

Kirktonholme @ Newton Mearns Day Care of Children

Pollok Castle Estate
60A Stewarton Road
Newton Mearns
Glasgow
G77 6NP

Telephone: 01416 395 292

Type of inspection:
Unannounced

Completed on:
11 September 2024

Service provided by:
Kelly Care Limited trading as
Kirktonholme Nursery

Service provider number:
SP2003001303

Service no:
CS2004071105

About the service

Kirktonholme @ Newton Mearns is located in Newton Mearns, Glasgow. The provider of the service is Kelly Care Limited trading as Kirktonholme Nursery.

The service is registered to provide a care service as follows:

1. To provide a care service to a maximum of 80 children not yet attending primary school at any one time.

Room 1 - no more than 18 children - 0 to under two years.

Room 2 - no more than 22 children aged 18 months to under three years of whom no more than five children may be aged under two years.

Room 3 - no more than 24 children aged two years six months to those not yet attending primary school full time of who no more than 10 children may be aged under three years.

The outdoor space has been taken into account when agreeing the maximum number of children within the Willow room.

Children must have access to the outdoor space at all times.

2. Of the 80 children a maximum of 16 children to attend the satellite setting at Kirktonholme @ Newton Mearns, Glasgow G77 6NP, at any one time aged from two years to those not yet attending primary school of whom no more than five may be aged under three years.

3. Adult: child ratios will be a minimum of:

Under two years - 1:3

two years to under three years - 1:5

three years and over - 1:8 if the children attend more than four hours per day, or 1:10 if the children attend for less than four hours per day.

About the inspection

This was an unannounced inspection which took place on Monday 9 September 2024 and Tuesday 10 September 2024.

The inspection was carried out by two early learning and childcare inspectors from the Care Inspectorate.

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

In making our evaluations of the service we:

- Spoke with and observed children using the service.

- Contacted families and staff through Microsoft forms to gather their views.
- Spoke with staff and management.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- Children experienced sensitive, respectful caregiving and warm, nurturing support. They were cared for by kind and caring staff who knew them well.
- Children were confident in their play, actively leading and shaping their play with support from staff.
- There was a culture of self evaluation and self reflection within the team which supported the improvement agenda.
- The management team should address the area for improvement in relation to nappy changing/infection control.
- Staff were motivated and responsive to meeting the needs of children and worked hard to create a positive ethos. Consequently team morale was very good.

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?	5 - Very Good
How good is our setting?	4 - Good
How good is our leadership?	5 - Very 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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality indicator 1.1: Nurturing care and support

Children experienced sensitive, respectful caregiving and warm, nurturing support. They were cared for by kind and caring staff who knew them well. We observed staff being responsive to children's changeable interests and needs, for example, when children asked to play outside or asked for help, this was immediately responded to.

Children were spoken to and listened to in ways that helped them to feel valued and included. Staff engaged effectively with children using appropriate language and questioning to extend discussion and facilitate learning.

We observed praise, cuddles and reassurance from staff which meant attachments and relationships were strong, resulting in children feeling safe, and secure in the service.

Parents were warmly welcomed into the centre and as a result had built good relationships with staff. This enabled staff to support children's care, learning and development in partnership with parents.

Staff made effective use of national guidance on personal planning documentation, including Realising the ambition and Getting It Right for Every Child (GIRFEC). Children's personal plans contained relevant core information about individual health, welfare, and safety needs.

Staff were using personal planning information to begin to involve families in decisions about their child's care, learning and development. This helped to promote parental awareness of actions that were being used in practice to help individual children achieve their learning goals.

Children's learning was recorded using the Family app.

We saw that information recorded was informative and demonstrated next steps for learning for children. This helped staff to track and monitor a child's progress and was shared with parents to help them to feel engaged with their child's learning journey. Staff were supported to ensure the app was routinely updated.

Staff commented:

"Everyone at the setting works hard to build a good relationship with parents as we are being given their child to look after."

"I absolutely love the relationships I have with the families as I feel this is a crucial part of my role."

"Parents are constantly included whether it be feedback, messaging and input about planning, next steps for their child."

Transitions were carefully managed to support children and parents and help them to move to other playrooms and to be ready for school.

Mealtimes were relaxed and sociable with children enjoying chatting with their friends and staff at lunch tables. Children's independence and life skills were promoted through encouraging them to self-serve food, pour drinks and clear their plates away. This created a sense of responsibility and helped children to feel valued. We saw children having snack both indoors and outdoors. Staff were supportive of their choices and wishes for snack.

We observed very positive engagement between younger children and staff with staff supporting children's social skills and building confidence with feeding skills. Staff recognised this routine as an opportunity to check in with children and reflect on their morning at nursery.

Staff had a good understanding of children's health needs. Several staff were trained in first aid should children require medical assistance. We looked at the service medication policy, procedure and paperwork. All medication was stored appropriately and boxes were clearly labelled with children's details. We discussed where further information may be needed to support children, for example, where a child had an inhaler and if necessary an action plan. We also highlighted that occasionally medication dosage information on the paperwork provided by parents did not match the instructions for dosage on the medication prescribing label. We asked the service manager to carefully audit this.

Sleep arrangements for children complied with national guidance to maintain safety and security. Children were supervised by staff at all times.

Children's wellbeing was protected by a clear and concise safeguarding policy. There was a designated child protection officer and staff had received relevant child protection training. This ensured they knew how to respond to concerns about a child.

Parents' commented:

"The staff are always welcoming and warm on arrival. Provide good feedback from the day on collection."

"Regularly updated on care planning and learning."

"The staff regularly communicate on their plans for focus weeks and ask for anything we would like to incorporate."

Quality indicator 1.3: Play and learning

Resources were of high quality and playrooms were attractively presented.

Children were supported to learn and develop through their play. We observed a range of provocations that were in place to promote numeracy, literacy and wellbeing.

Staff supported children very well and were aware of current best practice guidance in early years. They had completed relevant training to inform quality play and learning for children.

There was a focus on natural and loose parts play across the nursery to promote curiosity and experimentation, to help children to develop creative and critical thinking skills.

We saw children having lots of fun with a good balance of spontaneous and planned play experiences. Routines supported children to have enough time for play.

Children were confident in their play, actively leading and shaping their play with support from staff. Staff responded in a meaningful and engaging way, extending conversations with children about their play. We observed well-timed, open-ended questioning that challenged children's thinking and learning and helped them to develop and extend their play.

We saw children having fun in the forest area. The space was well resourced with tyres, pallets, mud kitchen, music areas with a full drum kit, crates for building.

Children were exploring in the mud kitchen making 'orange juice'. There was a wide variety of utensils, pots and pans to support play ideas.

In other areas children were having tea parties, playing hairdressers and reading. Babies enjoyed exploring, walking and crawling with staff supporting their curiosity.

We spoke with several staff who were all very passionate about improving experiences for children.

They told us that the team met regularly to review their planning and recording approaches to ensure they remained child centred and responsive to current interests.

We asked the management team to continue to support staff to identify and evaluate play experiences that children find engaging and challenging. The manager, in partnership with staff, should continue to embed, sustain, and evaluate the planning process to ensure high quality experiences for children in their care.

This would help to further promote children's sense of ownership and leadership of play and would be particularly helpful in supporting children with additional support needs.

Using the survey feedback forms, we asked parents, "What do you think are the most positive aspects of your child's experiences in the service?"

Responses included

"Outdoor space"

"Access to outdoors and care my child receives"

"Outdoor learning and experiences."

How good is our setting?

4 - Good

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

Quality indicator 2.2: Children experience high-quality facilities

The setting was well planned, comfortable and welcoming with lots of natural light and ventilation. Children had lots of space to freely move around indoors and outdoors.

There were a range of natural displays on playroom walls and some cosy spaces, particularly for younger children. Furniture and resources were of a very good standard and organised to promote free flow play. The layout of the playrooms and resources prompted opportunities for active play and learning. We asked staff to monitor the temperature in the baby room as the door was open to outside to promote free flow play and there was potential for the playroom to feel cooler.

We observed a very calm, productive environment with all children engaged and busy.

We saw staff helping children to use resources in their own way to develop their play and match their own interests and intentions. Children were shaping and designing their own play outdoors, supporting imaginative play and problem-solving. Children were settled and confident within their environments, accessing and taking part in the experiences on offer.

Children had forest school opportunities within the nursery grounds. Staff had created safe and secure natural spaces with challenge for children and fun experiences. Children enjoyed learning about the natural world, risk and safe play and were carrying out risk assessments with help from staff.

We discussed the forest area used for children aged two and asked the management team to risk assess and review this area. We observed that the uneven, sloping ground was difficult for younger children to navigate and maintain their balance. The mud kitchen was level with the surrounding fence height with potential for children to climb and fall over onto the concrete area below. We saw that children were supported by staff to manage the large concrete steps used to access the play area. We asked the management team to consider the provision of handrails and increased supervision to ensure children climb the stairs safely.

We discussed the perimeter wall height at the top of the forest area where older children played and asked the management team to keep this under review as part of SIMOA (Safe, Inspect, Monitor, Observe, Act). Managers stated that they were aware of this and were monitoring the area.

Staff had knowledge of health and safety and risk assessments.

There were playroom quality assurance checklists and risk assessments in place to monitor areas and ensure safety and security for children.

This meant that children's activities were not compromised and they were supported to enjoy challenging, fun experiences.

Children could access toilet facilities within the playrooms. There were also designated changing areas meaning children's dignity and personal preferences were respected. We considered the provision of the changing area in the forest school and also in the baby room, directed the management team to updated guidance, "Nappy changing for early learning and childcare settings (excluding childminders), Publication date: July 2023 (updated February 2024)" and discussed how they could meet this best practice guidance to ensure positive outcomes for children. (See area for improvement 1)

Infection prevention and control practices were observed.

Play spaces were clean and tidy and staff used personal protective equipment (PPE) to change children's nappies. Staff regularly cleaned surfaces. However, further improvements were needed to meet infection control guidance. These included: effective storage of paper towels and PPE aprons, improved nappy changing facilities, ensuring staff wash their hands after cleaning a child's nose.

Accidents and incidents records were completed and shared with parents. Monthly audits were completed to identify any areas of potential risk or concern.

There were systems in place for reporting repairs and maintenance.

A safe and secure door entry system ensured the safety of children at drop off and collection times.

Children's information was stored securely within the office and children were monitored by staff when using IT equipment. Children's personal information was safe and protected. The premises and resources and equipment were well maintained.

Areas for improvement

1.
The provider should take appropriate action to meet best practice guidance, "Care Inspectorate, Nappy changing for early learning and childcare settings (excluding childminders), Publication date: July 2023 (updated February 2024)" to ensure positive outcomes for children.

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

"If I require intimate personal care, there is a suitable area for this, including a sink if needed" (HSCS 5.4) and Care Inspectorate; Nappy changing for early learning and childcare settings (excluding childminders) Publication date: July 2023,(updated February 2024).

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality indicator 3.1: Quality assurance and improvement are led well

The manager and staff team engaged well with the inspection process and were open to our suggestions and ideas for improvement. They were highly committed to delivering a quality service for children and families.

The manager was visible, approachable, and knowledgeable and had aspirations for the team, children, and their families.

The management team had a good understanding of the strengths of the service and what was needed for improvement. They fully appreciated the importance of using the views of children and families, as well as partners, to inform the future planning and development of the service.

We highlighted practical consultation strategies for widening the levels of parental engagement in the improvement planning process. The manager agreed these would help strengthen the capacity of service to deliver high quality care and support children's and families' particular needs and choices.

The manager was embedding a culture of self-evaluation within the team to support the improvement agenda. She had introduced opportunities for the team to self-reflect on training. We could see the impact of this on the service provision, environment, and engagement with children. Staff we spoke to told us they felt involved in the improvement process and their ideas were valued and respected.

We found that staff were motivated, well led and passionate about improving outcomes for all children. Staff told us how the management team provided a clear focus for their shared team work including setting out clear responsibilities and expectations. Staff champion roles had recently been created and staff were keen to develop their roles.

Staff commented:

"We provide high standard care day to day and work along with each room and team to ensure across the board we are providing the quality care the children need."

"As a setting we want to focus on our improvement priorities and use the self evaluation and improvement plan paperwork to embed learning."

"It's a really great nursery and I've enjoyed working for them. The work ethic and the care is to a high standard."

We found that team meetings took place regularly and staff had the opportunity to take part in one to one meetings with management. These provided an opportunity to discuss any improvement ideas and identify any related training needs. This resulted in children experiencing quality interactions and a broad range of stimulating play experiences centred around their emerging interests.

Parents who responded to the feedback surveys all strongly agreed or agreed that; "Overall, I am happy with the care and support my child receives in this service."

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 clearly outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

Deployment and staffing levels took account of the skills mix, routines and activities for children. We saw that staff were flexible and worked as a team to benefit children. This ensured that children's needs were addressed through delivery of very good care.

Children experienced a caring and nurturing setting, as good working relationships and effective communication had been established between the team, senior management, and families. We found staff worked well together within the nursery. They were respectful in their interactions with each other, creating a positive ethos for children and their families.

A robust induction process helped newly appointed staff to meet children's needs.

The induction programme enabled new staff to settle into their role and become part of the staff team. As a result, they understood their roles and responsibilities which supported children's experiences. Staff told us they had regular daily discussions about how best to meet children's individual needs, ensuring that they felt included and cared for.

Wellbeing support sessions for all staff on a one-to-one basis ensured that staff had opportunities for personal discussion.

Very good access to training and professional learning activities ensured staff had a good understanding of their responsibilities and the knowledge and skills they needed to do their jobs. We saw that staff had completed a range of training.

Staff had opportunities to influence and progress the service improvement plan which helped them to feel involved in the delivery of service.

Arrangements were in place to promote continuity of care across the day and ensure positive transitions and communication with families. Senior staff and keyworkers were available to chat and exchange information with parents.

Staff were motivated and responsive to meeting the needs of children and worked hard to create a positive ethos. Consequently team morale was very good with staff telling us they felt valued, appreciated and had a sense of belonging. This impacted positively on children's experiences.

Staff comments included:

"Management ensure each room has enough staff and often come in to help if we need more staff within the rooms. Our ratios are always considered."

"Management ensure there are enough staff within the play rooms for the numbers across the building through checking numbers."

"I do feel staffing has been an ongoing issue. Most of the time we have the correct amount of staff. But there has been a struggle when staff are on annual leave."

"We ensure all new members of staff have an induction pack ready and this is filled out every month for the first six months of the staff working with us."

"We have regular staff of the month, treat day and team building which has helped our wellbeing."

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 manager should ensure the health, wellbeing, safety and privacy of children who require medication to be administered and stored on the premises in line with service policy and current best practice guidance "Management of medication in daycare and childminding services".

This area for improvement was made on 24 January 2019.

Action taken since then

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care, play and learning?	5 - Very Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	5 - Very Good
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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