

Start Bright Nursery Day Care of Children

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Type of inspection:
Unannounced

Completed on:
19 July 2024

Service provided by:
Start Bright Nursery Limited

Service provider number:
SP2012011966

Service no:
CS2012313063

About the service

Start Bright Nursery is registered to provide a day care service to a maximum of 66 children aged between birth and those attending primary school at any one time. Of those 66 children, no more than 18 children are under two years, no more than 17 are aged between two years to under three years and no more than 10 children will be attending primary school.

The service operates from a two storey dwelling house in Gilmerton, Edinburgh, which has been adapted for the purpose of providing full day care to children. The service consists of four playrooms, kitchen, toilets and nappy changing areas, staff room, and office space. There are also garden areas which provide outdoor play experiences for all children. The service is close to local primary schools, shops and other amenities.

About the inspection

This was an unannounced inspection that took place on 15 and 16 July 2024. We provided feedback to the leadership team on 19 July 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

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

To inform our evaluations we:

- spoke with children using the service
- observed practice and daily life
- reviewed documents.

We sent our online survey to the service to pass onto families and staff, however no feedback was received.

Key messages

- Children's mealtimes were positive. Home cooked meals and snacks were provided and children experienced an unhurried and relaxed atmosphere.
- Personal plans could be more effective to ensure they fully support all children's needs, choices and wishes.
- The service should ensure the environment remains safe, clean and well maintained for the safety of the children.
- Staff communicated effectively as a team throughout the inspection, this helped to ensure children's safety.
- Staff would benefit from support to develop their knowledge of child development, so they become more attuned to children's wellbeing and learning needs.
- Quality assurance, self-evaluation and monitoring processes should continue to be developed, to ensure children are kept safe and outcomes for children remain positive.

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?	4 - Good

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

How good is our care, play and learning?

3 - Adequate

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

Quality Indicator 1.1: Nurturing care and support

Some staff were kind, nurturing and caring. We observed some children settling into the service receiving cuddles and warmth, with staff being respectful and responsive to their needs.

Overall interactions were inconsistent. Some staff missed opportunities to sensitively support children through transitions, daily experiences and to provide positive interactions. At times interactions were neutral, as staff were not communicating with young children effectively. For example, some staff used casual communication, and did not use the child's name. Some staff did not notice children's cues for communication or have a clear understanding of children's needs. As a result, not all children received engaging and supportive interactions. We referred the service to good practice guidance the 'Voice of the infant Best practice Guidelines and Infant Pledge' Scottish Government (2023), which highlights the importance of observing and listening to babies and young children (**see area for improvement 1**).

The service requested families to drop off and collect their children from the main entrance door at specific times of the day. They were met with staff who welcomed children into the service. Families had provided feedback to the service through questionnaires. Some families confirmed they would like more feedback on their child's play and learning. Allowing families into the service without restrictions would provide families with opportunities to observe their child's learning environment and their play. The setting would benefit from reviewing this approach to strengthen relationships and foster stronger connections between families and their child's daily experiences within the setting. We signposted the service to the practice note, 'Me, my family, and my childcare setting' Care Inspectorate (2024), which highlights the importance of families being physically present in their child's setting.

Mealtimes were a positive experience for most children within each age group. Recent observations and reviews of practice positively influenced the lunchtime routine, fostering confident children in the explorers and shakers playrooms, who engaged independently when making choices. Children were provided with home cooked meals and snacks, within a sociable, unhurried, and relaxed atmosphere. Tables were well presented, and placemats outlined if children had any specific allergies or dietary requirements. Children's safety was promoted whilst they were eating as staff were available to supervise lunches. Moving forward, we have suggested the service continue to review mealtimes, looking specifically at menu planning, alternatives, and drinks on offer to children in line with current nutritional guidance. In addition, the leadership team should continue to monitor staff child interactions during mealtimes, to ensure these are positive for all children.

Personal plans contained important information, based on the wellbeing indicators which was relevant in meeting children's health and care needs. These evidenced how the service work in partnership with other professionals and families to support children's needs. Wellbeing folders, chronologies and pastoral logs were used to record any changes in a child's life, needs and information gathered from parents. However, some of the plans needed updating and streamlined to ensure staff had access to the most current information about children's needs.

Moving forward, the service should build on their personal planning approach to ensure that it is effective and reflects the full needs of the child to improve their wellbeing and tailored care. We have directed the service to Care Inspectorates, guide for providers on personal planning, which can be found at hub.careinspectorate.com.

Children's medication was stored securely, labelled and out of reach of the children. Improvements had been made to the storage of medication to ensure this was more organised and accessible when needed. Appropriate systems for recording children's medication were in place, such as parental consent forms, flow charts, storage information and administration records. As a result, children were kept safe and well. These were reviewed monthly with leadership oversight. We made suggestions on how to strengthen medication procedures for the safety of the children. These were taken on board by the management team and actioned immediately following the inspection.

Quality Indicator 1.3: Play and learning.

Most children were confident in their environment and were having fun.

Systems were in place for planning, recording, and evaluating children's learning. Floor books were effectively used to record children's ideas, thoughts, and learning. However, these were not of good quality and fell apart meaning that rich information was difficult to see or lost. Some planning approaches were child led, for example, a child had visited a science centre, staff were responsive to their interest around volcanoes and had further enhanced their experience using a science experiment with effective use of questioning. Other children joined in with this experience and had fun and shared laughter. Staff could further support the progression of children's learning about volcanoes using interactive experiences, research, books, and technology.

Staff had undertaken some quality observations, however, these were not consistent with the services current practice of two per month. Observations did not always link up with children's individual next steps or strategies. All staff need to be more involved in planning, recording, and evaluating children's learning, to support high quality observations, strategies and learning opportunities for children.

Some activities for younger children were adult led, set up and then removed, therefore they were time limited. What could have been valuable play experiences were closed one off activities. For example, staff offered children in the babblers room, one at a time to dip the feet of prechosen animals into the paint then place these onto paper, with no opportunity for experiential learning. Children had no opportunities to revisit their learning. Current best practice guidance is not informing planning. We directed the service to National practice guidance for early years in Scotland 'Realising the ambition: Being Me', and 'Growing my potential', Care Inspectorate practice note (**see area for improvement 2**).

There were some opportunities for children to develop their maths skills with open ended materials and loose parts play. For example, children enjoyed measuring water using a balance beam. Staff could provide more real-life maths experiences, for children to allow them to explore, experiment and discover mathematical concepts. For example, labelling containers, setting up provocations, and a better use of print and posters and writing materials.

Some staff showed a positive interest when children choose to look at books independently, and they offered to read to children. However, they did not always recognise when children had lost interest and were no longer engaged. Books were not always well organised or presented to encourage book use, or a love for books. At times we observed a lack of respect for books, for example, books spread over the floor and staff dropping books at children's feet as they were sitting on the floor.

Moving forward, the service should ensure the environment both indoors and outdoors, are stimulating and promote children's early language, speech, and communication skills.

All children had access to the outdoor areas during our visit and enjoyed playing outdoors. Staff shared there was limited opportunities to explore their local community due to staffing levels. Consideration should be given to how the service can reintroduce these experiences for children.

Areas for improvement

1. To ensure all children experience positive interactions and consistent nurturing care, the provider should support staff to develop their skills, knowledge and practice through effective training and mentoring opportunities. This should include, but is not limited to, training in child development which relates to theory and practice, and would support staff's knowledge and understanding.

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

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow professional and organisational codes' (HSCS 3.14).

2. To support children's play and learning, staff should be familiar with current best practice guidance, such as, 'Realising the ambition and Growing my potential'. This would support their knowledge in observing children, providing strategies of support and understanding children should be able to direct their own play and have opportunities for experiential learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCC) 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).

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.

2.2 Children experience high quality facilities

Children experience a welcoming environment with plenty of natural light and good ventilation.

Furniture and equipment within the playrooms were of good quality and developmentally appropriate for the children using the setting. Careful consideration had been given to the layout of the playrooms and spaces on offer, with good attention to detail.

However, these were not being used effectively to support children's learning. Some areas were pristine, with nothing out of order. Children were not able to free flow back and forward. Moving forward, children should be able to explore all areas and play experiences on offer throughout the day. Staff were reflecting on indoor spaces, for example, the staff working in the explorers playroom had identified children needed more space and moved the environment around to offer them more room to move around.

Resources in playrooms were well organised, and children could access some of these independently, which supported them to make choices. Children benefitted from a range of open ended, sensory materials and natural child centred resources, which should support them to explore their creativity, and imagination whilst playing indoors.

Most visual displays were at the children's height and supported their learning and achievements, for example, photos of their families, children's artwork and posters such as numbers and the alphabet.

We identified health and safety concerns in areas within the environment that were a potential risk to the children. For instance the gates, including the driveway to the front of the building, were left open on several occasions. Action was taken after the inspection by the leadership team, to put new safety procedures for the gates in place for the safety and wellbeing of the children. We referred the service to SIMOA, Safe, Inspect, Monitor Observe, Act, the Care Inspectorates practice note, in keeping children safe **(refer to area for improvement under 3.1)**.

The gardens were unkept and unsafe for children to play. For example, the grass, bushes, and weeds were overgrown. Tyres were piled up in two areas within the garden with no purpose for play. Children's play and learning opportunities in the garden were restricted due to the decking being closed as it becomes in slippery in wet weather. The leadership team took some immediate action to clear up the garden during the inspection for the safety of the children **(refer to area for improvement under 3.1)**.

We highlighted infection control concerns during our visit in relation to the cleanliness of some areas within the nursery. For example, the general cleanliness of the skirtings, floors and carpets. Children's nappy changing facilities downstairs, children's toilets upstairs, and the baby room hand washing facilities all which needed attention. The staff toilets downstairs and hand washing facilities were dirty. There was no soap or paper towels in the staff room, to allow staff to wash their hands. Once more, action was taken during the inspection by the staff and leadership team to make improvements to the cleanliness of these areas for the safety of the children. However these need to be effective and maintained **(refer to area for improvement under 3.1)**.

Older children could access the outdoor space from the playroom which enabled them to enjoy the benefits of plenty of fresh air. Younger children did not have direct access to the outdoors however, staff provided opportunities for them to play outside.

Resources within the gardens were limited and uninviting. This did not promote an enabling environment which supported children to be independent, have choice and to follow their own ideas. There is a need for more resources to be provided outdoors in all areas to provide breadth and depth of children's learning. Moving forward, all staff should work together to develop quality play spaces outdoors that promote the safety and independence of children. This would support children to feel respected, build their confidence and allow them to construct their own learning. Furthermore, consideration should be given to providing outdoor training to staff to support their understanding of the importance of outdoor play and the benefits to children's health and wellbeing **(see area for improvement 1 and refer to area for improvement 1 under 3.1)**.

Areas for improvement

1.

To provide suitable and developmentally effective play spaces for the children in the outdoor environments that delivers the message that children matter. The provider should make sure children in all play rooms have consistent access to a range of well-presented and well-maintained resources which are suitable for their developmental stage.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.' (HSCS 5.21).

'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 leadership?

3 - Adequate

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

3.1 Quality assurance and improvement are led well

The service recognised the importance of building relationships with families and actively sought their feedback. For example, through questionnaires, closed social media groups and emails.

The service was aware of the United Nations Convention of the Rights of the Child (UNCRC), and had shared with families how they adhere to Article 16: which focuses on the child's right to privacy. The staff within the explores room, were at early stages of involving children in looking at their rights. For example, 'The right to leisure'.

The leadership team regularly monitored staff practice throughout the year. However, this was not influencing positive practices with all staff. They should continue to monitor staff performance and undertake reviews to identify staff's strengths and weaknesses and provide support. For instance, role modelling and providing access to relevant training. This would allow staff to continue to grow and enhance their skills. We directed the service to the Care Inspectorates, 'A quality framework for daycare of children, childminding and school-aged childcare', Care Inspectorate, February (2022). The framework should support the leadership team to evaluate their own and staff performance, and self-evaluations of the service. It would also help them to develop a shared understanding of what constitutes good quality care, learning experiences and keeping children safe (refer to area for improvement 1).

An improvement plan and quality assurance calendar were in place highlighting relevant improvement actions to support the ongoing development of the service. However, these were not yet having an impact on practice. As a result, we found gaps in key areas across the service. For example, the personal planning approach for children, interactions between children and some staff, the quality of the outdoor environment and play experiences for children, as well as health and safety and infection prevention and control practices.

We appreciate the leadership team took action during the inspection to make some immediate changes for the safety and wellbeing of the children. Moving forward, the service should continue to develop and embed an effective monitoring and quality assurance systems to maintain a safe and clean environment, bring about positive change and influence ongoing improvements within the service. This would contribute to improved outcomes for children, their families and staff (**see area for improvement 1**).

Management should make sure they include dates within the service's paperwork to ensure accuracy. For example, staff one to one notes were not dated, or signed by staff or management, therefore it was not clear there exactness.

Areas for improvement

1. To support continuous improvement of the service, management should continue to develop their quality assurance processes, including self-evaluation, monitoring and improvement planning. This should include, but is not limited to, monitoring of medication, quality and safety of the environment, infection prevention and control practices and monitoring of staff practice.

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

'My environment is secure and safe' (HSCS 5.17).

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

4.3 Staff deployment

The service had experienced recent changes to management and staff. The deployment of staff took account of the mix and experience across the staff team. Management ensured there was a skilled and experienced practitioner situated within each playroom to support less experienced staff.

The service was appropriately staffed during our inspection. However, during the first day of our visit there was a great deal of staff movement. As a result, some children were unsettled. We highlighted this to the leadership team. During the second day of our visit we observed staffing was more settled. Busier times of the day, such as lunchtime, were planned for. Children had lunch together in their own playrooms. Staff worked well together to ensure effective supervision with the nursery children, whilst allowing staff to have a break.

Staff communicated effectively as a team throughout the inspection. For example, they informed each other if they were leaving the playroom or the garden for a period of time. This helped to ensure children's safety. Staff spoke positively of each other, and confirmed they worked well as a team, and felt supported by management.

Staff told us, "Collectively as a nursery team we are very supportive to each other, open and honest."

Leadership were considering the wellbeing of staff, for example, they celebrated staff birthdays. Employee of the month awards were introduced in January 2024, to demonstrate an appreciation for staff. As a result, there was a positive atmosphere in the service. To promote a service that values the safety, health and wellbeing of both children and staff, consideration should be given to the area where staff have their daily breaks, to ensure they are provided with a welcoming and comfortable space. Facilities should be available to promote good infection control practices with hand hygiene. This would in turn help to create a nurturing, respectful environment that promotes the wellbeing of all.

Induction and mentoring systems were in place to support new staff into their role. The leadership team encouraged and supported the ongoing professional development of the staff team. Joint monthly training with the sister service provided opportunities for all staff to share knowledge and collaborate. Staff told us, "We are flexible between here and the sister service" and "We swap around between services, we are one big family and have our training together but staff meetings are separate as there are different outcomes for each setting." This allowed staff to provide consistency of care and support.

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

1. To support continuous improvement of the service, management should continue to develop their quality assurance processes, including self-evaluation and improvement planning. This should include, but is not limited to, ensuring they reflect on changes made and the resulting impact on experiences and outcomes for children and families.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 27 April 2023.

Action taken since then

Some developments have been made in relation to quality assurance. **This area for improvement has not been met and remains in place (refer to area for improvement under 1.3).**

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	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?	4 - Good
4.3 Staff deployment	4 - Good

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