

Hollytree Childcare Ltd

Day Care of Children

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Cambuslang
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Telephone: 01416 420 094

Type of inspection:
Unannounced

Completed on:
21 August 2024

Service provided by:
Hollytree Childcare Ltd

Service provider number:
SP2020013527

Service no:
CS2020380074

About the service

Hollytree Childcare Ltd is registered to provide a daycare service to a maximum of 74 children not yet attending primary school at any one time. There are 144 children registered with the service.

The nursery is situated in a quiet residential area of Cambuslang, South Lanarkshire. Care is provided in two buildings which contain four separate playrooms; two playrooms are for babies aged 0-2 years. Children attending the service also have access to an outdoor play area. The service is close to local amenities including parks, shops and primary schools.

About the inspection

This was an unannounced inspection which took place on 19 and 20 August 2024 between 09:00 and 18:00.

Feedback was given to the provider and management team on the morning of 21 August 2024. The inspection was carried out by two inspectors from the Care Inspectorate. A team manager was also present as part of the Care Inspectorate's quality assurance processes.

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 30 children using the services and two of their families
- reviewed 13 questionnaire responses on the quality of the setting from parents whose children attend the service.
- spoke with 18 staff and management
- observed practice and daily life
- reviewed and sampled documents.

Key messages

- Children could make choices to play indoors or outdoors throughout the day. They were having fun and engaged in a variety of activities.
- More skilful questioning from staff would maximise and extend children's play and learning opportunities. This could support children to make progress in their learning.
- Medication procedures must be improved to ensure children's health and medical needs are met while attending the service.
- Staff worked well as a team and strived to meet all children's individual needs.
- Some positive strategies were in place to support individual children.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	3 - Adequate
How good is our setting?	4 - Good
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, where strengths only just outweighed weaknesses.

Quality Indicator 1.1: Nurturing care and support

Overall, children were settled and happy. Some children were settling into the service or moving to a new room and were upset. They benefitted from the nurturing interactions of staff. We observed staff cuddling children who were upset, reassuring and praising them. Staff supported children to explore and discover their new environment, enabling them to lead their own play. Staff were responsive to children, rocking some children to sleep, supporting them in play experiences and praising children's achievements. This contributed towards children feeling safe and secure.

Personal plans which detailed children's individual care and support needs were in place for all children. These were reviewed with families at termly parent's evenings. Some personal plans did not accurately reflect children's needs and how they would be supported. For example, children's routines to support safe sleeping had not been recorded in plans. We asked that more detailed information be recorded to ensure children's personal plans were an accurate reflection of their current care and support needs. This included sleep routines for babies and more meaningful, detailed next steps for children. This would ensure the service were clear about individual children's care and support needs and how these would be met. (See Area for Improvement 1).

Staff had built strong links with external agencies to support individual children when needed. This supported children to receive the right support at the right time.

Babies and younger children enjoyed a calm and nurturing lunchtime experience. Staff sat beside those who were in highchairs to provide suitable supervision and support a sociable experience. On the first day of inspection, children aged 3-5 years were not adequately supported or supervised. This meant that staff were not well placed to respond to an emergency, such as choking and increased the risk for children. We asked that staff sit alongside children as they ate. This would help keep children safe and encourage a more sociable lunchtime communication.

Some children were expected to wait in large groups before being asked to queue to collect their lunch. This was too long for children to wait and, as a result, some children were restless. Mealtime observations on the second day of inspection were more positive. Children were calm and engaged with staff. We asked the management team to review the lunchtime routine to ensure a more consistent and relaxed, sociable experience for children. Food served to children was too hot which put them at risk of burning their mouths. We highlighted the importance of monitoring the temperature of hot food and asked staff to ensure food is adequately cooled before being served to children. (See Area for Improvement 2).

Children who attended nursery in the afternoon were provided with a light snack. We asked the service to review this to ensure that children attending in the afternoon could access a more substantial snack. To support this, we signposted the service to nutritional guidance, "Setting the table" and the Care Inspectorate's mealtime practice notes. Since the inspection visit, the manager submitted an improved afternoon snack menu. This could offer children more substantial healthy options and choice.

Staff discreetly approached children when carrying out personal care, promoting dignity. They were vigilant in changing children when required as well as at regular times. This ensured the children were comfortable as personal care mirrored home routines. Children were confident in their interactions with staff and each other. A child told us, "I like the ladies. They are kind."

Emergency medication was not always in place and some children's records did not accurately reflect their medical needs. For example, information about allergies had not been updated, creating confusion. During discussions, staff were unclear about the health needs of individual children. This put children's health and wellbeing at risk. We were satisfied that the manager took immediate action to address some of these concerns. To consistently ensure children's health needs are met, they should sustain this and embed in practice. Therefore, we have made a requirement. (See Requirement 1).

Quality Indicator 1.3: Play and learning

We acknowledged that some children were settling into nursery or moving into new playroom environments during our visit, which meant they were unsettled. Children could choose from a variety of resources to support their curiosity and creative thinking, both indoors and outdoors, with staff support as required. For example, children could play with puppets in the home corner, and a variety of natural, open-ended materials supported children to use their imagination. As a result, most children were happy and confident in making choices of where to play and what to play with.

There were opportunities for sensory and schematic play. This happens when babies and young children are involved in repeated actions as they explore the world around them. Examples included young children exploring shiny balls, rolling them and looking at their reflections. Staff played alongside children exploring and identifying emotions, for example making happy faces. This encouraged children to participate and created smiles and laughter. Other children were filling and emptying containers of water, bark and leaves which supported measurement and early numeracy development. Staff should continue to develop this for babies in the outdoor area to enhance their learning and development.

We saw children taking turns, problem solving and developing a sense of achievement when directing their own play. For example, they had devised their own game and were throwing balls to catch in a box. Visitors to the nursery supported children's learning and development. For example, a football coach supported 3-5 year olds to develop their physical skills. Children under three years were supported through imaginative and creative sessions, with resources to help develop skills in language, literacy and numeracy. During this session, children enjoyed sharing books, reciting rhymes, songs, counting, matching, puzzles and using a variety of resources to fully engage in the imaginative experiences. These opportunities encouraged friendships and trusting relationships between children and the staff team and promoted children's language and literacy development in a fun way.

Children had opportunities for daily outdoor play. Some children were risk taking and achieving their goals using a climbing wall and large loose parts, which are everyday objects that can be used in a variety of imaginative ways. This promoted active, physical play and opportunities to be out in the fresh air.

Children used connecting straws imaginatively and collaboratively to create models and had fun investigating the properties of magnets throughout their playroom. This supported their numeracy and negotiation skills. There were some missed opportunities by staff to extend and challenge children's play and learning experiences. We suggested that staff should use more open questions to encourage problem solving. This would encourage children's thinking.

Floor books recorded planning and children's play and learning activities. This was displayed through photographs and written records. Staff did not use these to extend children's learning experiences. To assist with planning, monitoring and evaluating children's learning, we suggested that staff develop floor books further, to include parents and carers, which would support children to make progress in their learning.

Requirements

1. By 18 November 2024, the provider must ensure safe storage and administration of medication to support children's health and wellbeing.

To do this, the provider must, at a minimum:

- a) ensure all required medication is stored in the premises at all times the child is in attendance.
- b) have clear records about children's allergies, including the signs, symptoms and actions to be taken in the event of an allergic reaction
- c) ensure all staff are aware of the medical and health needs of individual children.

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

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

Areas for improvement

1. To support children's wellbeing, learning and development, the provider should ensure children's personal plans reflect their needs. This should include, but not be limited to, recording children's care and support needs and how they will be met in practice.

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).

2. To promote children's health and wellbeing, the provider should ensure that children have a safe eating experience. This should include, but is not limited to, ensuring children are supervised when eating, and meals are served at a safe temperature.

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

Quality Indicator 2.2: Children experience high quality facilities

The setting was comfortable, well furnished and provided a welcoming space for children. Playrooms were spacious and well-ventilated with plenty of natural light. Staff had created a homely atmosphere for children with relaxation areas in all playrooms. They also had an outdoor "HUB". This was a cosy and calm environment. Children used this space to read and sing together, participated in mindfulness and yoga sessions. This helped children feel emotionally secure.

The service had a variety of safety measures in place such as risk assessments, and they actively used the Care Inspectorate's keeping children safe guidance. This demonstrated their awareness that the safety of children was paramount. During play, staff supervised children well. This ensured they were accounted for at all times. Accidents and incidents were recorded and shared with parents. We asked management to monitor accident and incident records to identify commonalities and put safety measures in place. This would contribute to children's safety and wellbeing.

Infection prevention and control procedures helped to minimise the spread of infection. For example, staff used aprons and gloves when carrying out personal care, and children washed their hands at key times such as before lunch and after playing outdoors. This helped keep children safe. We advised that some items should be stored more safely and hygienically. We were satisfied that staff took immediate action to address this.

There was a secure entry system to the building with fob access and alarms. Outdoor areas were safely fenced off with secure gate closures. This prevented unauthorised people from coming into contact with children which helped keep them safe.

Children's personal information was stored securely. Appropriate systems were in place to manage electronic information. This was in line with general data protection requirements and ensured safety and confidentiality.

How good is our leadership?

3 - Adequate

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

Quality Indicator 3.1: Quality assurance and improvement are led well.

We identified gaps in auditing which compromised children's safety. For example, we made a requirement (under quality theme 1.1) in relation to the safe storage and administration of children's medication. Other areas such as children's mealtimes, personal plans and monitoring of staff practice required a focused approach to identify areas for development and improve outcomes for children. (See Area for Improvement 1).

We reviewed staff recruitment files. All procedures had been followed for safe recruitment. This contributed to ensuring the right people were working and caring for children. New staff were making use of the national induction resource to support them in their roles. This enabled them to be confident and informed in their roles and responsibilities. We spoke to new members of staff who told us they enjoyed the induction. One member of staff said, "Staff and management were supportive."

Staff caring for children were registered with the Scottish Social Services Council which is the regulatory body responsible for registering the social care workforce. They provide public protection by promoting high standards of conduct and practice and support the professional development of those registered with them. This ensured the right people were working with children.

All stakeholders were consulted and created a vision, values and aims statement for the service. This was displayed within the setting for families and visitors. This reflected the commitment and high aspirations for children, families and stakeholders.

The manager had identified some priorities in the nursery improvement plan. For example, the development of a designated garden for the youngest children, and the use of the nearby woodland area. These improvements would extend outdoor learning experiences for children. The manager should continue with these plans. We asked the manager to review the service improvement plan to include areas for development highlighted during the inspection process. This would ensure good outcomes for children and families.

Areas for improvement

1. To ensure children's health, wellbeing and safety, the manager should further develop robust quality assurance systems to identify and respond to gaps in practice, and support continued development and improvements.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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 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 developed their practice through attending training sessions and reflecting on their practice. This supported children's progression and interests. Careful consideration had been given to the skills, knowledge, and expertise of the team when identifying leadership roles. Each member of staff had a leadership role that focused on providing extended opportunities for children. One example included a staff member championing mindfulness who had participated in training and shared this knowledge with the staff team. This contributed to children's experiencing positive wellbeing.

The service was appropriately staffed and, overall, supervision ensured children were safe. Staff were mostly deployed well across the day. They communicated with each other often, such as when transitioning children from indoors to outdoors. This enabled children to feel secure in their environment. Staff shifts and breaks were flexible which helped to minimise impact on children and provided continuity of care.

At times, we observed staff using their initiative and decision-making to improve outcomes for children, such as when different age groups of children were learning outdoors. We asked that staff develop their use of effective questioning to support children's thinking. To support this, we signposted staff to best practice guidance, "Realising the ambition - being me."

Arrangements were in place to include families in the service. Daily verbal feedback and information on a digital information app ensured parents were informed about their child's day at nursery. One parent told us, "The updates we receive from staff every day at pick up are great, and the observations on the Family app are great too. We also discuss their personal care." Parents' evenings and "stay and play" sessions offered additional opportunities for parents to spend time in the nursery with their children. A parent stated, "We had parents' night and a meeting before school." This supported positive relationships with families and helped to extend children's learning.

Staff relationships were respectful and nurturing. This was evident in the playrooms where they worked well together as a team. A staff member told us, "We care for each other. We are just like a big family." Children told us, "I like the ladies. They cuddle you if you are sad. They sing songs." A parent stated, "Staff are very friendly and easy to approach with any matter. You can tell they have a great relationship with all the children and provide a lot of details." This supported children's wellbeing.

There was a mix of qualifications, skills and experience within each of the playrooms. The staff team had attended various training sessions, for example, first aid, child protection and mindfulness. They should continue to develop their skills to support good outcomes for children and families.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To help ensure children experience a stimulating, safe and well managed setting, management and staff should regularly audit the environment. This should include, but is not limited to, ensuring high quality resources are available indoors and outdoors to support natural curiosity, creativity and imagination, in a safe and well maintained environment.

This is to ensure care, play and learning is consistent with the Health and Social Care Standards (HSCS) which states 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 to my age and stage, which stimulate my natural curiosity, learning and creativity.' (HSCS 2.27); and 'My environment is safe and secure' (HSCS 5.19).

This area for improvement was made on 23 August 2023.

Action taken since then

Children could freely access a wide range of experiences and resources suitable to their age and stage of development. This stimulated their natural curiosity, learning and creativity. The building was safe and secure.

This area for improvement is **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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
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?	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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