

ABC Private Nursery Limited Day Care of Children

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Type of inspection:
Unannounced

Completed on:
13 September 2024

Service provided by:
ABC Private Nursery Limited

Service provider number:
SP2015012498

Service no:
CS2015337645

About the service

ABC Private Nursery Limited is registered to provide a day care of children service to a maximum of 66 children not yet attending primary school at any one time. Of whom no more than 12 children are aged under two years and no more than 18 children are aged two years.

The nursery is located in the Dedridge area of Livingston, West Lothian and is near to local amenities and transport links. The accommodation consists of a foyer, office space, kitchen, toilets, nappy changing facilities and three playrooms. Each playroom has direct access to designated outdoor space. Further outdoor space also provides opportunities to care for animals including ducks and chickens as well as planting and harvesting experiences.

About the inspection

This was an unannounced inspection which took place on Tuesday 10 September 2024 between the hours of 9:25 and 17:35. We returned on Wednesday 11 September 2024 between the hours of 9:05 and 16:10 to continue with the inspection. 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 to and interacted with children using the service
- spoke with staff and the manager
- observed practice, daily routines and children's experiences
- reviewed documents relating to children's care and the management of the service
- took into account feedback from 22 families via an online survey we issued.

We provided feedback to the manager, depute manager and the quality improvement officer from the local authority on Friday 13 September 2024.

Key messages

- Staff demonstrated a professional, caring and supportive approach during their engagement with children.
- Children's wellbeing was supported as staff knew children in their care well. To further support this, some improvements were needed to support a consistent approach to personal plan documentation and reviews with families.
- Daily access to fresh air and outdoor experiences supported children's health and wellbeing. Developing a consistent and planned approach to the assessment, cleaning and maintenance of the environment would enhance children's experiences.
- Quality assurance processes supported a continuous culture of improvement and helped promote positive outcomes for children. These processes should continue to be enhanced to monitor any changes made and the impact on children's experiences.
- The deployment of staff ensured children's care and support needs were consistently and effectively supported throughout the day. This would continue to be monitored by the manager to ensure the ongoing effectiveness of staff deployment.

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 clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Children experienced warm, caring and nurturing approaches from staff which had resulted in positive relationships being established. Staff knew the children in their care well which meant that when they needed additional help, staff were able to sensitively provide support. For example, support during their play to maintain safety and boundaries, providing help with activities and clothing as well as giving reassurance and cuddles when needed. Staff were respectful in their approach and took into account children's individual needs and preferences. For example, when carrying out personal care and during mealtime routines.

Children benefitted from the effective use of their personal plan information gathered in consultation with their families. For example, information about children's individual care and support needs such as dietary needs and strategies of support. Further progress was needed to ensure that any significant changes and strategies to support children were clearly and consistently documented. Personal plan information should also be reviewed in consultation with all families, a minimum of once every six months in line with legislation. This would help ensure staff have a clearer overview of up to date information to support children to reach their full potential (**see area for improvement 1**).

Where children had medication to support their needs, this was stored appropriately and information about the action to be taken by staff was documented. To support a consistent approach, the recording of medical information and the stepped approach to be taken by staff to support children, should be further reviewed. For example, some children with medical needs had separate health care plans and flow charts with an overview of information (**see area for improvement 1**).

Feedback from families included, "The staff are amazing, they know the children so well and work well to respond to their individual needs and work with the parents. The opportunities for play, activities and outdoor games are great. Management also very hands on and helpful" and "I like how happy my child is to see her key worker each week and talking about the staff at home, it makes me feel at ease knowing she's happy with the people she is with".

Mealtime routines had been developed to enhance children's experiences and help support a calm and relaxed approach. Older children could choose when to have their snack and there were two sittings for lunch to support their choice of when to eat and minimise the interruption to their play. For children in the baby room, they had their meals together. Staff sat with children during mealtimes and this supported social interactions, role modelling and assistance when needed. Staff were knowledgeable of how to keep children safe and this included minimising the potential of choking and ensuring any dietary needs were met. Mealtime routines provided children with the opportunity to learn new skills, encourage confidence and independence. For example, learning to feed themselves, use cutlery as well as older children being able to self serve some foods and pour their own drinks. At times, there were some missed opportunities for staff to extend their interactions with children when they became task focussed during mealtimes. Lunchtime routines should continue to be monitored with consideration made to providing further opportunities for older children to be able to self serve their foods from the table. When children have snack

outdoors, the presentation and location of this should also be enhanced. This would provide further opportunities to support staff interactions, for children to learn independence skills and enable a consistent and comfortable approach during all mealtimes.

Quality indicator 1.3: Play and learning

Children benefited from a variety of play and learning opportunities both indoors and outdoors. For example, construction, water play, story telling, play dough, climbing, forest walk experiences and the introduction of some loose parts play. This meant that children could lead their own play and make choices from a range of experiences. Effective use of questions and discussions by some staff helped support children's enjoyment and extend their learning experiences. For example, supporting children to confidently use the outdoor equipment and as well as learning to care for the animals on the premises.

Feedback from families about what their children liked included, "I like the bikes and Forest school", "Splashing in muddy puddles", "I love going on walks. I love playing with my friends" and "He would live outdoors and we were thrilled to recognise the plentiful opportunities to get out in the garden and with the animals. He has been out in the local community exploring parks and open areas, and I'm aware in future he will take part in woodland walks".

Staff skills and the planning approaches meant that children's play and learning experiences were responsive to their interests and life experiences. This included taking into account children's ideas, comments and learning during their experiences. Children's experiences and progress were assessed and evaluated on an ongoing basis by staff. As a result, children were engaged and focused during their play.

Feedback from families included, "I feel like my child's welfare, learning and development is cared for. There is a genuine care for my child and regular updates keep us informed, whether this is at pick up every day or via the Family app using observations". Feedback about what families would like included, "More pictures and observations. More information on activities done during the day" and "Maybe more time exploring the community".

We identified that some children's online information and photographs about their achievements and next steps for learning were limited. The service was committed to improving their approach to evaluating and sharing children's learning and next steps for development with families. Further information could also be shared with families about the daily experiences and opportunities within the playrooms each day. This would help ensure all families were kept up to date with information about their child's play, learning and experiences in the setting.

Children's skills in literacy and numeracy were supported and developed through a variety of opportunities as well as skilled interactions by staff. For example, story telling, measuring, rhymes and songs. Support was also in place for families to use the lending library and attend sessions to further support storytelling and literacy at home.

Areas for improvement

1. To support children's health and wellbeing, there should be a consistent approach to the documenting of personal plan information and any medical or medication needs. This should include the recording of any updated information, reviews carried out with families and the action to be taken to support children's individual needs.

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

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

Children benefitted from a welcoming environment which was warm, well furnished and comfortable. There was also plenty of natural light and ventilation to support children's wellbeing. Children's safety was maintained as there was a secure entry system to the playrooms and the garden was fully enclosed. However, children's and staff's safety would be further improved if the entrance to the building was also more secure. This would enable staff to monitor who was entering the foyer and further reduce the potential for children to exit the building at busy times.

There was a variety of experiences and resources for children indoors which reflected children's stages of development, interests and curiosities. Spaces were well presented with cosy comfortable places to sit and relax in quieter spaces of the room. Providing additional areas in the playrooms for independent use would support children to self-regulate and have time away from the busy playroom.

Children's health and wellbeing was supported as they had the opportunity to have fun and be active outdoors throughout the day. The outdoor areas had continued to be developed and offered sheltered spaces and the areas that tended to flood in wet weather were monitored to ensure safety. Children could choose from a variety of different play types and experiences including looking after the animals, bikes, planting and harvesting, climbing and the introduction of loose parts play. Feedback from families outlined what their children enjoyed including "Looks like they utilize the outdoor space well even in rainy weather kids are out playing in puddles etc all in rainwear etc which is fun to see they are enjoying it!", "My child enjoys visiting the animal garden and helping to collect the eggs from the chickens" and "My child loves to play in the nursery garden, there is lots of choice for him and he loves the swing, climbing frame and trampoline".

Staff were vigilant when children needed support during their play including reminding them of the boundaries and how to use the equipment outdoors safely. Staff also supported children to learn about risks including how to interact safely with the animals. Further involving children in the daily outdoor risk assessments could help them to learn more about identifying risks and keeping themselves safe.

Written risk assessments had been carried out for the environment and for activities such as Forest Kindergarten experiences. This helped identify possible risks and how these would be minimised. Any issues identified with the environment or resources were recorded for the necessary action to be taken. For example, the art easels were currently being refurbished. However, some planned maintenance needed to be progressed more quickly. For example, replacing the damaged coverings on the trampoline and ensuring bike helmets were in place for older children. Plans to keep children safe until actions were completed should be clearly recorded to ensure that this would be consistently implemented by all staff. Developing information and updating risk assessments would help staff identify any further potential risks and maintain positive experiences for children.

Infection prevention and control practices such as regular handwashing helped support children's health and wellbeing. Staff reminded older children to do this throughout the day and younger children were supported with handwashing routines after personal care routines as well as before and after eating. To ensure handwashing could be quickly and effectively carried out, we identified that children in the baby room would benefit from having additional handwashing facilities within the playroom. The manager of the service reflected on this feedback and to consider this as part of the ongoing changes to the environment.

Staff were responsible for the cleaning of the environment. We identified some areas of the nursery would benefit from additional maintenance and cleaning throughout the day. For example, the outdoor cabin which was used for both play experiences and sleep routines for older children. The nappy changing areas also needed attention to detail to ensure these were effectively cleaned and maintained. The manager was reflective of this feedback and to provide further support including prompts for staff to ensure consistent cleaning practices.

Refurbishment had taken place to improve some nappy changing areas and toilet facilities in the nursery. However, we identified that further improvements were needed to the nappy changing facilities used for children over three years of age and for babies. Improvements would further support children's comfort, health and wellbeing. Reflective discussions with the manager took place including their planned approach to developing the baby changing area and handwashing facilities. In the interim, the manager and staff took action to improve the cleanliness and the layout of the spaces including removing stored items (**see area for improvement 1**).

Areas for improvement

1.
To ensure children's health, safety and comfort, a consistent planned approach to the risk assessment, cleaning and maintenance of the environment should be developed. This should include but is not limited to, improving nappy changing and handwashing facilities in line with best practice guidance.

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 5.22).

How good is our leadership?

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 3.1: Quality assurance and improvement are led well.

There was a shared vision, values and aims for the service and these as well as training helped to inform staff practice. Children's views and opinions about their care, play and learning were valued by staff and as a result, children were respected and included. Feedback from families about their involvement in the nursery included, "Frequently asked to participate in planning and special interests via the app", "The nursery send out questionnaires asking opinions and they act on the data and comments they receive" and "Very open, transparent and collaborative environment".

Families also had the opportunity to be involved in the service through family sessions including story and song sessions. An improvement plan identified the priorities for the ongoing development of the pre-school room as the nursery was in partnership to provide early learning and childcare with the local authority. Including plans for development for the playrooms for children under three to demonstrate to families the plans for continuous improvement. This information along with online news updates and surveys helped ensure that families were kept up to date and had the opportunity to influence change within the setting.

Quality assurance processes supported the manager and staff to assess and reflect on what worked well in the service and identify areas for development. For example, sharing of best practice documents, discussion through team meetings, visits to other settings and audits including mealtimes, accidents, medication and room assessments. Continuing with their self evaluation processes including further audits of the environment and routines of the day would assist the manager and staff to assess outcomes for children and ensure that any positive changes made would be sustained.

To ensure children's safety, recruitment processes were completed for new staff prior to them starting in the service. Staff inductions and training also helped ensure staff knowledge and awareness of their role and responsibilities including the safeguarding of children in their care. This meant that new staff knew who to contact in the event of any concerns.

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

Staff worked well together as a team, communicated their movements and modelled respect towards each other in their interactions. Feedback we received from families about the most positive aspects of their child's experiences included, "The exceptional staff and everything they do that has made my child and myself feel so settled and happy. The joy they bring my child and the opportunities he has at this nursery that he talks about the rest of the week" and "The staff. All the staff we have dealt with are friendly and know our child well. Our child goes in to nursery happy and comes out happy" and "That she is cared for in a calm nurturing environment by experienced and friendly staff who understand her needs and show a genuine interest in her wellbeing".

While the service had experienced staff absences, the service was committed to promoting continuity for children. For example, staff deployment considered the right mix of staff skill set and experience. The management team also helped to cover staff absences and busy times of the day when needed as well as additional staff support from within the organisation. This should continue to be monitored by the manager and staff to ensure the effectiveness of staff deployment to provide consistent care and experiences throughout the day. For example, taking further account of the size and layout of the outdoor environment as well mealtimes and personal care routines. This could help identify any potential gaps or any additional support that may be needed to help children reach their full potential including any individual strategies of support .

Staff names and photographs were displayed in the foyer to assist families to get to know who was caring for their child. However, feedback we received from some families indicated that they did not always agree that there was enough staff in the setting. The service were reflective of this feedback and we discussed

the importance of ensuring that staffing information shared was reflective of the staff within the rooms throughout the day. This would help families to know who was caring for their child and reassure them that appropriate staffing levels were in place.

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

It is recommended that adult led routines, including nappy changing and mealtimes, are reviewed and amended to minimise their negative impact on children's play and learning.

This would ensure that care and support is in line with the Health and Social Care Standards which state: 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 July 2019.

Action taken since then

Staff were respectful of children's choice and respectfully carried out nappy changing routines during a natural break in the session such as coming in from the garden. In addition to this routine, nappy changing was also carried out when needed and responsive to children's choice. Where children did not want to be changed, this was respected until they were ready. For example, one child wanted their lunch first and then their nappy was changed.

Older children could choose when to have their mealtimes and this minimised the impact of interrupting children's play. Lunchtime routines for younger children were responsive to their sleep routines and therefore took place earlier in the day.

This area for improvement has been met.

Previous area for improvement 2

It is recommended that a systematic approach to risk assessment is developed. This should include:

- specific risk assessments which reflect the environment and activities of the service
- involvement of staff in the risk assessment process
- processes which ensure all staff are fully aware of risk assessments and implement necessary control measures.

This would ensure practice is in line with the Health and Social Care Standards which state: My environment is safe and secure (HSCS 5.17).

This area for improvement was made on 3 July 2019.

Action taken since then

Written risk assessments had been developed for the environment and for key activities such as Forest Kindergarten, outings and children's access to animals on the premises. This helped identify possible risks

and how these would be minimised.

Staff also carried out ongoing visual assessments of the premises to help identify any maintenance issues which were reported to the manager for action to be progressed.

This area for improvement has been met.

We have outlined in this report under How good is our setting? the ongoing progress needed to support the risk assessment processes. For example, further prompts to help staff consistently and effectively monitor the environment and resources.

Previous area for improvement 3

It is recommended that the layout of the playrooms and the resources available are reviewed. Consideration should be given to the following:

- increasing the number for natural resources and minimising plastic resources
- the presentation of resources to ensure children can see what is available and can access resources independently
- build on good practice in the outdoor areas by extending loose part and open ended resource availability indoors
- best practice regarding cross-curricular learning in the 3 - 5 years playroom ensuring children can explore concepts throughout the room and move away from designated areas for literacy and numeracy.

This would ensure practice is in line with the Health and Social Care Standards which state: As a child, I can direct my own play and activities in the way 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 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 July 2019.

Action taken since then

Since the previous inspection, the layout of the rooms had resources and continued to be developed to support children's interest, curiosity and choices.

Each room had direct access to their own outdoor area with a variety of experiences and resources to promote curiosity, imagination and choice of different play types. In addition, children could also experience caring for the birds and animals, collecting eggs and harvesting foods from planting and growing opportunities.

Audits to support numeracy and literacy in the playroom had also helped identify areas to develop within the play areas and this was ongoing. The use of best practice documents had also facilitated the ongoing quality assurance and self evaluation of the individual playrooms and experiences for children.

We have deemed this area for improvement as met.

We have outlined in this report under How good is our leadership? the ongoing development of the quality assurance processes to help the service evaluate the progress and impact on outcomes for children as a result of any changes made. This would help assess if changes made were having a positive impact and effectively sustained.

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?	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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