

Happitots Day Nursery - Baillieston Day Care of Children

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Thrive Childcare and Education
Limited

Service provider number:
SP2003002955

Service no:
CS2003005983

About the service

Happitots Day Nursery - Baillieston is registered to provide care to a maximum of 79 children aged from birth to those not yet attending primary school. This includes; 15 children from birth to under two years; nine children aged 18 months to under two years; 15 children aged two years to three years and 40 children aged three years to those not yet attending primary school.

Care is provided from a detached villa over two levels, across five playrooms. Older children are cared for on the first level and babies are cared for in the outbuilding at the back of the property. Children also had access to enclosed gardens. The service is located within a residential area of Baillieston, Glasgow and is situated close to shops, transport links and other amenities.

About the inspection

This was an unannounced inspection which took place between 15 and 17 October 2024 between 08:45 and 18:00. 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 and received feedback from 31 of their family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Children were mostly happy, settled and confident in the setting.
- Children experienced caring interactions with staff, which helped them feel safe and secure.
- Personal plans should be reviewed to ensure they reflect children's current needs, wishes and interests.
- The environment should be reviewed to provide homely, relaxed and welcoming spaces for children.
- Improvements were needed to promote effective infection prevention and control.
- Nappy changing facilities should be reviewed to ensure they are in line with best practice guidance to keep children safe and healthy.
- Staff should receive relevant training to support them in their role to provide high quality care, play and learning.
- Quality assurances systems needed to improve to support good outcomes 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?	3 - Adequate
How good is our setting?	2 - Weak
How good is our leadership?	2 - Weak
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.

Children attending the setting were mostly settled, happy and comfortable in the environment. They told us they liked playing outdoors, drawing and football. One parent told us, "I love how happy [my child] is everyday when picking them up, they look like they've had the most fun."

Children experienced kind and caring interactions, helping children feel safe. For example, they offered cuddles and comfort when needed. One parent told us, "everyone was very friendly and care about my child." However, at busier times of the day staff were more stretched, meaning it was more difficult to meet all children's needs. For example, during mealtimes it was busy and children struggled to be heard. We discussed with the manager that reviewing daily routines, to be less task orientated, would help contribute to a more relaxed pace of the day, reflecting children's choices and wishes.

Personal plans were in place for children that contained important information to help meet their needs. For example, health, allergies and feeding requirements. Information to support transitions between rooms and settling in at the service was recorded well. This helped identify children's progress and supported staff to meet their needs. However, there was lack of consistency as not all parents felt involved in reviewing and creating personal plans. In addition, some plans had missing information and not all plans identified next steps and strategies to support children's development (see area for improvement 1). The service told us about plans to introduce new paperwork to support with gathering and recording this information

Children's personal care was carried out in response to their needs. For example, cleaning hands and faces and supporting if they required a change of clothing. We discussed reviewing procedures for accessing toilets when children were playing outdoors, as during this time too many children were accessing the same toilets. This is to ensure facilities meet their needs and supports their privacy and dignity.

Children's mealtimes met their preferences, allergies and dietary requirements. Children chose from two options at lunchtime and if they did not like the meal choice they were offered an alternative, helping ensure they were not hungry. Children were encouraged to access drinking water both indoors and outdoors, helping ensure they stayed well-hydrated. Opportunities for children to self-serve their food, helped promote their independence. However, at times this was a noisy experience as all children ate at the same time and staff became busy with tasks. This meant staff were not always available to sit and chat with children. The manager agreed to review mealtime procedures to help promote a more relaxing and sociable experience (see area for improvement 2).

Children were able to rest and nap when needed, reflecting their home routines. Staff ensured children could access their comforters to aid a relaxing nap time. Changes to the staff team meant that new staff had not received safe sleep training. Staff would benefit from training to develop their understanding of best practice. In addition, sleep spaces should be reviewed to ensure that these are relaxing spaces and that there are enough cots available to meet children's needs.

Medication systems in place supported the safe administration medicines. This was audited by managers and risk assessments were in place to support children's needs. We discussed ensuring that reviews with

parents was recorded on all paperwork. Paperwork that is no longer required could be archived to avoid the risk of any confusion.

Quality Indicator 1.3: play and learning.

Children had daily opportunities for outdoor play, which supported their overall wellbeing and social development. Children had opportunities for walks in the local community, which contributed to their understanding of the world around them. The garden areas provided opportunities for physical play, developing children's skills. For example, climbing frames, tyres and ride on toys. Many parents told us their child enjoyed playing in the back garden. One parent told us, "the new mud kitchen is a big hit with my child and they enjoy getting out in the garden and on the slide" and another commented, "my child has become more confident around other kids, as well as becoming more confident in their own abilities."

However, whilst children were able to access the garden on a daily basis, this was mostly in large groups. This meant transitions to the garden were busy and noisy at times. We discussed with staff to review routines for children accessing outdoor play, to help create more flexible transitions to support wellbeing, choices and wishes.

Children had access to some loose parts materials to support their curiosity, imagination and problem solving. Loose parts materials are objects that can be used in a variety of open-ended ways. This included, wooden logs, small tyres, cardboard tubes and metal tins. Younger children enjoyed exploring with the materials, which supported them to have fun as they rolled cars down wooden ramps. We discussed that widening opportunities for loose parts play throughout the setting would further support children in leading their own learning.

Children had opportunities to develop their language and literacy skills through singing, mark making and taking part in discussions. Some staff supported children through skilful interactions, commenting on their play and using meaningful and relevant questions to challenge their thinking. Staff should now consider how to further embed relevant and natural opportunities to develop literacy and numeracy across the setting.

Staff shared children's experiences with families through online journals. Families told us they liked seeing what opportunities their child had participated in. However, many parents told us they did not receive regular updates. We shared this with the manager and they acknowledged technical issues with the online learning journal system. Ensuring all families receive regular updates would support families to feel included in their child's learning and development.

Planning systems considered children's interests and took account of seasons and community events. Reviewing approaches to planning with a focus on a balance of child led and intentional planning, would help ensure children experience high quality play experiences. This should include reviewing routines to promote more time uninterrupted play (see area for improvement 3).

Staff should be supported to develop their skills at observing children to help capture their learning and progress. This should include developing their knowledge of child development, linking with best practice guidance. The manager told us of plans in place to develop planning processes and opportunities for staff development.

Areas for improvement

1. To support children's wellbeing and development, the provider should review personal plans to ensure they set out how their individual needs will be met, as well as their wishes and choices. This should include, but not be limited to, ensuring that personal plans are regularly reviewed with children and parents to ensure that information is up to date, to reflect children's current needs, wishes and choices.

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 wellbeing and ensure they have a relaxing and sociable eating experience, the provider should improve mealtime experiences. This should include but not be limited to, reviewing mealtime routines and improve staff interactions to promote a calm and social experience.

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 mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

3. To support children's wellbeing, learning and development, the provider should improve play experiences. This should include, but is not limited to, reviewing daily routines, developing staff skills and knowledge on child development and ensuring resources support curiosity, discovery and creativity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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) and '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 for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality indicator 2.2: Children experience high quality facilities.

Children were cared for in play spaces that were bright and well ventilated. Each child had their own peg to store their bags and jackets, helping to support a sense of belonging.

The provision of some soft furnishings helped create some cosy spaces for children to relax. For example, dens, cushions and rugs. However, the setting needed improved to make it more homely and inviting. Some soft furnishings and materials needed replaced or cleaned as these looked tired and worn. In addition, many areas felt cluttered and there was too much information displayed on the walls, which meant there was a potential for children to become overstimulated. The manager had begun to review this before the end of the inspection (see area for improvement 1).

Children could access some toys and materials that met their interests. For example, climbing frames, home area, construction, loose parts area. However, some areas needed developed further to support play

opportunities. Some play materials were broken or worn and other areas needed decluttered and tidied. For example, jigsaws were not complete which meant children would not be able to use these appropriately and more high quality books were needed. Staff should review the environment and provide more exciting and natural resources to engage children. Consideration should be given to the presentation of toys and materials to ensure they are easily accessible and help children feel respected (see area for improvement 1).

Some toilet facilities for older children had been upgraded, which helped contribute to a safe and clean environment. We noted that further improvements were needed to nappy changing facilities for younger children to ensure these meet best practice guidance and support the wellbeing of children. For example, children under two years must have a self-contained designated nappy changing room (see area for improvement 2).

Some infection control practices were in place to minimise the potential spread of infection. For example, regular cleaning of surfaces. However, we were concerned that improvements were needed to the overall setting. For example, storage within toilet facilities should be improved and unnecessary items removed, cleaning brushes needed replaced and attention was needed to less used areas such as cleaning window ledges. In addition, improvements were needed to some of the furnishings and fixtures. The manager took some action before the end of the inspection to address some of these issues. They agreed to review all infection control measures (see requirement 1).

There were some measures in place to contribute to a safe environment for children. For example, a secure entrance, stair gates and regular monitoring of children's whereabouts. However, we identified where further action could be taken to help keep children safe. This included ensuring external cupboards were locked and relocating the position of a boiler flu in the garden area. The manager agreed to make improvements necessary and told us they had reported the issues with the boiler flu to the maintenance team and were waiting for this to be actioned.

Consideration should be given to the noise levels across the playrooms, which could impact on children's wellbeing. For example, alarms on fire doors, the volume of the door buzzer and the acoustics of the playrooms. Staff should consider how to minimise any unnecessary noise that can be distracting and sensory overwhelming for some children. We discussed this with the manager and they identified some steps that may help, such as turning down the doorbell in some playrooms.

Requirements

1. By 31 January 2025, the provider must ensure children receive care in a clean, safe and well-maintained environment.

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

- a) ensure furnishings and fixtures are well maintained
- b) ensure play spaces are clean and tidy
- c) ensure soft furnishings are replaced or laundered
- d) remove unnecessary storage from toilets or nappy changing areas.

This is to comply with regulations 4(1)(a) and (b)(welfare of users) and 10(2)(d)(Fitness of premises) of 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: 'I experience and environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24) and 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.23).

Areas for improvement

1. To support children's wellbeing the provider should ensure that they access relaxing, peaceful and welcoming play spaces. This should include, but is not limited to, providing a good range of high-quality toys and materials to meet their needs and reviewing noise levels and wall displays to ensure they are not overstimulating.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.20); and 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.23)

2. To ensure that children's health, wellbeing and privacy is protected the provider should improve nappy changing facilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4); and 'If I require intimate personal care, there is a suitable area for this, including a sink if needed' (HSCS 5.4).

How good is our leadership? 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

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

The service had a vision and values in place which encompassed the needs of children and families, reflecting the values of the wider organisation. Leaders should now make improvements necessary to ensure these are reflected across the service (see area for improvement 1).

A variety of communication systems were in place to keep families informed about updates within the service. This included use of online apps and newsletters. However, some parents told us they would like more regular updates about their child's day. One parent commented, "more communication and updates with children being in nursery as the app currently used isn't frequently used" and "more updates about what my child has been doing. Parent Zone app hasn't been updated in a long time." The manager told us they wished to strengthen parental engagement throughout the year. This would help ensure parents are involved in the life of the nursery. The service was in the early stages of setting up a parent forum which will help encourage meaningful opportunities for parents to participate in the development within the service.

Some auditing and monitoring contributed towards ensuring policies and processes were followed. This included the safe administration of medication and auditing of accidents and incidents. However,

there were significant gaps in areas covered by quality assurance systems and these were not effective at addressing and improving outcomes for children. For example, improvements were needed to promote infection control practices, nappy changing facilities, the quality of toys and materials and organisation of play spaces. The provider should review quality assurance processes to help ensure they identify areas for improvement and actions needed to promote good outcomes for children and families, as highlighted throughout this report (see area for improvement 1).

We acknowledged the service had experienced recent changes to the staff team, which impacted on opportunities for self-evaluation and monitoring of the service. The manager told us they planned to reintroduce self-evaluation processes to help evaluate quality within the service. However, this had not yet been actioned. The provider should ensure they develop effective approaches to self-evaluation and improvement planning. This would help ensure staff have time to reflect on what is working well and best practice guidance, to provide high quality care, play and learning (see area for improvement 1).

Areas for improvement

1.
To support children's wellbeing, learning and development, the provider should ensure that quality assurance processes are improved and impact positively on outcomes for children and families. This should include, but is not limited to identifying and prioritising improvements needed and how they will be achieved, and ensuring they monitor the quality of provision across the service.

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 the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

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.

The service had recently experienced significant changes within the staff team, which had been a challenging time. The manager had worked hard to try and ensure children were cared for by familiar staff, helping ensure children felt safe. Parents commented positively about staff and described them as 'caring, 'friendly and helpful'. However, some families felt they did not know staff as well and some were unsure who their child's key worker was. The manager acknowledged this and they were in the process of updating staff photos, to be displayed outside playrooms. This would provide families with information on who was caring for their child each day.

Newly recruited staff had relevant qualifications and were registered with the regulatory body, the Scottish Social Services Council (SSSC). Staff were happy in their role and were welcomed within the service. Induction processes in place supported staff to learn about some internal policies and procedures. However, these could be strengthened to ensure this covers more in-depth information to support staff in their role. This should include child protection processes and opportunities for the staff to reflect on their progress. The manager was in the early stages of providing opportunities for one-to-one meetings with staff. We agreed this would support staff on their journey and help identify training needs to support continuous professional development.

There was a mix of staff skills and abilities across the setting and they were in early stages of developing their roles and responsibilities. They were committed to building relationships with each other and families, to help provide care for children. One parent told us "I feel I have a good relationship with staff that I can approach them when needed especially staff who have been there a while, and new staff seem approachable. All staff are friendly and welcoming."

The team now need time to come together, to strengthen relationships and reflect on areas for improvement. This will help ensure a consistent approach to embedding improvements. We discussed with the manager the importance of refreshing training with all staff to support them in their role. For example, safe sleep, child protection and play (see area for improvement 1).

Whilst there was enough staff to provide care for children, at key points in the day there were not always staff available to meet children's needs. For example, mealtimes and during staff tea breaks. This meant that play was unnecessarily interrupted. One parent commented that "recent staff changeover has affected trips and learning opportunities." The manager agreed to review how routines impact on children's opportunities for play.

Areas for improvement

1. To support children's care, play and learning, the provider should ensure staff are skilled and competent to support meeting the needs of the children. This should include, but not be limited to ensuring staff receive relevant training to support them in their role.

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

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	3 - Adequate
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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