

Yokerburn Early Years Centre Day Care of Children

200 Hawick Street Yoker Glasgow G13 4HG

Telephone: 01419 529 962

Type of inspection: Unannounced

Completed on: 25 September 2024

Service provided by: Glasgow City Council

Service no: CS2003017155 Service provider number: SP2003003390



About the service

Yokerburn Early Years Centre is provided by Glasgow City Council. The nursery is registered to provide a care service to a maximum of 117 children aged from birth and those not yet attending primary school. On the day of inspection there were 60 children in attendance.

The service is located in the west of Glasgow close to local amenities such as parks, shops and shares a campus with two schools. The children are accommodated within large playrooms and have access to rooms within the campus. The children have direct access to a large outdoor area.

About the inspection

This was an unannounced inspection which took place on Tuesday 24 and Wednesday 25 September 2024. The inspection was carried out by three 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
- observed practice and daily life
- reviewed documents
- received feedback from 11 parents/carers

Key messages

- Children were happy, confident and settled in the service.
- The setting was comfortable and spacious and stimulating for children.
- Children benefitted from direct access to a large outdoor area.
- Staff worked well together to offer positive outcomes for children.

• The provider should review procedures for safeguarding children to ensure all staff and management area aware of their responsibilities.

• Staff and management had positive relationships with children and families.

• The management team were friendly, visible and approachable, which strengthened relationships with families.

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? | 5 - Very Good |
| How good is our leadership? | 3 - Adequate |
| How good is our staff team? | 5 - Very Good |

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.

Quality indicator 1.1 Nurturing care and support

Staff were warm, kind and nurturing in their approach with children. Children were confident and happy within the setting. Staff knew children well and were attentive to their needs. One parent commented 'They are always happy to greet my daughter and the way she talks about them at home is very positive. I also feel staff genuinely care about my daughter and it's such a nice feeling knowing she is being looked after well.' This contributed to the positive relationships children had with staff and supported children to feel respected and valued.

Mealtimes were a relaxed and unhurried experience. A rolling lunchtime experience for older children supported a natural end to children's play before going for lunch. Staff were aware of children's dietary needs, and these were catered for. This supported children's health, safety, and wellbeing. Older children were able to develop independence and life skills through self-serving and setting the tables for lunch. Most staff were sitting with children during the mealtime experience and children were engaging in quality conversations with staff. We discussed with management the importance of staff sitting with all children throughout their mealtimes. This would support mealtimes to be a sociable experience for children.

Personal plans were in place for children and contained the information staff needed to meet children's individual needs. Most plans were updated in collaboration with parents and carers to reflect progress and changes in children's lives. This recognised the importance of valuing parents and carers knowledge of their child. We discussed with management the importance of ensuring all plans were updated to reflect children's currents needs and supported their progress. Strategies for children with additional support needs had been identified and staff were supported by external professionals with this.

Staff understood the importance of sleep for children's overall development. Routines were reflective of individual children's needs and family wishes and promoted good habits around sleep. Children's rights were respected as personal care routines were carried out using sensitive and warm interactions. This meant children's needs were taken care of in a way that respected their privacy and dignity.

The service had recently introduced home visits for new families joining the service. This supported children to feel safe and secure within their room when they started. This also allowed staff to build relationships with the children and their families.

Staff were aware of children with medical conditions, including allergies and food intolerances. Detailed strategies and risk assessments were in place to support children with particular food allergies. Where medication was required, this was stored safely and conveniently within playrooms. Consent forms and allergy plans provided the information staff needed to safely store and administer medication. We discussed with management that separate medication forms should be used for different medications to ensure staff can administer medication safely and quickly when required.

Quality indicator 1.3: Play and learning

We observed children having fun and being fully engaged in their play and learning. Children experienced a balance of spontaneous and planned activities and had opportunities to lead their own play and learning. This had a positive impact on their development and wellbeing. One parent commented, 'My child has lots of fun playing and learning in nursery. She has come on leaps and bounds since starting nursery.' Another told us, 'I like how much my daughter loves going to nursery. She always mentions her friends, staff and experiences she does. As a working mum it's hard but knowing she's happy makes my life a little easier.'

We saw that children had access to a range of resources, which promoted their curiosity, imagination, and problem-solving skills. These included large block play, painting and puzzle games. Play opportunities supported children's development of literacy and numeracy skills. For example, word games and following recipes in the mud kitchen. Staff supported children's development by asking questions to further their understanding. This included, when in the block area, asking 'How high is the tower?' and 'What happens if we take one block away?'. Babies were exploring their creativity skills when using chalk to mark make and had opportunities to develop their sensory skills when exploring natural resources from the sensory basket.

Children benefited from free flow access to outdoors. Children made good use of all the space in the outdoor area. Children were confident in leading their own play outdoors and were fully engaged. The play experiences supported children to develop their physical skills and movement. For example, playing on bikes and scooters and using the rope swings.

The service had made recent changes to their planning processes and these were still at the early stages. Planning was child centred with staff responding to children's interests and needs. Trackers were in place for children to evaluate their progress and development. This allowed staff to offer experiences which would further challenge children. The service was developing planning processes for children under three years of age. Staff were attending professional learning and development to support with taking this forward and developing their skills and understanding. Staff carried out observations to evaluate children's learning and shared these on see saw for parents to see. This helped parents to feel involved in their child's learning.

How good is our setting? 5 - Very Good

We evaluated this key question as very good, where significant strengths supported positive outcomes for children.

Quality indicator 2.2 Children experience high quality facilities

Children were cared for in a bright, clean, comfortable, and welcoming environment. The large indoor playrooms offered plenty of space to meet children's needs. The setting made good use of the indoor environments, which were furnished to a high standard. This gave children the message that they mattered.

The environments were structured to take account of children's stages of development and learning. Staff had specific areas of responsibility to ensure children had access to stimulating experiences. Resources available were age and stage appropriate and were easily accessible for children. This promoted their independence and gave them the opportunity to lead their learning. Resources were organised to support children's choices and curiosity. There were cosy spaces for children to rest and relax, contributing to supporting children's health and wellbeing. Equipment was well maintained and there were lots of natural resources and furniture.

Children benefited from direct access to a large, well-resourced outdoor area. One parent commented, 'I think the outdoor play is great in all weathers. My child loves to play outside doesn't matter what the weather is like so for her to have the opportunity to play outside is great. She loves to play and getting dirty doesn't bother her.' Another parent told us, 'My child loves outdoors, and they love to be in nursery garden most of the time in nursery. There is lots of different areas to explore for all children.'

The outdoor space was safe, secure and spacious, and offered a variety of stimulating resources including a wooden train to sit in, a large climbing frame and loose parts. The outdoor area had been developed to offer more stimulating experiences such as a mud kitchen where children were making pies with flowers and herbs, digging and art areas. Children had the opportunity to participate in risky and challenging play including balance apparatus and a hammock. An outdoor hydration station and water station indoors were available to support children to be refreshed and hydrated.

Procedures for the prevention of the spread of infection were in place. We observed staff supporting children to wash their hands at crucial points such as after being outdoors, after personal care and before and after mealtimes.

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

At the time of inspection, the manager was on leave and the depute manager was leading the service. The management team were dedicated and committed to the service and engaged with the inspection process. They were visible, friendly and approachable to children, families, and staff, and knew them well.

The service was using the action plan from the previous inspection to make improvements. Staff were supported to engage in the settings improvement journey. We could see evidence of progress being made including improved lunch time experiences, the development of outdoors and resources, and children having free flow access to outdoors. Management understood the value of parents and staffs contribution in quality assurance processes. Parents and children had been consulted on developments regarding outdoors and care plans. This had the potential to support them to feel involved in the service.

There was an ethos of distributed leadership with staff having responsibility within core groups to develop focus areas such as outdoors and environments. The staff were confident and passionate when telling us about their roles. This had the potential to extend staff knowledge and skillsets and to continue to improve outcomes for children and their families.

The service had introduced a quality assurance calendar and were using this to monitor and audit aspects of the service with designated areas of responsibility for the leadership team. Environmental audits had led to improvements in the physical environment including how it was used and resources offered to support children's play and learning. We discussed with management that they should consider using the calendar as a working document to easily identify tasks that have been completed and the outcome of the tasks.

We reviewed the services procedures to support children's health, safety and wellbeing. We sampled child protection files and noted there were some discrepancies in the recording of observations and records of concerns. Senior staff did not always follow guidance and procedures to ensure any possible concerns were reported to the relevant authority. This meant that children were possibly at risk of harm. No notifications had been made to the Care Inspectorate of child protection concerns or accidents. During our visit we raised concern about the high number of hand foot and mouth within the service that had not been reported to the care inspectorate or public health. To support children's safety the manager must ensure that they fulfil their statutory duties of notifying the Care Inspectorate and other relevant authorities of significant events. We have therefore made a requirement to address this, **(see requirement 1)**.

To support families understanding of children's nutritional needs the depute manager ran a six week summer cooking school. Children who did not attend the service during the summer were also welcomed to come and have a meal prepared by their parent or family member. One parent commented, 'My son looked forward to this every Thursday and it allowed me to meet other parents while having fun and learning new skills.'

Requirements

1. By 30 January 2025, the provider must ensure that children are safe and protected from harm. To do this, the provider must, at a minimum:

a) Ensure the manager and staff are competent in using chronologies and child protection records to assess the level of risk to children and that any concerns identified are reported to the relevant authorities timeously.

b) ensure effective systems are in place to review and audit chronologies and child protection records and appropriate actions have been taken.

c) ensure they fulfil their statutory duties of notifying the Care Inspectorate, and any relevant authorities, of significant events. This should include but not be limited to allegations of abuse in relation to a person using a service, accidents and outbreaks of infectious diseases.

This is to comply with Regulation (4) (1a) 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 states that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

How good is our staff team? 5 - Very Good

We evaluated this key question as very good, where significant strengths supported positive outcomes for children.

Quality indicator 4.3: Staff deployment

During our inspection, we found that there were enough staff to meet children's individual needs. Support staff had been employed to support busier times of the day such as lunch time. Leaders were good at using the mix of staff skills across the service to ensure it was staffed appropriately. This resulted in positive experiences for children across the day.

A keyworker system was in place, which meant children knew who they could go to if they needed help or support. This also helped staff to know the children they cared for. One parent commented, 'I am 100% confident to leave my kids at nursery every morning-as they have a great relationship with their staff. It is a great feeling to know your kids feel loved and safe when I am not there.' Parents told us that they felt the staff were approachable and supportive to them. One parent commented, 'They've created an environment that feels like a big family and are very approachable.'

Staff worked well as a team and told us this was a strength of the service. A buddy system was in place which meant when staff were absent another member of staff was responsible for the care of their children. This helped to offer a continuity of care for the children. Staff communicated well with each other when leaving areas and about children's care. Staff had a flexible approach to their deployment which was demonstrated in how they responded to children's individual needs and requests. For example, a child wanted to go outside but wanted to go with the member of staff whose designated area was inside. Staff communicated and agreed a short swap over to support this. Staff were vigilant of children at all times and noted when children entered and left the setting. This helped to support children's safety and ensure enough staff to meet their needs.

Staff understood the importance of having positive relationships with families. Staff took time to welcome parents into the service and talk about children's needs and their day. This supported children's attachment and relationships with staff. One parent commented, 'The staff are all very open and pass anything important over to me at drop off and pick up. But they also take the time to praise the kids on their individual achievements-which they both love.' Knowing the families and children well helped staff to offer care which met their individual needs.

Staff development was encouraged within the service. Staff had attended training to enable them to meet children's needs and help offer positive outcomes. This included first aid, hearing loss and Realising the Ambition training. Staff shared with us they had protected time off the playroom floor for planning and observations. This enabled staff to plan for continued support, learning and progression for children.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 January, the provider must ensure that children are cared for in an environment that is safe and secure.

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

a. Children are unable to open and exit fire doors and exterior gate.

b. An action plan is created to show how the mitigations in place to stop children leaving are robust and effective.

This is to comply with Regulation 10 (1) and 10 (2) (a) (b) (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 states that:

"My environment is secure and safe" (HSCS 5.17)

This requirement was made on 13 December 2023.

Action taken on previous requirement

When assessing this requirement we found that lunches now take place within the playroom so children have no access to open external doors and fire exits. An action plan and risk assessment were in place for using the gym/dining hall within the school. This included staff risk assessing the environment and ensuring doors and exits were secure before children had access. Radios were also used to aid communication between staff. Procedures were in place for ensuring children's safety in the outdoor garden area. This supported children to be safe and secure when playing.

Met - within timescales

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 promote children's overall health and wellbeing, the provider should offer meals and snack experiences that are relaxed, positive, social and unhurried. This should include, but is not limited to:

a) ensuring lunch experiences take place in a nurturing and homely environment.

b) children and staff eating together, recognising these routines as a rich opportunity to promote close attachment.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that:

"I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible" (HSCS 1.35).

This area for improvement was made on 13 December 2023.

Action taken since then

When assessing this area for improvement we found that mealtimes were relaxed, sociable and unhurried. Lunches took place in a homely and nurturing environment. Tables were set up with flowers, tablecloths and napkins. Most staff sat with children engaging in conversation with them throughout. Staff were attentive to children and their needs.

This area for improvement has been met.

Previous area for improvement 2

To support children's care, play and learning the manager and staff should ensure individualised personal plans capture children's health and welfare needs, progression in learning and support children to reach their full potential. Consideration should be given to, but not be limited to the following areas:

a) Personal plans are reflective of their current health and welfare needs and meaningful strategies are identified and recorded to support children.

b) The recording of identified next steps and the tracking of children's learning and progression.

c) Plans should be created and reviewed in partnership with children, parents and carers as a minimum every six months.

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).

This area for improvement was made on 13 December 2023.

Action taken since then

When assessing this area for improvement we found that children's personal plans contained information which reflected their needs, and strategies to support children were identified and recorded. A core group of staff had been created to develop the personal plan format. Staff completed plans in collaboration with

parents and children, and these had recently been updated. Plans were translated to different languages to meet the needs of all children and families. There were inconsistencies in the recording of information and how and where information was recorded, which we made management aware of. Next steps for children's learning and tracking of learning and progression were recorded which supported staff to understand children's development.

This area for improvement has been met.

Previous area for improvement 3

To ensure children's voices are heard, management and staff, in consultation with children and families, should continue to review and monitor resources, experiences and environments including but not limited to:

a) ensuring children have choice as to when they can access the outdoor area.

b) children have enough resources which meet their needs and stages of development.

c) children are offered experiences which are stimulating and develop curiosity and learning.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that: As a child I can direct my own play and activities in a 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 and creativity. (HSCS 2.27)

This area for improvement was made on 12 December 2023.

Action taken since then

when assessing this area for improvement we found that children had free flow access to outdoors. Additional resources had been purchased to support children's play indoors and outdoors. Children had enough resources to meet their needs and stages of development. Experiences offered for children were stimulating and supported the development of their curiosity and learning.

This area for improvement has been met.

Previous area for improvement 4

The provider was in the process of reviewing their first aid practice. These steps included funding secured for the majority of staff being fully trained in paediatric first aid. The provider should continue with this to ensure that staff have the knowledge, understanding, and critical thinking skills to make informed decisions about providing treatment, seeking medical advice, and effective communication when contacting parents and carers of a child who has been involved in an accident or incident while in the care of the service.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This area for improvement was made on 13 December 2023.

Action taken since then

When assessing this area for improvement we found that all staff had participated in paediatric first aid training. This supported staff to have the skills and knowledge to keep children safe and meet their needs.

This area for improvement has been met.

Previous area for improvement 5

The provider should ensure that levels of staffing are sufficient to meet the needs of all children attending the service.

This is to ensure care and support is consistent with Health and Social Care Standards, which state that: "My needs are met by the right number of staff" (HSCS 3.15)

This area for improvement was made on 13 December 2023.

Action taken since then

When assessing this area for improvement we found that there were enough staff present to meet the needs of children. Some staff were on leave and lunch cover staff were in place. Three new support for learning workers had been employed by the service which supported staff to meet children's needs.

This area for improvement has 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? | 5 - Very Good |
|---|---------------|
| 2.2 Children experience high quality facilities | 5 - Very 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? | 5 - Very Good |
|-----------------------------|---------------|
| 4.3 Staff deployment | 5 - Very Good |

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Care Inspectorate Compass House 11 Riverside Drive Dundee DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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