

Happitots Day Nursery - Bishopbriggs Day Care of Children

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Bishopbriggs
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Type of inspection:
Unannounced

Completed on:
27 November 2024

Service provided by:
Thrive Childcare and Education
Limited

Service provider number:
SP2003002955

Service no:
CS2003003685

About the service

Happitots Day Nursery - Bishopbriggs provide a care service to a maximum of 93 children not yet attending primary school at any one time within the following age ranges:

- no more than 15 are aged under one year;
- no more than 12 are aged one year to under two years;
- no more than 20 are aged two years to under three years;
- no more than 46 are aged three years to those not yet attending primary school full time.

At the time of our inspection, 156 children were registered with the service.

The service operates from a detached villa in the town of Bishopbriggs, East Dunbartonshire. The two storey building comprises six playrooms, children's changing and toilet facilities, a kitchen, office and staff facilities. There are enclosed outdoor play areas to offer children opportunities for fresh air and active play and learning. The service is close to local shops, schools and amenities.

About the inspection

This was an unannounced inspection which took place on 26 and 27 November 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;
- issued an electronic questionnaire to families and received 15 responses;
- 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.
- The newly appointed management team were new to their role and had developed a clear understanding of the service's quality improvement issues.
- Personal plans should be reviewed to ensure they reflect children's current needs and outline any planned support strategies.
- Improvements were needed to promote effective infection prevention and control.
- 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 and 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?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

3 - Adequate

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

Quality Indicator 1.1: Nurturing care and support

Children were mostly settled, happy and comfortable within the service. They experienced kind and caring interactions from staff which helped them to feel safe and secure. When asked what they liked about the service, parents commented positively on staff interactions. Comments made included; "The staff are kind" and "The staff are extremely nice and my children trust them."

Sleep routines were reflective of children's individual routines. Children were settled to sleep and comforted with soothers and transitional objects from home. This meant that children's emotional security and wellbeing was supported by sensitive sleep arrangements.

Meals were homemade, nutritious and took account of children's allergies and dietary requirements. One parent told us, "The lunches have had a massive improvement since the employment of the chef". Opportunities for children to self-serve their food, helped promote their independence. During lunch in some playrooms, staff were task focused meaning they had less time to sit with and support children. This meant that mealtimes were not relaxing or sociable and at times some children's safety was compromised. We discussed with the manager the benefits of continuing to monitor and make improvements to children's meal times to ensure all children have a calm experience that meets their needs.

The management team had introduced a new format for personal planning. Staff gathered information from families that supported their understanding of children's wellbeing needs. This included children's preferences and home routines. As the team were transitioning to new formats some plans were not fully completed, had missing information or did not identify children's next steps and strategies to support their development. The team should prioritise updating children's plans to ensure they receive the right support at the right time (area for improvement 1).

Staff told us that they were looking forward to welcoming families into the nursery for a Christmas stay and play session. This was a positive way to involving parents in the life of the setting. We have asked that parents are invited into the playrooms routinely at drop off and collection times as this will provide opportunities for children to share their interests and learning.

Quality Indicator 1.3: Play and Learning

Most children had fun throughout the day. They were happy and confident in the setting and approached staff for assistance or to include them in their play. Most children were able to access resources independently and choose where and how to play and explore, supporting their independence.

Planning systems considered children's interests and took account of seasonal celebrations. The manager told us that staff skills and confidence with planning for children's play and learning varied and as a result, there were some gaps in recordings. The management team were in the process of supporting staff to review their approaches to planning with a focus on achieving a balance between child led responsive and intentional planning. Making these improvements would help ensure children enjoy high-quality play experiences.

Children's learning needs were not always met as some staff had a limited understanding of how children learn and develop. For example, staff asked children direct questions relating to the topic of mermaids and took note of their answers. This was delivered in a manner that was adult directed and not through responsive, child-initiated play. Children would have benefited from a play provocation where open-ended materials were arranged for children to explore and be creative. This would have supported children to extend their language, solve problems and learn new concepts. To ensure children consistently receive high quality play and learning experiences, staff would further benefit from undertaking training relating to child development and observing children. This would support them to provide developmentally appropriate play opportunities and know when to intervene to support and extend children's learning (area for improvement 2).

Staff shared children's experiences with families through electronic journals. The quality of observations varied and some lacked analysis of learning. Families told us they liked seeing what opportunities their child had participated in. Some parents told us they did not receive regular updates for their child. When asked what could make the service better, parent comments included; "Seeing more of children's learning through the online platforms," and "More updates regarding my child would be helpful." Ensuring all families receive regular updates would support them to feel included in their child's learning and development.

Areas for improvement

1.
To support children's wellbeing and ensure they receive care and support that is right for them, the management team and staff should ensure children's personal plans clearly set out individual health, welfare and safety needs and how they will be met.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. To support children's wellbeing, learning and development, the provider and management team should improve the quality of children's play and learning experiences. To achieve this, action taken should include, but is not limited to, developing staff skills and knowledge of child development and reviewing the pace of the day to ensure a balance of child initiated and adult supported play experiences, that supports children's curiosity, 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?

3 - Adequate

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

2.2 Children experience high quality facilities

Children were cared for in play spaces that were well ventilated. Each child had their own peg, some children also had a tray to store their personal items, and some of children's work was on display helping to support a sense of belonging.

Some improvements had been made to the indoor learning environments. These included; the addition of soft furnishings, rugs and drapes to create some cosy spaces and natural play materials such as wooden toys, mirrored balls and physical play equipment. The management team shared with us their list of ordered furniture pieces and play items they were waiting to have delivered. We agreed that these would further enhance the indoor play environments to ensure children's comfort and enjoyment.

Whilst some children had daily opportunities for outdoor play, this was mostly provided in large groups and not at a time of children's choosing. Prior to children accessing the outdoor play spaces, the areas had not been assessed for risks. For example, stagnant rain water and a gardening tool was not removed to ensure children's safety. The outdoor areas lacked stimulating play and learning experiences to support purposeful play that enables children to widen their thinking and consolidate learning. For example creative, sensory and malleable materials such as sand were not available. The management team were aware that outdoor play areas required to be improved and shared their plans to remove the climbing frame which presented a slip hazard. We have asked that the amount of time all children spend out doors is increased and the quality of the outdoor experiences are improved to support children's health and wellbeing (area for improvement 1).

We identified further safety concerns which had the potential to cause harm to children. These included; children's attendance registers not always accurately completed and locked emergency exits which could cause a delay in vacating the premises and external gates leading to the 2-3 year olds garden not being closed securely which increased children's opportunity to exit the premises. We shared our concerns with the management team and we asked that priority action was taken to ensure children's safety. The management team responded promptly to our requests, however, further processes should now be implemented to ensure children's safety at all times (area for improvement 2).

Whilst we recognise that many staff members had undertaken online infection prevention and control training and were supporting children to engage in hand hygiene procedures, overall infection control practices were ineffective. For example, outdoor bins were not always emptied and toilet roll was not always replenished prior to children's arrival. For children attending the 3-5 playroom, there was not an appropriate changing space to support children's personal care routines and safely dispose of soiled nappies. We have asked that the management team implement a process to ensure the premises are tidy, well stocked for children's arrival and that the provider reviews and improves the personal care space to reduce the risk of infection spreading (area for improvement 3).

Areas for improvement

1.

To support children's wellbeing, management and staff should ensure all children should have routine daily access to stimulating outdoor play. Staff should recognise that some children have a preference for learning outdoors and should minimise the barriers for them accessing outdoor play, including play and learning experiences beyond the setting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'As a child, I play outdoors every day and regularly explore a natural environment.' (HSCS 1.32).

2.

To support children's safety, the management team should implement a procedure for checking external gates are closed when children have access outdoors and confirming children's attendance is accurately recorded and emergency exits are not locked to ensure all children are accounted for and can evacuate the premise safely in the event of an emergency.

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).

3. To support children's safety and wellbeing, the provider and management team should ensure children are cared for within safe, clean and hygienic environments. In order to achieve this, action taken should include but is not limited to; implementing procedures to audit environments prior to children's arrival at the setting and making the necessary improvements to enable children attending the 3-5 playroom to have support with nappy changing routines within an environment that is well equipped and promotes their privacy and dignity.

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 'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.' (HSCS 1.4).

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

A succession of changes to the senior leadership team had at times led to uncertainty for staff, children and families. A new manager was appointed in October 2024, who had prioritised developing relationships within the team. Staff told us team morale had improved. As the result of significant change within the team, we suggested the service would benefit from revisiting their vision, values and aims. This would ensure they reflect the views, wishes and aspirations of the people who access the service.

Consultation with families was mostly informal at drop off and collection times or through the electronic platform Learning journals. Many parents who provided us with feedback disagreed that 'My child and I are involved in a meaningful way to help develop this setting and our ideas and suggestions are used to influence change.' Comments made included, "I don't think there has been a manager in post long enough for me to be involved in developing the service." The management team should further improve consultation methods with families to ensure they feel meaningfully involved and valued in the life of the setting.

The new management team had started to implement some audit tools which contributed to ensuring policies and procedures were followed. This included the safe administration of medication and auditing of accidents and incidents. There remained significant gaps in areas covered by quality assurance systems and the processes were not yet effective at addressing and improving outcomes for children. For example, improvements were needed to promote infection control practices and improve the quality of children's play and learning experiences. The management team should further develop quality assurance processes to

help ensure they identify areas for improvement and take action to promote good outcomes for children and families (see area for improvement 1).

Areas for improvement

1. To provide a high-quality service that meets the needs of children and families, the management team should ensure that quality assurance processes are improved, imbedded and impact positively on outcomes for children. To achieve this, action taken should include, but is not limited to; monitoring the quality of service provision, undertaking self-evaluation and developing a service improvement plan which identifies key priorities for improvement.

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).

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 some changes within the staff team, which had mostly impacted the children attending the 3-5 playroom. The management team had worked hard to try and ensure children were cared for by familiar staff, helping children to feel secure. Parents commented positively about staff stating, "The core team members are fantastic" and "The staff really care about the kids and look after them very well." The management team confirmed that recruitment processes was underway to ensure continuity for children.

Whilst we recognised that there were sufficient numbers of staff in place, the deployment of staff at times a key times throughout the day did not always support children's wellbeing. For example, on the first day of our inspection, staff deployment restricted children's opportunities to choose to play between indoors and outdoors and the deployment of staff at mealtimes resulted in some children not receiving appropriate support. The management team should monitor the deployment of staff to ensure children's care, play and learning experiences are not restricted and their needs are met.

Staff told us they felt professionally and personally supported by the new management team. They felt comfortable to raise concerns or ask for support if needed. A process for undertaking staff professional development reviews had recently been implemented with a focus on supporting staff wellbeing, team morale and professional development. We encouraged the manager to continue to imbed this process to ensure all staff have opportunities to meet with management, enabling them to feel valued.

Overall, the service's policies and procedures helped keep children safe and protected. Staff had undertaken in-house safeguarding training to support children's wellbeing. Although, through discussions some staff demonstrated a lack of understanding and confidence with the steps to take should a wellbeing concern arise. To support children's safety, staff should revisit learning from training to refresh and improve their knowledge of safeguarding (area for improvement 1).

Areas for improvement

1.

To ensure children's safety and promote high-quality care and support, the provider and management team should ensure that all staff have access to a training programme to support them in their role. Priority should be given to staff having updated training in child protection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

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

Requirements

Requirement 1

By 31 March 2024, in order to support children to achieve their full potential through play they should experience stimulating and challenging indoor and outdoor play spaces every day. In order to achieve this the provider must:

(a) Improve the quality and variety of resources and equipment available to children in the secure outdoor play spaces. Available resources must be age appropriate, effectively organised and presented in order to support a wide range of types of play and stimulate children's natural curiosity, learning and creativity.

(b) Review room arrangements to ensure that all children aged three to five years have access to a wide range of play types and resources on a scale suitable to their age and stage of development.

(c) Ensure all outdoor play spaces are secure, well maintained and freely accessible by children.

(d) Ensure staff undertake training that will: develop their confidence and skills in developing the spaces and resources used for outdoor learning and play; support them to follow planning approaches for outdoor play that focus on providing children with a sense of challenge and purposeful engagement.

(e) Ensure the management team establish monitoring systems that support all children to participate in a range of recreational, social, creative, physical and learning activities every day outdoors as well as provide regular access to play beyond the nursery setting.

This is to ensure that the care and support is consistent with the Health and Social Care Standards My support, my life. Standards: 1.25 "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." 1.32 "As a child, I play outdoors every day and regularly explore a natural environment."

This is in order to comply with: Principle 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 19 October 2023.

Action taken on previous requirement

Sufficient progress had been made to improve the quality and variety of resources available to children. Where some progress had been made but this was not fully imbedded such as improving the quality of outdoor play environments, this is repeated as an area for improvements within this inspection report. See How good is our setting? area for improvement 1 and How good is our leadership? area for improvement 1.

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 support children's care, learning and development the manager and staff should develop consistent communication and monitoring approaches that ensure individualised personal plans are created and shared with parents. This should include but not be limited to the following areas:

- the recording of meaningful and specific next steps for individual children covering key aspects of their care, support, learning and development;
- plans should be created and regularly reviewed in partnership with 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 19 October 2023.

Action taken since then

The newly appointed management team had implemented a new personal planning process that was a revised format. These were at the early stages of being developed for all children. Staff should now ensure that opportunities to meet with parents to review and discuss children's care and support are implemented to ensure parents wishes inform any planned support strategies.

This area for improvement was not met. We have repeated this area for improvement within this inspection report, however, to ensure clarity for the management team, we have reconfigured the wording (See How good is our care play and learning? area for improvement 1).

Previous area for improvement 2

To support children to achieve their full potential through play staff should;

- (a) Implement planning and observation strategies that develop children's sense of ownership of leading change related to their self chosen collaborations in play.
- (b) Review the outdoor play spaces and the quality of available resources to support children's free flow play between indoors and outdoors.
- (c) Ensure children get the right balance of adult directed structured experiences and free flow play across the day.

This is to ensure that the care and support is consistent with the Health and Social Care Standards My support, my life. "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)

This area for improvement was made on 19 October 2023.

Action taken since then

Most children could direct their own play and learning at times throughout the day. However, the balance of adult directed and structured experiences did not support children's needs to be met and should continue to be improved. Staff should also further support children's opportunities to move freely between the indoor and outdoor play environments.

This area for improvement was not met.

We have repeated this area for improvement within this inspection report, however, to ensure clarity for the management team, we have reconfigured the wording (See How good is our care play and learning? area for improvement 2).

Previous area for improvement 3

To ensure that all children experience high-quality care and learning and support that is right for them the senior management team to develop, monitor and implement a robust quality assurance system is in place that addresses the issues highlighted in this report. These issues include; information sharing and communication with parents about personal planning for children; ensuring children aged three to five years that currently are based in the first-floor playrooms have access to a wider range of play types and resources on a larger scale suitable to their age and stage of development; a review of staff deployment arrangements to improve the balance of qualified practitioners to apprentices within playrooms; planning approaches for collaborative play for children aged three to five years; the quality of the outdoor learning environment; children's daily access to quality outdoor play opportunities.

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 4.23)

This area for improvement was made on 19 October 2023.

Action taken since then

The current management team had recently started to monitor and reflect on some aspects of service delivery. Where monitoring had been undertaken some improvements were made. For example, new play materials were purchased to improve some of the indoor play and learning environments. Monitoring

service delivery and the quality of children's play and learning experiences was at the very early stages of implementation and should continue to be developed and imbedded.

This area for improvement was not met.

We have repeated this area for improvement within this inspection report, however, to ensure clarity for the management team, we have reconfigured the wording (See How good is our leadership? area for improvement 1).

Previous area for improvement 4

In order to ensure children experience stability in their care and support from people who know their needs, the provider should ensure they develop an approach to recruitment and deployment that builds stability in the staff team through the retention of experienced staff.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation." (HSCS 4.15)

This area for improvement was made on 19 October 2023.

Action taken since then

Overall, most children experienced stability in their care and support from people who knew their needs. There was currently one staff vacancy within the team and recruitment procedures were being implemented.

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

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