunch, putting out cups and cutlery and cleaning tables before and after meals. Children were able to collect their own cutlery and pour their own drinks. Side orders like salad, were placed in serving dishes on the table so children could help themselves. Children enjoyed sitting together in small groups and chatting with each other, that helped it to be a positive social experience.

Meals and snacks were unhurried and there was a relaxed atmosphere. Staff sat with the children and overall, they were focused on the children and able to respond to their needs. For a short time a couple of staff had discussions over the children and therefore, they were less attentive to the children and noise levels rose. Towards the end of the meal children became somewhat restless as they had been sitting a while waiting for children to finish before staff served the pudding. We discussed this with the manager at the end of our first visit. The manager and staff had taken steps to address this on the second day, children were able to collect their own pudding after clearing their plates and it had worked well. This enabled staff to remain focused on the needs of the children. We advised that snack and mealtimes should continue to be closely monitored.

This would help to ensure that children continued to be involved and staff were able to remain focused on their needs. Ref: Practice note supporting positive mealtime experiences - hub.careinspectorate.com

Food choices reflected current guidance and were appropriate for children's dietary needs and/or food preferences. Fresh water was available to children both inside and outside that enabled them to be encouraged to remain hydrated throughout the day.

1.3 Play and learning

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

Children were having fun, they moved around independently both indoors and outdoors and were able to make choices. Children enjoyed making tea in the role play kitchen/cafe, constructing with building bricks, drawing and making patterns on small white boards. A child told us that they liked drawing as it was nice to be quiet sometimes and they liked sitting with their friends. Children also enjoyed a short visit from the librarian, they joined in with a story and clearly enjoyed singing songs with actions.

Throughout the day the majority of children chose play outdoors. They were able to benefit from being out in the fresh air and to participate in active and creative play, with some large loose parts (no fixed purpose) materials such as tyres and planks. A group of children had found a worm, they told us they liked watching it wriggle, and were making a house of pebbles and leaves as it liked to hide. Children were painting with water and brushes, water play also included guttering, different jugs and ladles/spoons. A group of children were working out how much water they needed to pour down the guttering to fill the bucket.

There was little indication that resources varied throughout the day and most were also similar on our second visit. At times children were engaged in activities for short periods, overall, they were less able to meaningfully involve themselves in their play. Children would have benefited from a versatility of play resources that incorporated wider choice that involved them leading their play. There was some indication of literacy and numeracy being present such as recipe books, price lists and scales in the role play kitchen/cafe, books were present both inside and outside. We advised leaders to continue the expansion of open ended (no fixed purpose) natural and real materials, that also incorporated literacy and numeracy that were widely spread across play experiences. It would help to enhance and enrich children's learning, to find ways to see how things worked, to be challenged and explore their emerging interests. (See requirement 1 also referenced in key question 2: How good is our setting)

Staff supported the emotional resilience of the children through holistic and nurturing approaches. Although children were having fun during play and staff were present, there were some missed opportunities for staff to extend children's thinking and widen their learning. For example, outside a small group of children were much less engaged, it led to a period of boisterous activity that impacted on their ability to experience quality play, as they were not sufficiently challenged.

The service had some approaches in place to evaluate children's progress and achievements. For example, individual folders contained observations of children's play and learning with space for recording next steps, along with drawings and a progress tracker. Some observations were informative and linked to next steps for learning. However, some children had few observations in their folder and these were often not linked to their interests or to their development and learning. As a result, next steps for learning were not consistently being identified.

Children's opportunities for play and learning were enhanced through connections to their own communities such as parks, community cafe, library and visits to a local care home which supported intergenerational practice.

How good is our setting?

3 - Adequate

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

Children were cared for in a comfortable setting that was a church hall which had plenty of natural light and ventilation. As it was used by several other community groups in the evenings it meant that the majority of resources and furnishing had to be packed away or moved each day.

The setting was generally clean and well maintained, although the decoration within the hall would benefit from a refresh. The main play room was spacious and children were able to participate in floor play that consisted of an area of carpet and wooden flooring. A smaller room was used as a 'nurture' space, it was inviting and had a cosy area with soft furnishings it also offered quieter activities for the children. In both areas soft lights and a bubble light helped to provide a sense of calm.

The indoor and outdoor environments were beginning to be structured to take account of the children's ages and stages and development of learning. The outdoor play area was an identified area for improvement, it was in need of a new surface as the grass had long worn away. Leaders and staff were in the process of addressing this. A large sand pit had been made and plans for additional loose parts and increased resources were also part of the improvement plan. Children were making good use of the play spaces and we discussed the benefits of children being involved in setting up the outdoor area in the morning, and how involving them in daily checks helped them to learn about risk and their own safety. We advised leaders that undertaking a whole audit of the environment, indoors and outdoors that considered how spaces were used and resources were organised, would help to identify gaps in stages of development and quality of learning. (see requirement 1 also referenced in key question 1: How good is our care, play and learning)

Overall, staff worked well together to remove risks both indoors and outdoors at the setting. Written risk assessments for the premises, outings and individual (child specific) were in place. We advised leaders to ensure there was a programme of review that included all staff to promote a shared understanding of what was expected to mitigate risk. Ref: Care Inspectorate practice notes to support staff to keep children safe (SIMOA) - hub.careinspectorate.com

Infection and prevention control practices, such as good hand hygiene were not consistently followed to support the safety of the children. Children did not always wash their hands well before meals and at times they were not supervised. Hand washing did not always take place after children had been playing outside or after lunch. We discussed this with leaders so that robust practices were put in place, and advised that infection control should be part of quality assurance. The manager/provider was in the process of addressing the longer term changes of a suitable wall covering (easily wiped) within the nappy changing area. In the interim we advised that robust cleaning procedures were clearly identified to help prevent the spread of infection. (see area for improvement 5)

Children's personal information was protected as it complied with relevant best practice.

How good is our leadership?**2 - Weak**

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

The vision, values and aims for the service were in the process of being reviewed. We suggested that momentum was maintained and that children's and families views were reflected within the refreshed shared vision for the setting.

There was some indication that children had been invited to share their views about the changes, to snack and meal times and ideas for the development of the outdoor play area. Families had been invited to share their views and were welcomed into the service. However there was no real indication of how they were involved and informed developments. We discussed this with leaders at the inspection including, stay and play opportunities. Ref: Me, my family and my childcare setting: A practice note for building stronger connections and meaningful relationships - hub.careinspectorate.com. Most parents agreed and a small number disagreed, that they were involved in a meaningful way to help develop this setting and that their ideas and suggestions were used to influence change. Parents told us that that they knew who was in charge and would feel able to raise any issues.

Staff had a clear understanding of their daily roles to help ensure smooth delivery of the service. Staff spoke about the opportunity to share their views informally most days. Formal staff meetings had been introduced and the improvement plan had been shared and discussed. A minute of the meeting and action plan was in place, although we advised leaders to develop a clear agenda and timetable for meetings, as they provided an opportunity for staff to reflect together in a protected environment. It would help to ensure that staff were involved in a meaningful way and help to foster the culture of ownership. Staff had participated in an annual appraisal that provided an opportunity to discuss their personal and professional development and any training needs. We also discussed the benefits of a support and supervision programme for staff with leaders.

The service improvement plan (SIP) was beginning to be used to inform improvement in the quality of the service to children and families. A method to monitor improvement through self-evaluation had been introduced with the support of the local authority early years team. There was some indication that it was helping to establish clarity of purpose and direction for the setting. The culture of self-evaluation was at an early stage of development and needed to be maintained and embedded to demonstrate sustained improvements. (see requirement 2)

Methods of quality assurance had not clearly been identified to monitor inconsistencies and areas of practice that could be improved. We discussed this with leaders and advised that a clear programme/ calendar would be beneficial for such purposes. (see requirement 2)

How good is our staff team?**3 - Adequate**

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

Children were supported to be happy and safe as staff were kind and caring towards them, that supported their well being and confidence. There was good communication between staff that supported the supervision of the children and they worked flexibly as a team. Most parents strongly agreed that they had a strong connection with the staff caring for their child. Parents told us that staff were really friendly and easy to approach.

A well established staff team that communicated well together helped to promote continuity of care, and positive transitions for the children such as, snack and drop off /pick up times and communication with families. Staffing levels meant that children were able to safely free-flow between outdoor and indoor play. Staff breaks were planned to minimise the impact on the children whilst enabling staff to refresh.

Staff worked well together and spoke about regular support and chats with each other that helped to promote continuity of care for the children across the day. Snack and mealtimes had been re-organised so that staff were able to provide higher levels of supervision. However, at times activities became task orientated rather than the opportunity for quality engagement. Whilst leaders and staff took action to address the matter during the inspection, we advised that observation and monitoring should continue, to ensure high levels of supervision were maintained.

We advised leaders to continue to evaluate and monitor staffing levels across the day, particularly in relation to opportunities for free flow (indoor and outdoor play). There was scope to examine the arrangement, so that staff were able to consistently promote interactions and support children, that helped to ensure quality outcomes. (see requirement 2)

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

Requirements

Requirement 1

By 1 September 2024, the provider must ensure that children are cared for in a welcoming environment that supports their play and learning.

To achieve this, the provider must at a minimum:

- a) Provide interesting and stimulating, developmentally appropriate resources.
- b) Provide children with choices about the toys they play with and spaces they access.

This is to comply with Regulation 4(1)(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:

'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); and

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.23).

This requirement was made on 23 February 2024.

Action taken on previous requirement

Children were clearly enjoying the opportunity to choose whether to play outdoors or indoors throughout the day. The small room was inviting to the children with cosy spaces and was being well used. The garden remained an area for improvement and the provider/manager was in the process of arranging for a new surface to be laid. There continued to be wider opportunities for the variety of play materials and resources to be extended and rotated more frequently, to engage children interests and to stimulate their curiosity and learning.

Not met**Requirement 2**

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

To achieve this, the provider must, at a minimum ensure that:

- a) Regular and focused monitoring and evaluation is carried out across the setting.
- b) Regular supervision and appraisal meetings are carried out and recorded to support ongoing professional development.

This is to comply with regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

This is to ensure 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 23 February 2024.

Action taken on previous requirement

Vision, values and aims were in the process of being reviewed. Staff appraisals had taken place and had been recorded. There were some indications that staff, children and parents had been invited to share their views. The method of self-evaluation that monitored and recorded improvement was in the early stages of development. It needed to be sustained and embedded so that children and families felt well informed. Quality assurance systems had not yet been established that helped to identify inconsistencies in practice and areas for improvement.

Not met**Requirement 3**

By 1 April 2024, the provider must ensure that staff are suitably deployed, to enable them to meet children's safety, emotional and developmental needs.

To achieve this, the provider must at a minimum:

- a) Ensure that children are supervised and supported during mealtimes.
- b) Ensure that staff are deployed in a way that promotes access to outdoors.

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).

This requirement was made on 23 February 2024.

Action taken on previous requirement

Mealtimes had been arranged so that children were well supported and supervised by staff. Staff were deployed well so outdoor play was promoted and children were able to make their own choices.

Met - within timescales

Requirement 4

By 1 April 2024, the provider must ensure that the welfare and safety of children is protected.

To achieve this, the provider must at a minimum:

a) Implement safe recruitment procedures, in line with best practice guidance.

This is to comply with Regulation 4(1)(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 am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This requirement was made on 23 February 2024.

Action taken on previous requirement

Safe recruitment procedures aligned with best practice guidance.

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 ensure children are nurtured and supported through their daily experiences, the manager and staff should ensure that mealtimes are a safe, relaxing experience that meets the individual needs of children.

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); and

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

This area for improvement was made on 23 February 2024.

Action taken since then

Children sat in small groups and they ate together in an unhurried and relaxed atmosphere, that helped to ensure a caring and positive experience. Staff sat with the children and overall they were focused on their needs.

This area for improvement has been met.

Previous area for improvement 2

To ensure that children's current needs and preferences are planned for and met, the provider should ensure children's personal plans are used in practice and are reflective of children's needs. This should include, but is not limited to, ensuring plans are reviewed and shared with parents/carers, at a minimum of every six months.

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).

This area for improvement was made on 23 February 2024.

Action taken since then

There was some inconsistent practice in the review of the personal plan and it was not always clear if parents/carers had been involved in the process. Strategies to support children's wellbeing and development were in place but were not readily accessible or available to staff.

This area for improvement has not been met and remains in place.

Previous area for improvement 3

To ensure the safety and wellbeing of children, the provider should ensure that they are clear on their roles and responsibilities in relation to child protection. This should include, but is not limited to, accessing training appropriate to their role.

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).

This area for improvement was made on 23 February 2024.

Action taken since then

Leaders had completed child protection training that had been cascaded to all staff. Staff were aware of their roles and responsibilities. Child protection procedures were clearly displayed for all staff. Staff were keen to complete refresher training and all staff would be attending full training in November 2024.

This area for improvement has been met.

Previous area for improvement 4

To ensure that children are kept safe, the provider should make sure that arrangements are in place to maintain a safe environment.

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

'My environment is secure and safe' (HSCS 5.19).

This area for improvement was made on 23 February 2024.

Action taken since then

Environment and individual (child specific) assessments had been completed. Measures to increase the security of the premises and safety of the children had been reviewed and appropriate action taken.

This area for improvement has been met.

Previous area for improvement 5

To ensure that children are kept safe and healthy, the provider should make sure that the potential spread of infection is minimised. This should include but is not limited to developing nappy changing areas and supporting children to wash their hands.

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 5.24).

This area for improvement was made on 23 February 2024.

Action taken since then

Good hand hygiene did not always follow good practice, children did not always wash their hands well. Key points of the day were often missed such as after outdoor play and following lunch. The provider/manager was in the process of exploring options for replacement of the walls within the nappy changing area, so that suitable materials enabled it to be easily cleaned.

This area for improvement has not been met and remains in place.

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?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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