

Happy Days - Dalkeith Day Care of Children

127 High Street
Dalkeith
EH22 1BE

Telephone: 01316 634 280

Type of inspection:
Unannounced

Completed on:
7 November 2024

Service provided by:
Genesis (J & T) Limited

Service provider number:
SP2010011218

Service no:
CS2010274508

About the service

Happy Days Dalkeith is registered to provide a care service to a maximum of 137 children under the age of 12 years of whom 42 children may be under the age of three years. A maximum of 60 primary school age children will be cared for at the Masonic Lodge, 129 High Street, Dalkeith.

The service is provided from a detached Georgian house in Dalkeith, Midlothian. The premises provides playrooms over two floors, toilets, and nappy changing areas, two soft play/multi-sensory rooms, kitchen, staff room and office space. The building is surrounded by three enclosed outdoor play areas.

The school aged children use the Masonic Lodge, next to the nursery property. The premises provides a large hall, access to a garden area, toilets and kitchen facilities.

About the inspection

This was an unannounced follow up inspection which took place on 04 November 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

This follow-up inspection focused on the requirements and areas for improvement made during the previous inspection completed on 09 May 2024. We evaluated how the service had addressed these to improve outcomes for children.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service as part of their action plan and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with the provider of the service
- spoke with staff
- observed practice
- reviewed documents which included the service action plan
- spoke with representatives from Midlothian Council.

Key messages

- Improvement was evident in all required areas made during the previous inspection. As a result, children's needs were being met more effectively.
- Children were being supported by staff who knew them well.
- Further work was needed to consistently record and evaluate the support plans to ensure they improved outcomes for children.
- Improvements to the infection prevention and control practices and changes to the environment supported children's health and wellbeing.
- Bottle feeding for babies now followed good practice guidance and supported safety and comfort.
- The understanding of how to track, assess and share children's development with parents had significantly improved.
- Children were being supported by a staff team who were developing their skills and experience through opportunities for training, mentoring and the monitoring of their practice.

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 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

During this follow-up inspection, we increased the evaluation for this key question to adequate as the service had made progress to build on key strengths.

Quality Indicator 1.1: Nurturing care and support

There had been improvements made to the way in which children's care and support needs were met. Improved record keeping and planning for children's support had resulted in a better understanding of the importance of developing nurturing and warm relationships.

Part of one requirement was not consistently met. Staff knew the children in their care well and could discuss their support needs with us. However, in some cases this was not consistently recorded to enable all staff to follow the support plan, or assess how plans were impacting on positive outcomes for children (see area for improvement 1.)

We comment on improvements in the section of this report headed: 'What the service has done to meet any requirements made at or since the last inspection'.

Quality Indicator 1.3: Play and learning

During this follow-up inspection, we increased the evaluation for this quality indicator from adequate to good as the service had made progress to build on key strengths.

There had been improvements made to the quality of play and learning across the setting. As a result, children experienced fun in their play and learning. Improvements had been made to how children's progress in their learning was recorded.

We comment on improvements in more detail in the section of this report headed: 'What the service has done to meet any requirements made at or since the last inspection'.

Areas for improvement

1.

To ensure that children receive high quality support. Staff should develop support plans for all children who need them. These plans should be developed in agreement with parents and monitored and evaluated to ensure that they have a positive impact on children's development and progress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me.' (HSCS 1.14).

How good is our setting?

4 - Good

During this follow-up inspection, we increased the evaluation for this key question to good as the service had made progress to build on key strengths.

Quality indicator 2.2: Children experience high quality facilities.

There had been significant improvements made to the facilities to ensure that they were safe, secure and well-maintained. As a result staff were able to ensure that infection prevention and control measures were carried out and that environments were arranged to promote children's safety and wellbeing.

We comment on improvements in more detail in the section of this report headed: 'What the service has done to meet any requirements made at or since the last inspection'.

How good is our staff team?

3 - Adequate

During this follow-up inspection, we increased the evaluation for this key question to adequate as the service had made progress to build on key strengths.

Quality indicator 4.3: Staff deployment.

There had been significant improvements made to the deployment of staff to ensure that they could provide good quality outcomes for children. This was achieved through the development of consistent staff teams, staffing contingency planning and further opportunities for staff to take part in learning and reflective practice discussions.

We comment on improvements in more detail in the section of this report headed: 'What the service has done to meet any requirements made at or since the last inspection.'

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

Requirements

Requirement 1

By 31 August 2024, the provider must ensure children's care, wellbeing and development needs are met by:

- Staffing arrangements enable children to receive care and support from consistent staff who know them well.
- That staff develop an understanding of nurturing care and the development of secure attachments and apply this knowledge to their care and interactions with children.

This is in order to comply with Regulation 4 (1)(a) (Welfare of users) 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: 'As a child or young person I feel valued, loved and secure' (HSCS 3.10).

This requirement was made on 9 May 2024.

Action taken on previous requirement

The follow up inspection evidenced that significant improvements had been made to the capacity of staff to meet the care and support needs of children.

a) The provider and leadership team had established consistent staff teams working across the playrooms in the setting. Additional staff had been recruited to increase staff numbers and broaden the skills and experience of the staff team. Staff had received appropriate induction to share information about their role and expectations of practice.

There was now a contingency plan in place for emergency situations to ensure that at all times there were staff in the setting who were familiar with the children that they were caring for.

Where children needed assistance with personal care there was clear information for relief staff to ensure that individual care needs could be consistently followed. Children were well supported by the keyworker system which had been re-established and was being monitored to ensure that it was being used across the setting.

b) The provider and leadership team had carried out modelling of practice and mentoring of staff to ensure that they were more familiar with nurturing principles and practice. In-house information sessions had taken place and attendance on local authority training for senior staff was in progress.

On the day of our visit we spoke to staff and observed their interactions with children. Staff knew the children in their care well. Children were calm and relaxed with staff. They went easily to them for assistance, comfort and cuddles. Staff we spoke to had an improved understanding of the need for nurturing environments and the impact that transitions over a day could have on the youngest children.

This requirement was met.

Met - within timescales

Requirement 2

By 31 August 2024, the provider must develop a system for personal planning which meets the health, welfare and support needs of children by:

- a) Ensuring sufficient information to meet the health, care and support needs of individual children is gathered and used to meet individual needs.
- b) Record, implement and evaluate support strategies in place for individual children who need them.
- c) Ensuring support plans for children with additional support needs are implemented consistently and fully understood by all staff who care for those children.

This is in order to comply with Regulations 4.(1)(a) and 5.(1)(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 9 May 2024.

Action taken on previous requirement

The follow up inspection evidenced that improvements had been made to the information recorded and used to meet the care and support needs of children.

a) All children had a personal plan. This comprised of a number of documents including 'All about Me' and additional recording in wellbeing and pastoral log. This enabled staff to have an overview of children's care needs.

Staff had been given information on the procedures and expectations of updating personal plans. The provider and manager were auditing personal planning to ensure that they were consistent in layout and information gathered and regularly reviewed.

b) Staff could talk to us about children's support needs and what was being done to promote improved outcomes for children. However, these support plans were not always recorded or in place for all children who needed them. We reminded staff that it was not only the children with identified or emerging additional support needs needed support plans. For example, some children may need extra support to children with self-regulation, supporting good eating habits or developing confidence.

There was a lack of evidence gathered to highlight if support plans were working to improve outcomes. This would enable staff to adapt and expand plans where needed.

This aspect of the requirement was not fully met. We will make an area for improvement in Quality indicator 1.1: nurturing care and support, regarding the recording of support plans for all children who need them.

c) There was improvement to the information that was held for children with identified additional support needs. There had been significant input from Midlothian Council to support staff and embed the use and understanding of the support tool 'Up, Up and Away.'

There was evidence that staff know these children well and were now actively carrying out the plans in place to support children.

We deem this requirement to be met. However, we will make an area for improvement regarding the recording and monitoring of support plans.

This requirement was met.

Met - outwith timescales

Requirement 3

By 31 July 2024, must ensure the health, welfare and safety of children by:

- a) All staff understand and follow services infection prevention and control (IPC) policies and procedures.
- b) The Care Inspectorate document Space to Grow and Thrive is used as guidance for the organisation of current food preparation facilities, nappy changing and toilet areas.
- c) Monitoring procedures evidence staff compliance with IPC procedures.

This is in order to comply with Regulation 4 (1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 9 May 2024.

Action taken on previous requirement

The follow up inspection evidenced that improvements had been made to the systems for infection prevention and control to promote children's health and wellbeing.

a) On the day of our visit we observed that infection prevention and control (IPC) procedures were being followed by staff. To develop children's understanding of good hygiene practice staff supported them with handwashing, nose blowing and while serving themselves at mealtimes.

Improvements had been made to the playrooms, toilets and communal environments. These had been re-arranged and stripped of clutter to enhance the ability to clean and keep them tidy and pleasant places for children to play.

b) The provider had developed a refurbishment plan for the setting. On the day of our visit improvements had been made to the kitchen for the under 2's to ensure that it could safely be used for food preparation.

The playroom for 3 - 5 year olds had been newly painted. Further work to refurbish some areas of the nursery and refresh décor to brighten spaces and lessen sensory stimulation was planned.

c) Work had been undertaken to ensure that staff were aware of the procedures for IPC. This was achieved through discussion at team meetings, regular auditing of environments and practice by senior staff and information sessions at staff meetings.

This requirement was met.

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

Babies should experience bottle feeding which promotes their comfort and safety. To do this the procedures for making up and giving bottle feeds should follow good practice guidance developed by organisations such as the NHS, and National Childbirth Trust.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me.' (HSCS 1.14).

This area for improvement was made on 9 May 2024.

Action taken since then

The bottle-feeding guidance had been redeveloped in accordance with good practice. Staff had a clear understanding of the process and the need to maintain good hygiene before and during feeding.

There was now space to place bottles in the playroom and a comfortable chair to accommodate feeding and ensure that it was a nurturing experience for babies.

This area for improvement was met.

Previous area for improvement 2

Children's learning progress and development should be observed and recorded by staff who use this information to support high quality play and learning experiences. This information should be shared with parents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported to achieve my potential in education and employment if this is right for me.' (HSCS 1.27).

This area for improvement was made on 9 May 2024.

Action taken since then

Each child now had a My Learning Profile (MLP's) which was used as part of the tracking system for children's learning. We sampled several of the MLP's which included regular observations of children's learning and their time in the setting. On the whole these provided a good overview for parents of children's learning outcomes and were well maintained by keyworkers. Senior staff were regularly auditing MLP's to support consistency and quality of observations.

For older children the use of local authority trackers was now being implemented and monitored. There was significant support being provided by the local authority to assist staff in their understanding of these tools.

Planning for play was still in the process of being fully established but on the whole, it was in place and becoming effectively used. Discussion with staff evidenced that they understood how to use observations of children to provide a good range of experiences for their fun, learning and development.

The floor book for the school aged children evidenced that children had been very involved in the development of their play activities.

Information on children's development was being shared with parents through the display of planning, the MLP's, which parent's could access and take home if they wish. There were also mini reports of children's progress and parent consultations.

This area for improvement was met.

Previous area for improvement 3

To ensure that children are supported and cared for by professional and competent staff. The provider should develop and implement a training plan to take account of staff skills, experience and gaps in professional knowledge. Training and information for staff should include attachment and nurture, adverse childhood experiences, the service policies and procedures and child development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. (HSCS 3.14).

This area for improvement was made on 9 May 2024.

Action taken since then

The provider and leadership team had developed a training plan to upskill staff. These focussed on the gaps in knowledge evidenced at the last inspection. This was seen as a starting place for the development of the team and further training would continue.

Whole team meetings had been used to revisit the service 'Vision Values and Aims' to develop a shared approach to providing high quality outcomes for children. Regular team meetings were taking place to ensure communication and information sharing.

Staff had a number of more informal training sessions with senior staff and the provider. It was a relatively short time since the last inspection but opportunities for formal training were now beginning to take place. These would build on information sessions and enable staff to carry out training in subjects which they wanted to lead on in the setting.

The impact of training was being monitored through observations of practice and professional discussions with staff. We agreed that it would be important to pace training appropriately to ensure that it was embedded in practice.

This area for improvement was 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?	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 staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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