

Stonefield Nursery & Out of School Care Day Care of Children

Congregational Church
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Telephone: 07886 914 934

Type of inspection:
Unannounced

Completed on:
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Service provided by:
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Service provider number:
SP2003001450

Service no:
CS2003006381

About the service

Stonefield Nursery & Out of School Care is located in Blantyre, South Lanarkshire. The service is registered to provide a care service to a maximum of 19 children aged between two and not yet attending primary school and 40 children of primary school age to 14 years old. There are currently 61 children registered with the service who attend on a flexible basis within the conditions of registration.

Children are cared for within Blantyre Congregational Church Hall. The service is close to shops, parks and public transport links. Children have access to enclosed play areas within the hall grounds and have established links with places in the local community.

About the inspection

This was an unannounced inspection which took place on 21 and 22 October 2024 between the hours of 09:30 and 17:30. Feedback was shared with the provider who is manager of the service on 23 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 15 people using the service and consulted with six of their parents/carers
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Most children were happy, having fun and were engaged in a variety of play opportunities, both indoors and outdoors.
- The provider and staff were kind and caring and knew children and families well.
- Personal plans were in place for all children. These should be reviewed and updated with children and parents in line with legislation.
- Following advice, snack and lunchtime experiences for children improved over the course of the inspection. Lunch and snack options should be reviewed to ensure they provide healthy, balanced options and are in line with current nutritional guidance.
- Procedures for staff recruitment must be improved and followed in line with legislation and safe recruitment policy and guidance.
- Staff deployment needs to be more effective to ensure consistency and continuity for children and staff throughout their day.

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

Quality indicator 1.1: Nurturing care and support

All staff were kind and caring, with most children experiencing respectful, nurturing approaches to their personal care and support needs. We observed younger children being cuddled as stories were read to them and older children chatting naturally with staff about their day as they returned from school. This created a relaxed, welcoming and nurturing environment for children and encouraged secure attachments between children and staff.

The manager and staff team knew children, their parents and families well. Parents were welcomed into the service to drop off and collect their children. Daily feedback was shared verbally with families along with regular newsletters and information on noticeboards. This built and maintained trusting relationships and included families in their child's day.

Personal plans were in place for all children as required and online journals were used in the nursery to share key information about the child's experiences and identify how the service would meet children's interests, development needs and next steps in play and learning. Advice was sought from external professionals where required, to support children who had additional support needs to enable them to reach their full potential. Strategies for children had been identified and these were in the early stages of implementation.

However, not all personal plans and learning journals we sampled had been updated recently or included all information in line with legislation. Reviewing and updating personal plans with families would ensure parents' views were included and respected for their child's care, support, play and development and all information was current.

The majority of parents agreed they were fully involved in their child's care, including developing and reviewing their personal plan. However, some disagreed. Comments included, "I am always updating their likes and dislikes", "I have always felt fully involved in my child's care whilst at nursery and can monitor my child's progress on their learning journal", where others added "Never knew about this at all" and "I've only filled in one form when they started and haven't seem much else about their plan or routine since then."

Plans were in place to include the child's voice more effectively. Examples included new sheets where older children could record their own needs, interests and what they wanted to find out about while attending the service. (See Area for Improvement 1).

Children had access to fresh drinking water throughout their session. This ensured children remained hydrated over the day. A rolling snack meant children could decide when to have their snack over a set period. We shared ideas to promote children's independence and ensure children were not waiting for any length of time. This included having food options in the centre of the table for children to serve themselves independently, rather than queuing or waiting for their table to be called to a serving area. We highlighted the importance of staff sitting alongside children as they ate.

This ensured children's safety from choking while eating, enabled staff to support children where required and created opportunities for relaxed conversation. The provider was receptive to our suggestions and we observed this working well on the second day of inspection.

To support a healthy, balanced diet for mealtimes and snacks and maintain a relaxed, sociable experience, particularly over lunchtimes we signposted the provider to updated nutritional guidance and Care Inspectorate mealtime practice notes to assist with this development. Positive mealtime experiences support child development, develop key social skills and healthy eating habits. Children told us, "I like fish fingers" and "I don't like broccoli", when eating lunch. Parents' comments included, "I don't really know much about the food being offered or if they have choices, but I know they always come back fed." (See Area for Improvement 2).

Medication was stored safely in designated areas. Immediate action was taken to ensure life saving medication which had expired or was due to expire this month was in place prior to the child returning to the service. Improved monitoring of medication would ensure all written information was clear and complete and all required medication was requested from parents and replaced in good time. We signposted the service to current medication guidance to assist them with this improvement focus. (See Area for Improvement 1 under Key Question 3 of this report).

The provider and staff team were clear on their roles and responsibilities for keeping children safe. Staff had child protection training relevant to their role and told us of the procedures they would follow should they have any concerns. This contributed to children's safety and wellbeing.

Quality indicator 1.3: Play and learning

Children in the out of school care were meaningfully and actively involved in leading their play and learning. They made choices of where to play and what to play with, either indoors or outdoors. To meet children's individual needs, staff recognised some children needed space to rest and relax after school, while others needed energetic, physical play and these opportunities were freely available to children. One child told us, "We can decide what we want to do. There's things out like the cars, drawing, books or go outside. I like to talk a lot and all the staff talk to me all the time. I've been coming here a long time and still really like it. The best thing here is the staff. They are so kind."

Children were engaged in a 'Cook School' activity where they chopped vegetables and prepared ingredients to make soup for the following day. Others went on a local litter pick or played ball games outdoors. Indoors children were painting, reading and participating with floor games and table top activities. Staff were respectful, supportive and responsive to children, which created a happy play environment. There were several opportunities for the children to link with places in the local community during term-time and school holidays. This included the local leisure centre, superstore and indoor bowling sessions at a nearby club. One child added, "We get outside a lot after school" and "I used to come every day and liked going to the indoor bowls. I wish they would change the days we go, as I'm not here every day now." The staff had worked closely with the club to ensure all children could access this popular activity during the term. Children told us about trips and activities they had taken part in over the school holidays. This took account of children's and families' views and provided extended play, fun and learning opportunities.

We acknowledged responsive and 'in the moment' planning was in the early stages of development within the nursery. Although staff were responsive to children, some activities were more adult-directed or the adult's choice. This included whole group story and singing sessions, the adults choosing which games to play or timetabled gym times in the hall.

We advised there should be more sensory and creative resources, such as sand, water, playdough, paints and associated resources freely available throughout the session. The provider was receptive to our observations and made changes to improve this over the course of the inspection. This enabled children to have more choice, less interruptions to their play and increased opportunities to lead and extend their play by the second day. Children told us, "That's my painting. It's stuck", "Look at me!", as they slid on the slide and "This is a red one. This is green", when comparing leaves outdoors.

Play experiences developed children's skills in language, literacy and numeracy. Examples included singing songs, reading stories, children creating their own stories, home link recipe bags and counting naturally with children throughout the day. More loose parts play materials, which are a collection of open-ended natural or manmade objects which children can use in many ways to extend their ideas and thinking, should be increased both indoors and outside. This would offer increased opportunities for imaginative and creative play.

Areas for improvement

1. To support children's care, support, learning and development, the provider should ensure children's personal plans contain all required information. These should be reviewed and updated regularly with children and families, in line with legislation.

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 support a healthy, balanced diet and provide relaxed, sociable eating experiences, the provider should ensure menu options and routines take account of current nutritional guidance and good mealtime practice notes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible." (HSCS 1.35).

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 service had exclusive use of the premises during their hours of operation. Secure entry systems meant staff were aware of any adults waiting to enter the premises, which contributed to children's safety. The corridor area offered cloakroom facilities for children to store their belongings. This let children know they mattered.

The nursery playroom had large windows and blinds for natural light and ventilation. This created a bright, welcoming environment. Children's individual artwork was displayed which valued their creations.

A newly refurbished book corner area with low shelving, couches, cushions and rugs created a cosy, comfortable area for children to choose resources, read stories, rest and relax. Due to limited space, some resources were stored away from the playroom. Systems had been developed to ensure staff could be responsive to children, for example, the introduction of smaller 'grab and go' boxes which contained different resources to meet children's requests. Labelling some storage boxes with words and pictures and creating a pictorial inventory book of stored resources would assist children in accessing some resources independently and indicating choices.

Children could access outdoors independently from the playroom. This fully enclosed area offered a balance of fixed apparatus such as a ramp, climbing frame and balance beams for active, energetic play and a summer house for various activities including planting, exploring nature and sensory experiences. We discussed where some areas, both indoors and outdoors, should be reviewed and better resourced to ensure spaces reflected children's current interests and curiosities, with a sufficient and varied range of resources. This would support, develop and challenge children's play and learning.

Children's toilets were easily accessible from the playroom and outdoors. Due to the limited toilet space, there were no designated nappy changing areas or changing units within the building. The service had risk assessed the options available to them to minimise risks, ensure children's privacy and dignity and to take account of infection prevention and control guidance. We highlighted best practice procedures and shared current nappy changing guidance which providers must take account of. This would assist with toilet and nappy changing area adaptations and contribute towards children's health and safety. We will continue to liaise with the service for this improvement. (See Area for Improvement 1.)

Children of school age had use of the large hall and an enclosed outdoor area to the front of the building. Display boards with information about the out of school care and children's artwork was permanently displayed in the hall. This shared the message that children's work was valued.

Staff recognised the needs of different children, for example the importance of energetic play or the need to relax after school. Therefore, there was a balance of indoor and outdoor activities daily, both physical and relaxing, in response to the children's needs and wishes. A cosy corner with cushions and rugs offered a comfortable area. Children told us, "We can just lie here for a wee while. I'm usually really tired after school."

Children had ample space to take part in a variety of activities and could request alternative resources from a well-resourced cupboard within the hall. One child told us, "We have lots of space to play here. The staff change it about sometimes and half the hall, so that we can do different games, like skipping or ball games. That's one of the good things about here."

Infection prevention and control procedures and hand hygiene were followed by most staff and children. Areas, resources and toys were clean and in good condition. A new kitchen supported a clean, safe environment to store, prepare and serve food from. We advised where hand hygiene could be improved in areas where there were no handwashing sinks available. This was in line with good infection prevention and control practices and supported children's health and safety.

There were systems in place to log any repairs or maintenance issues to the church who let the premises. The majority of repairs were addressed timeously, which supported a safe environment. Although systems were in place to ensure all drivers and their vehicles were insured and roadworthy, not all information was completed or up-to-date.

(See Area for Improvement 1 under key question 3).

Children's personal plan information and online journals were stored and managed safely in line with general data protection requirements (GDPR). The service was registered with the Information Commissioner's Office (ICO) to ensure they were fully informed and complied with their responsibilities in protecting children and families personal information.

Areas for improvement

1. To ensure children's health and safety, to be in line with current infection prevention and control and updated nappy changing guidance, the provider should ensure nappy changing facilities, procedures and associated resources are improved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.18).

This is to ensure nappy changing facilities take account of Care Inspectorate's current guidance, 'Nappy changing for early learning and childcare settings (excluding childminders)' Publication date: July 2023 (updated February 2024).

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

The provider was also manager of the service. They worked well alongside the staff team to create a welcoming, nurturing environment for children and their families. Parents were welcomed into the service each day, which forged strong relationships with staff and included parents in their child's day.

An improvement plan with key priorities was shared with families and staff. Recent consultations had included a review of the aims of the service, service priorities, suggestions of places to visit over the school holidays and parents preferred methods of communication.

Results of consultations were displayed for families. One example for preferred communication had resulted in a split decision and newsletters were now available online and in paper format. Our online survey results showed that 50% of parents agreed and 50% disagreed that they were involved in a meaningful way to develop the service. One parent said the service "Keep me well informed and up to date with any information."

There were some significant gaps and inconsistencies in the procedures followed for safe recruitment and ensuring staff registration with relevant regulatory bodies, such as the Scottish Social Services Council (SSSC) and the General Teaching Council (GTC). Although applied for, a satisfactory Protecting Vulnerable Groups (PVG) Scheme membership certificate had not been received, prior to one member of staff starting to work with children in the service. Two members of staff were not registered with the SSSC, as required. To ensure children's safety, the provider was asked to put a satisfactory risk assessment in place for each member of staff as a temporary measure and adhere to safe recruitment guidance and the responsibilities of an employer going forward. (See Requirement 1).

Further improvements included having more robust monitoring of medication, expanding accident and incident records, completing in full and maintaining driver and vehicle records and introducing a robust system to ensure the manager and staff knew the total number of children in each playroom at all times throughout the day. These all had implications for children's safety. (See Area for Improvement 1).

We acknowledged there had been recent changes in the staff team and changes to core staff working within playroom each day. This meant some staff were still building their confidence, knowledge, skills and practice. Champion roles were being introduced for some individuals to develop specific areas. One example was the introduction of a SIMOA elephant and associated resources, to support safety within the service. This was a Care Inspectorate initiative to raise awareness about risk assessing and keeping children safe while at nursery and in the community.

We advised a system of review and update of policies was required. Some policies were out of date or not required in a daycare of children service. The manager agreed to devise a system prioritising core policies, including staff and children in the review. This would offer additional opportunities for staff and families to be included meaningfully in the service development.

Requirements

1. By 29 November 2024, the provider must ensure safe recruitment systems are improved and implemented in line with current safe recruitment guidance. This is to ensure children's safety.

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

- a) ensure a clear Protection of Vulnerable Groups (PVG) certificate is received prior to staff starting to work with children in the service
- b) create and maintain an overview record of all staff registration status with Scottish Social Services Council (SSSC) or General Teaching Council (GTC) as applicable
- c) ensure all staff are registered with relevant regulatory bodies, either SSSC or GTC within timescales, as required.

This is to comply with section 7(1) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24).

Areas for improvement

1. To ensure children receive high quality care and support, the provider should ensure more robust monitoring systems are completed and maintained.

This is to ensure that 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?

3 - Adequate

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

Quality indicator 4.3: Staff deployment

A noticeboard with staff photographs and their role informed and included parents and children about who worked in the service. We recognised there had been recent staff changes and unplanned absence, particularly over the first day of the inspection. This meant additional staff were asked to cover within the setting or change which age group they worked with at short notice, which had an impact. We also acknowledge the retention of staff had been challenging for many services within the early years and out of school care sector.

There was a mixture of skills, knowledge and experience across the staff team. Staff were kind, caring, flexible and supportive of the manager and their colleagues to ensure care was provided in both the nursery and the out of school care playrooms. However, on several occasions a member of staff left the playroom with no communication to other staff about where they were going or staff were asked to cover in other areas. As a result, continuity and consistency of care for children was variable across the day. We shared examples where some activities then became more task orientated, rather than opportunities for high quality interactions and engagement with children, such as over lunchtimes and late afternoon at school pick up times, within both the nursery and out of school settings. (See Area for Improvement 1).

By the second day of inspection busier times of the day, for example lunchtimes, were planned more effectively to ensure staff could fully meet children's needs over that time. The provider and staff team took advice, agreed with the required and suggested areas for improvement and took action over the course of the inspection to address some issues and improve outcomes for children. This demonstrated their commitment to improvement.

All parents who responded to our online questionnaire felt there were enough staff to meet their child's needs and overall they were happy with the care and support their child received. They added, "The staff are very friendly. They do varied activities with the kids" and "The staff are very welcoming. I feel fully involved in my child's care."

Areas for improvement

1. To support children's wellbeing, continuity and consistency of care, the provider should ensure staff are deployed more effectively within the setting.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My care and support is consistent and stable because people work well together." (HSCS 3.19) and "My needs are met by the right number of people." (HSCS 3.15)

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our care, play and learning?	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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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