

Mid Gavin Nursery Day Care of Children

Mid Gavin Lodge
Beith Road
Howwood
Johnstone
PA9 1DL

Telephone: 01505 843 953

Type of inspection:
Unannounced

Completed on:
9 October 2024

Service provided by:
Mid Gavin Nursery Limited

Service provider number:
SP2009010310

Service no:
CS2009195007

About the service

Mid Gavin Nursery is a daycare of children service in the rural area of Howwood, Johnstone. It is close to green spaces, local village shops and amenities.

The service is registered to care for 21 children aged from zero up to two years of age, 25 children aged from two to three years of age, and 64 children aged from three years of age to not yet attending school. During the inspection, there were 49 children attending on the first day, and 45 on the second day.

Within the main building, children are cared for across four playrooms. They have access to three outdoor spaces. There is an additional building with a staff space and play spaces to support children's physical health and wellbeing.

About the inspection

This was an unannounced inspection which took place on 8 and 9 October 2024. 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 using the service
- spoke with staff and management
- reviewed 34 completed questionnaires from staff and families
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were kind, caring and nurturing in their approach to caring for children.
- Children benefitted from personal planning processes that supported their needs.
- The provider, staff and management had made some changes to the environment that made it homely and welcoming.
- The manager was knowledgeable about the aspects of the service that required improvements.
- The administration of medication should be improved to support children's health needs.
- The staff and management should continue to work towards their plans to improve communication with families, particularly around children's learning and development.
- The staff and manager should improve the approach to risk assessing children's play environments.
- The provider should improve the staff deployment to be more outcome focused.

From this inspection we evaluated this service as:

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

How good is our care, play and learning?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate

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 different parts of this key question as adequate and good, with an overall grade of adequate, where strengths just outweigh weaknesses.

Quality indicator 1.1: Nurturing care and support.

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

Staff were warm, kind and caring in their approach towards children. They were friendly and had established meaningful relationships with children and most families. They took time to listen and respond to children sensitively. The majority of parents provided positive feedback about the relationship staff had with them and their children. One person said, "Can tell they care about how my child is doing." Another said, "Staff are welcoming and easy to talk to, they are knowledgeable about my child and the care that he needs/receives." This supported children and families to feel nurtured, valued and respected.

Children benefitted from an unhurried, social lunchtime with staff and their peers. Staff were aware of children's allergies and dietary requirements and catered for these carefully. Older children had increased opportunities to be independent. For example, they self-served their own food and drinks and cleared away their own crockery and cutlery. We discussed with the management team how further enhancements could be made to lunchtime experience for younger children. For example, children in highchairs would benefit from staff sitting at eye level with them. Additionally, children in the two-year-old age group could have more opportunity to be independent. This would further enhance the lunchtime to be more supportive to younger children's development and wellbeing. We signposted the management and staff to Care Inspectorate guidance 'Food Matters' to support them to make the improvements.

Staff and management had made improvements to the personal planning process for children. Personal plans were in place for all children. They were reviewed and updated in partnership with children and families when information changed, and at a minimum every six months. Plans took account of the wellbeing indicators 'Safe, healthy, achieving, nurtured, active, respected, responsible, and included (SHANARRI)'. This meant staff could use the information recorded to respond quickly and sensitively to changes in children's lives.

Overall, children's emotional security, safety and wellbeing was supported through sensitive sleep time arrangements. Children were able to rest or sleep in line with their needs, routines, and preferences. Staff had taken part in safe sleep training, and the appropriate safe sleep checks were in place. To support children's safety and wellbeing, the management should continue with updating their policy and procedures to reflect the updated knowledge from their recent training.

We reviewed the procedures for the storage and administration of medication. Medication was stored safely and securely. The required dosage was not recorded clearly or accurately. This had potential to cause confusion and did not record the correct information for staff to meet children's medical needs safely. To support children's health and wellbeing, staff and management should ensure that all medication records contain the correct dosage, in line with the prescribed instructions (see area for improvement 1).

Staff worked with children, families, and other professionals to identify timely and supportive interventions

for children and families. The majority of parents who provided feedback agreed with the following statement: 'Overall, I am happy with the care and support my child receives in this setting'. Children with additional support needs had plans in place with strategies to support them. We concluded staff worked effectively with families and supporting agencies to ensure children got the support they needed to reach their full potential.

Quality indicator 1.3: Play and learning.

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Children were involved in leading their own play through spontaneous learning opportunities. They had access to resources throughout all playrooms that supported their curiosity and imagination including loose part play materials. Staff supported children's independence, literacy, and numeracy skills throughout their interactions. For example, we observed children being encouraged to count and sing throughout their day. This meant children were happy and engaged in their play while developing their skills.

For older children, planned learning approaches were child centred. Staff planned in response to children's interests and stages of development. For example, we saw children had an interest in animals, particularly domestic pets. Staff had set out resources attractively to support their interests. This included a vet's imagination corner and lots of books and resources about animals. This supported children's interests, and developed their skills through interesting play opportunities appropriate to their needs and stages of development. For younger children, staff told us they planned experiences in advance in response to children's interests. Some of the experiences planned and observed during the inspection were not age and stage appropriate. To support all children's development, staff should reflect on their approaches to ensure they are planning experiences that are developmentally appropriate for all children (see area for improvement 2).

The planning approaches were developing in the service. Some new approaches had been implemented and were at early stages. This included a planning wall where children, staff and parents could collaborate about the planned experiences for children. The majority of families answered, "very often" to the following statement, 'My child's development is supported through interesting and fun play experiences'. This supported the planning approaches to be collaborative, and fun for children.

Observations of children's learning were shared with families over an online app. We sampled observations and found they lacked in depth and analysis of learning. Additionally, the frequency of reporting to parents was inconsistent. Some parents suggested they would like to see more frequent updates about their children's learning and development. We found staff were keen to develop their skills and knowledge to improve the play and learning for children. They spoke positively about the further enhancements they had planned. This included improving the frequency and quality of recording children's learning to share with families.

Areas for improvement

1. To support children's health and wellbeing, the provider should ensure medication is stored and administered safely.

This should include, but not be limited to, ensuring medication records including permission slips are completed accurately, before children attend the service.

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

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. To support children's wellbeing, learning and development, improvements should be made to the planning for play and learning processes. Children's ideas, wishes and interests should inform planned play experiences, and they should be developmentally appropriate.

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

'I am supported to achieve my potential in education' (HSCS 1.27), and

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials' (HSCS 1.31).

How good is our setting?

3 - Adequate

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

Quality indicator 2.2: Children experience high quality facilities.

The provider, management and staff had made some improvements to the nursery environment. For example, some rooms had been freshly decorated in natural tones, new furniture had been purchased, old furniture renovated, and soft lighting added. This all created a homely atmosphere that supported children's wellbeing.

All play spaces were bright and benefitted from ventilation through open windows. Some play spaces felt cold at times. We asked the management and staff to monitor temperatures within play spaces to ensure they were comfortable for children.

The provider employed a maintenance/facilities person who was on site regularly to respond to maintenance issues. We reviewed maintenance logs and found where repairs had been recorded and reported to the maintenance person, they had been actioned swiftly. This helped keep children safe.

We observed staff using a checklist to risk assess the spaces available to children. Overall, the approach to risk assessing the environments was inconsistent and did not always support staff to work together to create safe environments for children. Risk assessments were broad and needed to be relevant to the current environments. Additionally, where staff had found hazards during their checks, they did not always share and record the control measures needed to protect children. For example, outdoor risk assessments needed to have clearer control measures for staff deployment in the garden. This would ensure all staff work towards the same shared control measures, to support children to play safely with adequate staff supervision across the large space. We acknowledged some risk assessments had recently been reviewed and the new proforma developed allowed for mitigations and control measures to be identified more clearly. This approach should continue to be imbedded (see area for improvement 1).

Overall, infection prevention and control was managed well within the setting. For example, children's personal care items were stored well, bedding was laundered well, and most staff and children carried out

effective hand washing. We highlighted to the manager staff's inappropriate use of personal protective equipment (PPE) at lunchtime. This impacted on effective handwashing. We asked the manager to review with staff the safe use of PPE to minimise the potential spread of infection. Staff's use of PPE had improved on the second day of our inspection.

We found the use of closed-circuit television (CCTV) to be fair, proportionate and protect children's dignity. It was only used for purposes that supported the delivery of safe, effective and compassionate care for children. The use of CCTV was clearly detailed within the CCTV policy. Children's sensitive and personal information was stored securely in locked cabinets. Staff had access to this to support the care of children. We concluded that children's information was securely stored and managed well.

Areas for improvement

1. To support children's health, wellbeing and safety, the manager should ensure children are cared for in a safe environment. This should include, but not be limited to, carrying out appropriate risk assessment of the environment to establish hazards, putting control measures in place, and sharing these with all staff.

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

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

'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.

The manager had a good approach to using the views of families to inform the planning and development of the service. We observed parents being welcomed into the service, staff spent time chatting with them about their children's days and gathering their views informally. Questionnaires had been issued to families. The questionnaires were focused on areas of practice the service had identified as needing support or improvement. The results had been analysed to measure changes and plan further improvements. For example, a questionnaire was issued around transitions to gather people's views around the approaches. As a result, the staff and manager had made some changes to make the process more supportive to children's individual needs. We concluded parents were being meaningfully involved to influence changes within the setting.

The staff and manager were working towards improving communication with families. They used many different methods including, online learning app, newsletters, displays, and email. We received mixed feedback about the effectiveness of communication from families. Some parents highlighted this as an area of practice that needed improved.

Comments were received, including:

"Better communication about changes i.e. staff changes, any improvements they are making. Learning journal updates can be sporadic. More in moment updates would be better."

"More staff feedback by way of an app, the system currently used is often used sporadically."

We shared this with the management. We acknowledged management had plans to work toward further enhancing communication about children's learning. Effective communication will support families to better informed about the life of the setting and its continuous improvements.

The service was led by an enthusiastic and knowledgeable manager. They had established good working relationships with the local authority supports including access to training. As a result, the improvement plan was being developed for the service and was meaningful. It supported staff to work towards the same goals to provide a quality play and learning for children. The manager should continue to develop the approach to improvement planning in partnership with staff, children and families.

The management team and staff carried out quality assurance and self-evaluation in line with their current action plan from the last inspection. Almost all the quality assurance and self-evaluation had brought about positive changes and improvements to practice that supported better outcomes for children. For example, staff and management had made changes to the personal planning process. As a result, the approach supported staff to have the correct information to meet children's needs well, and support children to reach their full potential.

How good is our staff team?

3 - Adequate

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

Quality indicator 4.3: Staff deployment.

We found staff worked well as a team. We observed staff communicating well with each other across the day as children moved around the service or required support for their care and learning. Some of the comments about the staff team we received included:

"Staff have always been fab."

"They are so kind and welcoming and friendly and always have patience for any questions I have or any needs my son has."

"The staff are lovely - very friendly, caring and approachable."

This contributed to a flexible and supportive ethos where staff supported each other, working together as a team to benefit the children.

The approach to staff deployment was not outcome focused. We noted points across the day where staff were stretched, and they did not have enough time to promote high quality outcomes for children. The manager worked in playrooms to ensure appropriate levels of staffing were in line with the minimum staffing to child ratios. This was having an impact on the experiences offered to children, continuity of care, and the managers time leading the service. For example, areas and playrooms had to be closed as there was not enough staff to safely supervise children across all areas. We acknowledge the service were actively recruiting to increase the flexibility across the staff team. Better staff deployment would increase the opportunities children have across the service and offer continuity, particularly at transition times.

Additionally, it would allow the manager more time to focus on managing, leading the service, and supporting continuous improvement (see area for improvement 1).

Staff caring for children were recruited safely and registered with the Scottish Social Services Council. They are the regulatory body responsible for registering the social services workforce. They provide public protection by promoting high standards of conduct and practice and support the professional development of those registered with them. We sampled staff recruitment files and found staff were recruited safely. This helped keep children safe.

There was a mix of staff skills and experience across the service. Some staff were newly appointed. Some staff were working towards qualifications to meet their registration requirements for SSSC. They were being supported by management through their training and qualifications. New staff were supported through an induction at the service. We concluded staff worked flexibly, supported each other, shared their skills, and worked as a team for the benefit of the children.

Areas for improvement

1. To support children's care, play, learning, wellbeing, and safety the provider should make improvement to the staff deployment.

This should include, but not be limited to, ensuring there is enough staff and management across the whole day to meet children's needs, and manage the service well.

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

'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' (HSCS 3.14).

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 all children receive nurturing care and support that is right for them and meets their needs. Effective use of personal planning should support children's overall wellbeing. In order to achieve this, the provider must at a minimum:

- a) ensure personal plans are developed for all children attending the service within 28 days of attendance
- b) ensure each child's personal plan reflects their current needs and sets out how these needs should be met
- c) ensure that plans are developed in partnership with parents and children (where appropriate) and are reviewed and evaluated at a minimum of six-monthly intervals or sooner where required.

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

This area for improvement was made on 10 August 2023.

Action taken since then

All children had a personal plan in place. These were created in partnership with children and families. They were updated regularly, and recorded the information that promoted children's wellbeing, safety, choices and needs. This supported staff to care for children in line with their needs.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that medication is stored and administered safely in line with Care Inspectorate's guidance, 'Management of medication in daycare of children and childminding services'. To do this, the provider should, at a minimum:

- a) ensure all medication is stored safely and in line with Care Inspectorate's guidance
- b) ensure medication parental permission and medication recording forms are completed accurately
- c) ensure an audit of medication stored on the premises is completed and implemented as part of quality assurance arrangements
- d) ensure an appropriate monitoring system is in place to regularly check medications.

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' (HSCS 1.24).

This area for improvement was made on 10 August 2023.

Action taken since then

The procedures and approaches for storing and administering medication were inconsistent. Medication was stored safely and in line with best practice guidance. However, some medication records were not completed accurately. This meant staff did not have the correct information to safely administer medication.

This area for improvement has not been fully met.

We have reworded this area for improvement to align with our current report writing guidance. See section 1: How good is our care play and learning, area for improvement 1.

Previous area for improvement 3

To support children's wellbeing, learning and development, improvements should be made to the planning for play and learning processes.

Children's ideas, wishes and interests should inform planned play experiences and should be evident within the observation, assessment and planning cycle. The provider, manager and staff should ensure that information about children's development and learning is consistently recorded and shared with parents.

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

'I am supported to achieve my potential in education' (HSCS 1.27), and

'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials' (HSCS 1.31).

This area for improvement was made on 10 August 2023.

Action taken since then

Some parts of this area for improvement have been addressed. For example, planning for older children was responsive to children interests, and stages of development. Further work is needed on other elements, such as, ensuring planning approaches are developmentally appropriate for younger children.

Therefore, we have created a new area for improvement in relation to this under key question 1: How good is our care play and learning, area for improvement 2.

Previous area for improvement 4

To ensure children have access to high quality play and learning environments which positively impact on their care, play and learning experiences the service should develop a long-term plan for improving environments. Action taken should include but is not limited to:

- a) Submit to Care Inspectorate a detailed plan for environmental improvements outlining timescales for improvements.
- b) Implement a system to record the repair, maintenance and removal of furnishings and resources which are worn and no longer fit for purpose.
- c) Ensure management and staff are confident with their responsibilities in reporting and recording maintenance concerns.

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

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

'I experience an environment that is well looked after and clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 10 August 2023.

Action taken since then

Staff and management had made improvements to the learning environment. For example, areas were warm and decorated homely with soft lighting and material. Damaged equipment had been removed, and where maintenance issues had been reported to the maintenance person they were repaired or replaced promptly. This helped keep children safe and supported their health and wellbeing. Please see section 2: How good is our setting, for more information.

This area for improvement has been met.

Previous area for improvement 5

The provider should demonstrate to the Care Inspectorate that the service has reviewed and developed monitoring and quality assurance arrangements to ensure the service is identifying areas of success and areas for further improvement. In order to achieve this, the provider should, at a minimum:

- a) improve communication methods with families to ensure all families are included within quality assurance processes and ensure that relevant information is shared with families timely. This will ensure all parents feel well informed
- b) ensure views are routinely sought from children, staff and parents on aspects of the service and that these views are used to inform improvement planning
- c) ensure self-evaluation processes are developed which include the introduction of formal systems that supports reflective practice across the setting
- d) ensure monitoring of staff practice, recordings and children's play and learning experiences is regularly carried out to identify any areas for further improvement. This should include but is not limited to; the quality of children's personal plans, learning journals and play and learning experiences and environments.

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

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

This area for improvement was made on 10 August 2023.

Action taken since then

The manager and provider had developed more robust approaches to quality assurance, self-evaluation, and improvement planning. Overall, this was having a positive impact on the outcomes for children. This supported them to share success and plan further improvements. Please see section 3: How good is our leadership, for more information.

This area for improvement has been met.

Previous area for improvement 6

The provider should ensure that staff deployment provides the right mix of experience and depth of knowledge to meet children's needs. To achieve this, the provider should, at a minimum:

- a) ensure the deployment of staff takes account of the staff qualifications and skills and consider routines and activities of the day and children's individual care needs
- b) ensure that all staff, including when internal promotions apply, receive an induction which supports them to understand what is expected of them in their role
- c) ensure staff deployment is consistent within all playrooms to support children to be cared for by staff that know them well
- d) ensure that when staff are unwell or sick, they are supported to remain absent from work in line with health protection Scotland's exclusion periods and until well and fit to fulfil the role they are recruited to
- e) where staff have a physical or health need which limits their abilities to fully fulfil their role, a robust assessment of risk is carried out to ensure the safety and wellbeing of the staff member and children in their care.

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

'I experience stability in my care and support from people who know my needs, choices, and wishes, even if there are changes in the organisation' (HSCS 4.15).

This area for improvement was made on 10 August 2023.

Action taken since then

Most parts of this area for improvement have been addressed. For example, staff who needed risk assessments in place had them, and staff were recruited and inducted well. Further work is needed on other elements, such as ensuring the right number of staff, including management, are available throughout the full day to meet children's needs, and run the service well. Please see key question 4: How good is our staff team, for more information.

Therefore, we have created a new area for improvement in relation to this under key question 4: How good is our staff team, area for improvement 1.

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	4 - Good
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.1 Quality of the setting for care, play and learning	3 - Adequate
How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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