

Rainbow Nursery Dalgety Bay Day Care of Children

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Type of inspection:
Unannounced

Completed on:
13 August 2024

Service provided by:
Rainbow Nursery Ltd

Service provider number:
SP2005007625

Service no:
CS2003015241

About the service

Rainbow Nursery Dalgety Bay is registered to provide a day care of children service for a maximum of 89 children from birth to an age not yet attending primary school. The nursery is a privately owned service that is located within the business park in Dalgety Bay.

The service operates across two adjacent buildings and consists of three playrooms. All playrooms have direct access to enclosed outdoor spaces and personal care facilities. Children can access an additional outdoor space in a fenced area between the two buildings. The service is close to schools and nurseries, local amenities and can be reached by public transport links.

About the inspection

This was an unannounced inspection which took place on Monday 12 and Tuesday 13 August 2024 between 08:30 and 17:00. 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 and observed their play
- spoke with six families and received 13 feedback questionnaires
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children were settled, happy and engaged in play.
- Children spoke confidently about what they enjoyed in the setting.
- Staff knew children's needs and preferences as positive relationships had been established.
- Children were cared for by nurturing and kind staff.
- Children were developing independence skills through more opportunities to lead their lunch time routine.
- Improved play spaces supported children to engage with resources and lead their interests.
- Positive action had been taken to support children's engagement in risk benefit play. Safeguarding procedures had been reviewed following complaints.
- The service should further develop their systems for the recording and monitoring of medication.

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?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Children experienced caring and nurturing approaches from staff who knew their individual needs and preferences. Children said staff "are kind and help me," "they sing and make snacks." Children were cuddled and reassured to support their emotional wellbeing. Families described staff as "amazing, caring and friendly." Transitions were paced to suit children and their families. One family told us the transition experience supported their child to settle and identified a keyworker the child had formed a positive attachment to. They commented "I feel respected as a parent, staff listen to me and take onboard what I am saying."

Personal care was carried out with dignity and respect. The service used privacy screens in toilet areas where children required support. This meant that children were respected and fostered a sense of security.

Since the last inspection mealtime experiences had greatly improved across all playrooms. Children self-served foods, developed independence in using utensils and were involved in tidying the eating areas. We encouraged the service to continue offering these opportunities across all mealtimes to ensure staff can sit with children and model healthy mealtime habits. This will also promote children's continued engagement in rich and meaningful conversations. Children told us "The snacks are nice," "I like the bagels" and "the lunch is yummy in my tummy." Children could choose from a variety of healthy food options and fresh water was available throughout the day. We encouraged staff to continually promote the benefits of drinking water to ensure children remain hydrated. Lunch time was relaxed, unhurried and sociable. One family commented the mealtime experience had supported their child to try new foods.

Small, cosy areas offered children spaces where they could rest and relax. Children were supported by staff in a designated sleep room within the main building. They were enabled to choose where they wanted to sleep in this area and clean mats and blankets were provided. Staff followed children's individual sleep routines, promoting their emotional wellbeing and supporting families wishes.

Personal plans were in place for children across all playrooms and evidenced their individual learning and development. Most plans had been reviewed with families. Some families told us they had not been involved in their child's personal plan and would like opportunities to review this more often. We identified inconsistencies in the level of information that was recorded and shared with families across the playrooms. The service had recognised this through their quality assurance processes and had taken steps to ensure a consistent approach. When required, the service implemented additional care plans to support children and families for a period of time. These documented clear, individual strategies that were being used to support care, play and learning at a pace that was right for the child.

Children's health care needs were understood and supported by staff. Medication was stored safely, and measures were in place to review this regularly with families. The auditing of medication to ensure information was correct needs to be further developed in line with the Care Inspectorate best practice guidance 'Management of medication in daycare of children and childminding services'. This is to ensure the likelihood of administration errors are minimised.

At the previous inspection we made an area for improvement about medication procedures. This had not been met and remains outstanding (see area for improvement 1.)

Staff were confident about the actions they should take if they had concerns for children's care and wellbeing. Annual child protection training and regular discussions during team meetings meant staff continued to develop their knowledge of safeguarding. As a result, they understood the importance of their roles and own systems to ensure children's wellbeing.

Quality indicator 1.3: Play and learning

Children were settled, engaged and having fun. Play experiences had been enhanced and offered children more choice and a breadth of learning opportunities. Staff had benefitted from visits to other care settings to look at play and learning and had made positive changes. We encouraged the service to continue to develop rich and meaningful learning through quality interactions, open ended resources and engaging spaces.

Opportunities to engage in outdoor play had improved. Children were able to access the outdoor spaces with ease. This supported their emotional wellbeing, physical play, learning and development. Families liked that children had space to explore and engage with nature that helped them build skills and confidence. They commented "The outdoor area is one of the reasons we chose this nursery. It's full of play areas, learning about gardening, sensory play with water," "My child loves the outdoors, at rainbows they are constantly in the garden or going on walks," "Management also have plans underway for making improvements to this area to make it even better. Parents have been involved in planning these improvements" and "Some of the play equipment is a little tired but have seen massive improvements since being there."

Children were confident and wanted to tell us about their learning and favourite place to play in the nursery. They told us they liked to play on the horse, splash in puddles, write their name and draw pictures for their family. Most staff followed children's interests and offered them opportunities to lead their play. For example, children were keen to explore the puddles in the garden. Staff supported this, providing resources that meant children were learning about volume, transporting, forces and the effects of the weather. As a result, children were having fun and engaged in play for sustained periods of time.

Planning was inconsistent across the service. Staff were responsive to children's ideas but were not confident in developing or sustaining their interests. We found staff required support to fully understand and embed the planning cycle linked to children's stages of development and individual next steps. We have restated this area for improvement made at the last inspection (see area for improvement 2.)

Staff recorded observations of children's interests and learning in their personal learning journals (PLJ's) and the online app. There had been some improvements in the detail recorded in the PLJ's, however, this was inconsistent across the service. Some families told us they liked the updates on the app and others commented that they would like more information. The service had recognised the inconsistencies in the recording and sharing of information and had taken measures to support staff to promote a shared approach.

Children experienced activities that promoted literacy and numeracy through play. For example, mark making using different materials, sensory play, stories, songs, print and numbers around the environment. The service had identified literacy as an improvement priority. This would further develop rich and engaging activities for all children across the setting. We encouraged the service to look at how staff could be involved in leadership roles with this.

Areas for improvement

1.1. The provider should ensure that medication held details relevant information for the safe and effective administration to meet health care needs. Medication held should be stored appropriately to ensure children's continued safety.

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

2. The provider should enable staff to further build on their awareness of child development, to ensure children are supported to achieve the best possible outcomes. Further learning and development on quality observations, assessing progress and using this knowledge to inform their planning, will further enhance this area.

This is to ensure 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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and outweighed areas for improvement.

Quality indicator 2.2: Children experience high quality facilities

The service had continued to improve the quality of the facilities. This had a positive impact on play spaces indoors and outdoors. Playrooms were more homely, comfortable and inviting with some enhancements and new furniture. The manager recognised there were still areas across the service that needed attention, and this was part of an ongoing improvement plan. We encouraged them to look at high traffic areas that need regular repair to ensure they can be cleaned effectively.

Since the last inspection, staff had increased their understanding of developmentally appropriate spaces. This had led to enhanced resources to support children's differing stages of development. For example, offering more challenge, promoting curiosity and imagination. There was a good balance of large and small loose parts play materials. This promoted children's engagement in creative play.

The service had reviewed their management of risk benefit play following a complaint to ensure this was appropriately supervised. They had fenced a part of the garden that should only be used when there was an appropriate number of staff to support the activity. Creating risk and impact assessments had supported staffs understanding of their role in ensuring children's safety when engaging with resources that offered challenge from a height.

Children were developing their understanding of risk in their environment and how to keep themselves safe. Staff had introduced the Care Inspectorate SIMOA elephant. Children had opportunities to take SIMOA home and talk about safety. Evidence of their learning was displayed throughout the service.

Effective hand hygiene routines were embedded as children were encouraged to wash their hands at key times. Eating areas were kept clean, ensuring they remained a pleasant environment.

We encouraged the manager to review the 'Health protection in children and young people settings, including education' guidance with staff.

The service used an online app to share children's learning, update families about daily routines and important wellbeing information. Staff used devices in playrooms owned by the service to communicate with families within the hours that the service operates. The leadership team had access to the application on personal devices. To ensure information is only accessible in the service and during the hours of operation, the provider should ensure that the online app is not used on personal devices or during the times that the service is closed (see area for improvement 1.)

Areas for improvement

1. To ensure children's personal information is securely stored and managed, the service should ensure all staff do not use personal devices to access the online app. This includes, but not limited to, when the service is closed and when staff are not at work.

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

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and outweighed areas for improvement.

Quality indicator 3.1: Quality assurance and improvements and led well

The service had reviewed their vision, values and aims following the last inspection. They consulted families and gathered their views to create a shared vision. This was displayed throughout the service. Staff practice reflected the service values of respect, a sense of belonging and celebrating children's successes. To ensure staff are confident to talk about the values, we encouraged the service to look at ways to include these in regular discussions.

Children and families benefitted from a service that had begun to engage in self-evaluation using the guidance document 'How Good is our Early Learning and Child Care' (Scottish Government, 2016). This was supporting them to identify their strengths, areas for development and understand the importance of evaluation for improvement.

Families were consulted using questionnaires on what they would like to see improved within the service. They identified they would like more opportunities for family engagement. The service included their suggestions in their improvement plan as a priority for this year.

The team had worked closely with the local authority, and this had supported positive changes in the experiences offered to children. This had also built staff knowledge and confidence, resulting in improvements in the learning environments.

The manager had continued to make improvements to their quality assurance methods.

This included monitoring of children's experiences, staff practice, children's journals and the quality of provision offered across all rooms. This had begun to have a positive impact on the quality care, play and learning. As a result, children were more engaged in their play.

The service had taken steps to strengthen their safeguarding measures for trips and outings following a complaint. They recognised their failings in their processes and had put additional assurance measures in place.

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

Children experienced care and support from a consistent staff team. Although there had been some changes, this had minimal impact on the continuity of care. Most families told us they were familiar with the staff team, knew their child's key worker, and felt they could talk about what was important to their child. Some families suggested the service could inform them of staff changes earlier so they felt informed and could support their children with the change. As a result, most families had established positive, trusting relationships with the service.

There was a balance of skills, knowledge and experience across the team. All staff told us they enjoyed being part of the team at Rainbow Nursery. They felt included, supported by management and listened to. This meant there was a positive culture of teamwork.

The service recognised the importance of positive transitions. In response to a complaint, they had reviewed and made changes to how information is shared between staff and families as children move from one room to another. This ensured new staff knew what was important to the child and their role in meeting their needs.

Although the service uses an online app some families told us they would like to receive information about their child when talking to staff. Some staff recognised the importance of a verbal update to ensure they were connecting with families and some rooms had begun to share information about the child's day at pick up times. We encouraged the service to look at how this can be consistent across all playrooms.

Children benefitted from a staff team that worked well together and valued each other's strengths. At busier times of the day, additional staff and management supported teams. This meant children's individual needs and routines were met.

The service had established an effective approach to staff training and monthly meetings. This meant staff received regular training sessions, had time to come together as a full staff team to reflect on developments and plan for ongoing improvement priorities. Training included child protection, food safety, partnerships with parents and schematic play. This promoted a consistent approach to communication and the learning and development needs of staff.

The service used best practice guidance, 'Safer Recruitment Through Better Recruitment (Care Inspectorate, 2023)' to ensure appropriate checks were carried out when recruiting staff. This meant that children received care and support from staff who had the skills for the role.

Systems were in place to support and mentor new staff. Using the Early learning and childcare national induction resource encouraged an effective induction process and supported new staff to feel included and part of the wider team.

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

Requirements

Requirement 1

By the 25 July 2024, in order to effectively support children's health, safety, and wellbeing, the provider must, at a minimum, but not limited to, ensure that:

- a) staff are deployed in such numbers to ensure that all risky play equipment is effectively supervised while children are using it
- b) the garden and risky play equipment is fully risk assessed, and staff are reminded of their responsibility for undertaking risk assessments as part of the daily routine
- c) impact assessments are undertaken, to ensure that appropriate surfaces are in place for falls from height
- d) transitions are carefully managed and ensure that, as part of each child's transition, key information is passed over in relation to their physical capabilities and supports required.

To be completed by: 25 July 2024

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: '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.'

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 6 June 2024.

Action taken on previous requirement

- a) The service have put safety measures in place for the safe and supervised use of risky play equipment. Part of the garden has been fenced off to ensure that the area is manageable for staff to supervise whilst children use the equipment.

b) The service have created risk assessments for the risky play equipment that are used in the garden. Staff are familiar with these. They are displayed in the area for reference.

c) The service are using soft mats to support impact when equipment is being used from height or potential of falls.

d) The service had revised their transition policy and documentation that gathers important information from a child's key worker and family. This is shared with the new keyworker to ensure they are aware of the level of physical support a child may require when accessing resources to support gross motor skills.

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

The provider should ensure that staff knowledge and understanding is improved upon, to ensure that accidents and incidents are accurately recorded. The provider should also make sure that completed reports are as comprehensive as possible to provide parents and medical professionals with enough information to make informed decisions.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

This area for improvement was made on 6 June 2024.

Action taken since then

The service delivered additional training on 30 July 2024 to look at how they fully support a child's needs, wishes and choices. Discussions took place at a team meeting about the details that must be recorded in accidents and incident forms. Staff completed questionnaires to evaluate the impact of this training.

Additional steps have been put in place to ensure the quality of information for accidents/incidents reflects the event. The manager reads this and discusses the event with the staff, advises if any changes/additional information is required before it is sent to the family through the family app.

We recognised improvements had been made and this area for improvement had been met.

Previous area for improvement 2

The provider should ensure that medication held details relevant information for the safe and effective administration to meet health care needs. Medication held should be stored appropriately to ensure children's continued safety.

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

This area for improvement was made on 9 August 2023.

Action taken since then

Medication records did not detail relevant information for the safe and effective administration to meet health care needs. Medication was stored appropriately for the safe management of medication.

This area for improvement had not been met and will be reviewed at the next inspection.

Previous area for improvement 3

The provider should enable staff to further build on their awareness of child development, to ensure children are supported to achieve the best possible outcomes. Further learning and development on quality observations, assessing progress and using this knowledge to inform their planning, will further enhance this area.

This is to ensure 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).

This area for improvement was made on 3 October 2022.

Action taken since then

Planning for children's interests to support their development was inconsistent across the service. We recognised there had been some improvements in the observations recorded in children's journals that supported staff to evidence children's progress. This was not consistent for every child. The service had recognised this through their quality assurance processes and had put measures in place to support staff to develop their understanding of child development, knowledge and skills.

This area for improvement had not been met and will be reviewed at the next inspection.

Previous area for improvement 4

The provider should ensure acceptable standards for cleaning and hygiene are in place. Cleaning routines and procedures should be implemented in line with current, relevant best practice guidance. This may include Health Protection Scotland's guidance 'Infection Prevention and Control in Childcare Settings (Daycare and Childminding settings)'. This will ensure children are cared for in a clean and hygienic environment and kept safe and healthy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 9 August 2023.

Action taken since then

The service had made an impact on the standards of cleaning and hygiene. Two additional members of staff had been employed that focused on cleaning routines in line with guidance. We recognised improvements had been made and encouraged the service to continue to further this enhancement of the facilities to ensure children experience an environment that is clean and maintained.

We recognised some improvements had been made and this area for improvement had been met.

Previous area for improvement 5

To support children to access a service that meets their needs, wishes, and choices, the provider should introduce self-evaluation procedures. Staff, children, and families should be meaningfully involved in the process. The service should further develop the use of best practice documents to evaluate the service provided and identify areas for improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8).

This area for improvement was made on 9 August 2023.

Action taken since then

The service had made improvements in the use of self evaluation guidance to support improvements. This included consultation with children and families. The service used this feedback to support their improvement journey.

We recognised some improvements had been made and this area for improvement had been met.

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?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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