

Clever Clogs Nursery Day Care of Children

Stobhill General Hospital
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Type of inspection:
Unannounced

Completed on:
16 October 2024

Service provided by:
Clever Clogs Nursery Ltd

Service provider number:
SP2003001294

Service no:
CS2003005962

About the service

Clever Clogs Nursery is a purpose-built nursery situated within the grounds of Stobhill Hospital in the north of Glasgow. The early learning and childcare service is in partnership with Glasgow City Council to provide commissioned places for children aged between three and five years and eligible two-year-olds.

The service can accommodate a maximum of 58 children not yet attending primary school at any one time of whom no more than 18 are aged under two, no more than 18 are aged two to three and no more than 22 are aged three to those not yet attending primary school. At the time of our inspection there were a total of nine children present.

The accommodation consists of three playrooms and each playroom has access to outdoor play spaces. There is changing and toilet facilities for children and office, catering and staff facilities. The service is close to schools, transport routes, shops and community services.

About the inspection

This was an unannounced inspection which took place on 15 and 16 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
- reviewed feedback from three parents and carers whose children attend the service
- reviewed feedback from four staff members employed in the service
- spoke with the provider, manager and staff
- observed practice and staff interactions with children
- reviewed documents.

Key messages

- Children were cared for by staff who displayed warm and nurturing approaches, which made children feel welcome and contributed to positive relationships.
- Children were happy and settled in the service.
- Lunch was a relaxed, unhurried, and sociable experience for children.
- We identified improvements that would minimise risks to children and enhance the safety of the environment for children's health and wellbeing.
- Improvements had been made to staff's knowledge, understanding and skills of infection, prevention, and control practice.
- Self-evaluation processes could be developed to support with involvement from children, staff, and parents for continuous improvement of the service.
- The provider should review procedures for the deployment of staff to provide continuity of care for 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?	4 - Good
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?

4 - Good

We evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality Indicator 1.1: Nurturing care and support

Children's care and learning routines were delivered with kindness and compassion from staff who were warm, nurturing and caring towards children. The interactions were responsive and engaging and we saw staff acknowledge and respond to younger children's signs and cues. This supported children to feel safe, secure, and contributed to the positive relationships they had with staff.

Children were happy and settled. They had developed friendships which enhanced their wellbeing. They were familiar with nursery routines and confident in their environment. Parents who provided feedback shared with us, "My child is happy and safe" and "the baby room staff care about my child. I've even heard a staff worker greet my son after her annual leave and say, 'I missed you!' Which is lovely."

Staff confidently described children's individual needs and how they were supported. Most staff knew the children well which meant they were able to respond to their individual needs and preferences.

Lunch was a relaxed, unhurried, and sociable experience. We saw improvements had been made to the mealtime experience to reduce children's waiting time. Older children were self-serving their food. Management and staff told us of their plans for two-to-three-year-old children to self-serve their lunch. This has the potential to enhance children's choice, independence, and responsibility skills. Staff were aware of children's dietary requirements, contributing to children's health, safety, and wellbeing.

Personal plans were in place for children. Plans were created in partnership with parents and carers and reviewed regularly. These contained the information staff needed to support children and meet their individual needs. All parents who provided feedback shared with us they were fully involved in their child's care, including developing and reviewing their personal plan. One parent told us, "I have put a written care plan in and updated this at the nurseries request as my son has got older and his interests and milestones have changed. There is an online diary which regularly updates us about his development in nursery." Wellbeing Assessment Plans were in place for children with additional support needs. Management and staff collaborated with external professionals to share next steps and strategies for children's care, play and learning.

Children's medicine was clearly labelled and stored safely. Administration records were in place and the information recorded supported children's health and wellbeing, should medication be required. We asked management for medication records to direct staff to children's allergy plans to support children's health and well-being in an emergency.

We saw parents were bringing their child or collecting them from the playroom doors and not entering the play spaces. We observed staff providing feedback to parents of their child's day and we could see the positive relationships staff had formed. We discussed with the provider and manager the benefits of families entering the playrooms when bringing their children to nursery and collecting them. This has the potential to enhance relationships, belonging and involvement for children and their families.

Staff understood the importance of sleep for children's overall development. Children's emotional security and wellbeing were supported through sensitive arrangements for sleep routines. Sleep routines were responsive to children's individual needs.

Quality Indicator 1.3: Play and learning

Children were having fun and engaged in play experiences with some children leading their own play and learning, which impacted positively on their development and wellbeing. We saw all children playing outdoors. One parent who provided feedback shared with us, "The children are outside every single day at least once." Children were playing on wheeled toys which supported their physical development and movement skills and babies were having fun when throwing and running after balls. Babies also had opportunities to participate in risky and challenging play when stepping up and walking on the crates. Older children were participating in imaginative play and had opportunities to explore their curiosity and creativity skills when playing in the mud kitchen and selecting and using resources to make pretend food.

Play experiences indoors provided opportunities for older children to develop their skills in language, literacy, and numeracy. Children were playing with cars and racing these down a cardboard tube. The children were talking about the colours of the cars, and discussions taking place of their speed. They told us they were fast. Staff were facilitating discussions to count and record the 'wins' for each car.

We discussed with management consideration should be given to how staff support language development by extending environmental print and resources for example through print and books within older children's playrooms.

Staff were planning for children based on children's interests from observations and information from their care plans which captured the parents and children's voice. This recognised, valued and respected the importance of children and their families being involved in planning for their play and learning. One parent who provided feedback shared with us, "I was asked what are the main goals for my daughter and what would she benefit from the most being there" and another parent shared, "They have checked in on how he is reaching his mile stones and actively go out their way to help his progression in any areas I feel he needs to keep practicing."

Older children were planned for using Scottish Government Early Years Framework 'Curriculum for Excellence' and younger children the national practice guidance 'Realising the ambition: Being Me.' Planning processes for children under three years of age were being developed and management and staff should continue to reflect on and review the changes. Older children's plans could be improved by recording evaluations. This has the potential to extend children's play and learning opportunities. As a partner provider Glasgow City Council were supporting the service to introduce digital trackers for older children to support and plan for individual children's play and learning. Management and staff should consider how they use this information moving forward to influence improvements, staff training and support and challenge children's learning.

Detailed observations of children's learning and development were being recorded and shared with parents and carers using a digital platform application. The entries shared information with families of children's learning and skills and supported learning to continue at home. We discussed with the manager and the provider the depth and breadth of detail contained within individual children's learning journals. We highlighted the value of ensuring that recordkeeping for children was manageable for staff in line with 'Realising the ambition: Being Me' national practice guidance. The manager and provider agreed they would review the learning journal entries.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While some strengths had a positive impact, key areas needed to improve.

Quality Indicator 2.2: Children experience high quality facilities

Children were cared for in an environment that was bright, welcoming, and clean. This supported children's health and wellbeing. Management and staff had made improvements to play environments. Areas had been decorated and the use of soft lights and materials contributed to calm and cosy environments for children. Real furniture had been purchased contributing to a homely environment. One staff member shared with us, "Within the setting, there has been updates to the environment through change of furniture and resources which has impacted the service."

On arrival to the service, we identified one of the playrooms being used felt cold. There were no thermometers in playrooms to monitor the temperature. We asked for the heater to be put on and thermometers to be placed in all playrooms. This was actioned during our visit. Management and staff should continue to monitor the temperature of playrooms and take additional measures when needed.

Toys and resources including natural materials were organised to support children's interest, choice and curiosity and were accessible to children. Provocations promoted curiosity and supported children's choices. A provocation is an open-ended resource that can create a context for children to explore their ideas. Children were able to join in experiences which were of interest to them. We discussed with management two-to-three-year-old children would benefit from additional toys and resources in their playroom and outdoors to support children's play and learning. The service had a large storage room with resources. The resources had been added to since our previous inspection and was not easily accessible for staff. The provider and manager mentioned their plans to re-organise this to enable staff to choose from and access resources safely.

The service had made developments to some outdoor play spaces. These included a new mud kitchen, more artificial grass, and the development of an outdoor classroom to provide shelter for children in most weathers. The service had plans for continued developments. We discussed this should consider more opportunities for risky and challenging play for older children and development of the two-to-three-year-old outdoor space.

We identified improvements needing to be made to outdoor environments to support with safe and secure environments for children. There was an area adjacent to the three-to-five-year-old outdoor play space that was storing discarded items. The provider and manager shared these would be removed at the weekend. There was furniture that children could climb upon, against the fence. This could potentially provide children with access to the area containing hazards which could impact on their health, safety, and wellbeing. There was a gap at the bottom of a fence which could contribute to injury to a child. We identified areas where there was potential for children to trap their fingers. A risk assessment of the area had taken place and there was no record of these on the services risk assessment form or the steps to be taken to mitigate risks to children. We discussed with the provider and manager also recording the reporting of maintenance. This should include the recording of the completion of any repairs. This will contribute to outstanding repairs being easily identifiable, for any follow up action to be taken. As these have the potential to compromise children's health, safety, and wellbeing we have made an area for improvement (see area for improvement 1).

Staff had attended infection, prevention, and control training. We observed children and staff were washing

their hands when coming in from outdoors and before and after mealtimes. Tables were being cleaned before and after mealtimes. This was carried out well to support children's health and wellbeing.

Areas for improvement

1. To support children's health, safety and wellbeing, children should be cared for in a safe and secure environment, both indoors and outdoors. Robust risk assessments should take place and action taken to mitigate risks to children.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state, '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 as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children's experiences.

Quality indicator 3.1: Quality assurance and improvement are led well

Both the provider and manager were visible, friendly, and approachable to children and families. Staff also knew them well. Staff shared with us that they felt supported by the management team.

An improvement plan was in place which identified areas for development. We could see the service had started to make progress to their outdoor play spaces. These were at early stages of development. Continued developments have the potential to enhance children's play and learning opportunities outdoors.

A quality assurance calendar was in place and being used as a working document to monitor and audit aspects of the service. This included medication, accidents and incidents and personal plans. We could see this had provided opportunities for reflection. This had led to identifying areas of development some of which had been actioned for continued improvements within the service.

The services self-evaluation processes were at early stages. One parent who provided feedback shared with us, "Staff will occasionally ask for feedback." Meaningful involvement from children, parents and staff has the potential to support with changes and developments in the service. These have the potential to continue to improve outcomes for children and their families.

Informal monitoring of staff practice was taking place by the management team. This was a positive start in supporting continual staff development that promotes positive outcomes for children. We suggested formalising this process to enable management to easily identify any training needs. This has the potential to extend staff's knowledge and skills and support with continuous improvement.

We observed senior staff guiding and supporting some staff in best practice. This has the potential to develop staff's skills and knowledge. Staff completed a variety of continuous professional development opportunities. Most recently training to support children's health, safety, and wellbeing to include child protection, first aid and infection prevention and control training. Plans were in place for staff to attend training courses from Glasgow City Council with a focus on children's play and learning. This has the potential to extend staff's knowledge and skills and support with improving outcomes for children in their play and learning.

Management and staff were meeting regularly on a one-to-one basis with a focus on staff's wellbeing. All staff who provided feedback, told us their wellbeing needs were recognised and supported by leaders. We could see management and staff used this as an opportunity to discuss goals and contributions to nursery improvements. Management should continue with their plans to revisit the recording of information to support management to measure the impact of the agreed actions and changes staff make.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While some strengths had a positive impact, key areas needed to improve.

Quality Indicator 4.3: Staff Deployment

There was a small core staff team who were present to care for the children. Numbers of children attending the service on our visits were low. Although the service had enough staff to meet minimum staff to child ratio, there was only one key member of staff to care for children in the baby room. Staff told us the manager and provider were supporting with cover when this was needed to meet children's needs, for example when personal care tasks were taking place. We discussed with the provider and manager the procedure for staff working alone should be reviewed, particularly when staff are caring for very young children with competing needs.

On busier days when requiring two members of staff to meet minimum ratios, staff were moved room and deployed in the baby room contributing to not always having consistent staff. Parents who provided feedback shared with us, "My sons key worker is amazing I have a very good relationship with her; however, I could not even tell you the name of the other staff within the room. New staff are not introduced to parents and no updates are sent regarding staff" and "There are times that the nursery are short staffed and the rooms need to share for example children from 2-3 and 3-5 together." The service did not have a record of staffing levels and deployment within playrooms and across the service. The manager agreed to put this in place to support with consistency and continuity of care for children (see area for improvement 1).

The staff team had undergone changes. We acknowledged current recruitment challenges, and the provider and manager told us the ongoing challenges they had faced in recruiting staff. The service had recruited two modern apprentices to the service who were to be enrolled to undertake their level three Scottish Vocational Qualification (SVQ). They were deployed in separate playrooms on our visits. They were being inducted into their role using the early learning and childcare (ELC) national induction resource. This has the potential to support new staff to develop a better understanding of their roles, responsibilities, and best ways of working to meet children's needs. We observed on occasions one of the staff members was being left on their own caring for a small number of children. Most of these occasions were for short periods of time, whilst qualified staff carried out day to day tasks outwith the playroom. The provider and manager agreed to review the procedure and processes to support and safeguard new staff members in their role, contributing to the wellbeing, safety, and security of children.

Staff were supervising children in their play both indoors and outdoors. We observed examples of communication and team working taking place. Staff supported each other and communicated when leaving a space or attending to a child's needs.

The manager and provider were supporting with lunch cover across playrooms to enable staff to rest, be refreshed and to meet children's needs. They had plans to recruit an additional staff member to the service.

Having the additional staff in place has the potential to enable a more positive experience for all children and contribute to management having more time to focus on their managerial tasks within the service.

Areas for improvement

1. To support consistency and continuity of care for children's care, play and learning the provider should ensure consideration and planning to the deployment of staff. Records should be in place for staffing levels and the deployment of staff within playrooms and across the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state, 'I am supported and cared for by people I know so that I can experience consistency and continuity' (HSCS 4.16).

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 support children's health and wellbeing, improvements should be made to the infection, prevention and control procedures. The provider should give priority to, but not limited to the following areas:

- all staff receive infection, prevention and control training to support staff to understand current infection prevention and control practices.
- monitor staff practice to ensure staff are implementing best practice guidance within the service.
- carry out regular audits, reviewing infection control practice across the service to ensure compliance with Health Protection Scotland guidance 'Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)'.

This is to ensure care and support is consistent with Health and Social Care Standards, which state: "My environment is secure and safe" (HSCS 5.17).

This area for improvement was made on 13 September 2023.

Action taken since then

Staff had received infection, prevention and control training. Staff were able to share their learning and we could see this being carried out in practice.

Management were carrying out audits and monitoring of infection, prevention and control practice.

We were satisfied the area for improvement had been met.

Complaints

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

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	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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