

Pied Piper Nursery Day Care of Children

25 Hector Road
Shawlands
Glasgow
G41 3RJ

Telephone: 01416 492 715

Type of inspection:
Unannounced

Completed on:
31 October 2024

Service provided by:
Mini Rainbows (Murrayfield) Ltd

Service provider number:
SP2017012925

Service no:
CS2018367583

About the service

Pied Piper Nursery is a daycare of children service situated in Shawlands, Glasgow.

The service is registered to provide care to a maximum of 60 children aged from birth to those not yet attending primary school of whom:

- no more than 32 are under 3 years
- no more than 16 are under 2 years.

Within the wise owl and studio rooms a maximum of 22 children aged 3 years to not yet attending primary school may be cared for; within the busy bees, tweeny and messy rooms a maximum of 22 children aged 2 years to not yet attending primary school (of whom a maximum of 16 children can be aged 2 to under 3 years) may be cared for; and in the baby room upstairs a maximum of 16 children under 2 years may be cared for.

At the time of our inspection, 77 children were registered with the service.

The service is close to a local train station and bus routes. Schools, shops and parks are within walking distance. Street parking is available for drop-offs and pick-ups. The premises is a converted residential property with three large playrooms catering for different age groups. Outdoor play spaces are provided at the front and to the rear of the property.

About the inspection

This was an unannounced inspection which took place on Tuesday 29 October 2024 between 09:30 and 16:30 and Thursday 31 October between 09:15 and 16:30. 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
- received written feedback from 14 parents
- spoke with staff and management
- observed practice and how children's care, learning and routines were supported
- reviewed documents.

Key messages

Management showed commitment to responding quickly to identified areas for improvement. This instilled confidence that changes would be made with a view to improve the quality of care and support given to children.

The setting was pleasantly decorated with attention to detail and homely touches. Children had spaces to relax and rest, thought had been put into making these comfortable, cosy areas.

The provider is required to ensure that all staff understand and demonstrate child centred, value based practice in line with children's rights.

The provider is required to ensure that all staff fully understand their responsibilities in relation to children's allergies and dietary needs to keep them safe.

Management should mentor and effectively deploy staff to ensure that children are provided with high quality care and support.

Routines should be developed to reflect children's individual needs and choices to allow them to lead their learning.

To support the development of the staff team, the manager should continue to embed the use of supervision and support leadership at all levels.

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?	2 - Weak
How good is our setting?	4 - Good
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?

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: 1.1 Nurturing Care and Support

Personal planning systems were being prioritised as an area for improvement. This was to ensure that plans would be effective in securing positive outcomes for children. As a result, plans were now being regularly reviewed with parents to update important information about children's current needs and wishes. One parent told us, "I like the staff energy and genuine care and passion, not only for my child but for every child." Ongoing monitoring and guidance could help staff to be more effective in assessing children's needs. This would help to ensure that key information is used more effectively to promote continuity of care for children. For example, parents had noted specific songs that helped to soothe their child as they settled to sleep. Staff missed the opportunity to use the songs to comfort the child at sleep time.

The quality of interactions and relationships was variable across the service. Some staff were in tune with children's wellbeing needs and implemented support. For example, creating small spaces for children who needed quiet time alone to feel safe. However, on a number of occasions staff were not attuned to children's needs, wishes and choices. When some children expressed their needs, or were upset, they were not acknowledged in a respectful and timely way. For example, there was a delay in fulfilling a child's request for their comforter. As a result, children's rights were not consistently being met. The management team must ensure that all staff understand and demonstrate child centred, value based practice in line with children's rights at all times **(see requirement 1)**.

The quality of mealtime experiences varied across the service. In the preschool playroom, children enjoyed eating together in an unhurried and relaxed atmosphere. There were supportive conversations about the food they had been growing in the outdoor area. Children were keen to tell us about using the home-grown apples and chillies for baking and cooking experiences. Children's independence was promoted as they collected their plates and cutlery, poured their drinks, and self-served their food.

However, mealtime experiences for younger children were not as positive. Younger children had to wait a long time to be given food. The management team were responsive to suggestions to improve systems to ensure that all children are given their food in a timely manner. This would alleviate the disruption to children's routines, and reduce unnecessary waiting times for food to arrive when they are hungry. Staff were generally task focused which resulted in limited quality interactions. As a result, there were missed opportunities to consider children's experiences and to go at children's pace. Management should role model and monitor staff interactions at these times. The management team must ensure that all staff understand and demonstrate child centred, value based practice in line with children's rights at all times (see requirement 1).

Effective management of children's dietary needs and allergies were not embedded across the service. Concerning incidents had resulted in children being exposed to foods that had resulted in, or put them at risk of having an allergic reaction. Management must now ensure that all staff fully understand their responsibilities in relation to children's allergies and dietary needs to keep them safe **(see requirement 2)**.

Management of medication was mainly in line with best practice guidance. Improved quality assurance of long term medication would ensure that detailed termly reviews were carried out with parents. This would assure that there had been no changes to the child's health needs and symptoms. Similarly, this would check that the medication was within the expiry date, and that there had been no changes to the type and dosage of medication required. This should result in children's health needs being fully met.

Quality Indicator: 1.3 Play and learning

The learning environment lent itself well to enticing children to engage in a range of play experiences to support developing creativity, imagination, and literacy and numeracy skills. We saw examples of reading stories, and singing songs. Appropriate play materials, such as open ended resources and signage could support counting, emerging reading skills, and creativity and design. A parent told us, "I think they are creative with the activities they do."

All staff need to fully recognise and value the importance of play. To do this, unnecessary interruptions to children's play to facilitate adult agendas should be prevented. We observed children having to move areas to accommodate staffing levels or routines, such as tidying up for lunch. Routines should be developed to reflect children's individual needs and choices to allow them to lead their learning (see area for improvement 1 in key question 4: How good is our staff team?).

We could see how some of the planning had come from children's interests. For example, enhancing construction opportunities to support a child's interest in building. Staff had recently been trained in responsive planning. This was now at the stage of beginning to be embedded into practice through ongoing monitoring and guidance from management. Staff talked about planning to support children's learning needs. We advised about purposeful evaluation rather than listing experiences. This could help staff to reflect on learning to support future planning in line with children's needs. Management should effectively monitor the progress of this.

An online platform was used to record observations of children's progress and achievements and to share these with parents. From the children's learning journeys that we sampled, we could see that staff were recording children's significant learning and next steps. We could identify progression and achievements. To enhance this further for children to learn at a pace that is right for them, staff should be supported to consider children's identified next steps in learning when planning learning experiences.

Requirements

1. By 19 December 2024, the provider must ensure that all staff understand and demonstrate child centred, value based practice in line with children's rights.

To do this the provider must, at a minimum, ensure that all staff consistently acknowledge children's emotions, listen and respond respectfully to their needs and wishes.

This is to comply with Regulation 4(1)(a)(b) (Welfare of users) of the Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1).

2. By 19 December 2024, the provider must ensure that effective management of children's dietary needs and allergies are embedded across the service.

To do this the provider must, at a minimum, ensure that all staff fully understand their responsibilities in relation to children's allergies and dietary needs to keep them safe.

This is to comply with Regulation 4(1)(a)(b) (Welfare of users) of the Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our setting?

4 - Good

We evaluated this key question as good, where several strengths impacted on positive outcomes for children.

Quality Indicator: 2.2 Children experience high quality facilities.

Enhancing the environment was prioritised by management as an area for improvement. As a result, several improvements had been made to the setting. It was pleasantly decorated with attention to detail and homely touches. The entrance hallway had been developed to be aesthetically pleasing, with soft lighting and flowers. This area also provided a wealth of information for parents and opportunities for children and families views to be displayed. This helped to give a strong message to children and families that they matter and were valued.

Children had spaces to relax and have a rest, thought had been put into making these comfortable, homely areas. For example, cosy areas with comfortable cushions and soft lighting had been created in the indoor and outdoor spaces.

Indoor and outdoor play areas had been developed with appropriate resources and materials to be developmentally appropriate spaces to enhance learning. For example, dolls were introduced to encourage an interest in caring for babies. Thought had been given to extending learning through the use of open ended play materials throughout the setting. This promoted independent play and encouragement of limitless imagination and creativity. Children who attended the preschool room benefitted from an additional play space called the cabin, which was situated in the garden. However, ineffective routines and staff deployment resulted in limited regular opportunities for children to independently choose to play in the cabin (**see area for improvement 1 in key question 4: How good is our staff team?**).

Children had opportunities to play outside in the enclosed garden areas. Children in the preschool room benefitted from direct access to the garden, while access had to be planned for children in the other playrooms. We encouraged the service to improve routines to ensure that all children have daily access to outdoor play opportunities if they wanted to. This could include more use of the local community to help children to be active members of, and appreciate the benefits of being part of the neighbourhood. Some parents commented that they felt children could go outside more often. One parent said, "I wish children had more outdoors time. I think my child has only been on one walk since joining. I think the younger children do not go outside enough and they do not seem to leave the nursery much, if ever."

The setting was generally clean and well-maintained. The manager was aware of and had requested re-decoration of areas that were getting tired looking or could pose a risk to infection. However, management should closely monitor infection prevention and control practice to ensure that it is consistently rigorous. This would minimise the risk of cross infection and help to keep children healthy. For example, to ensure that handwashing at key times using running water and soap became embedded in practice (**see area for improvement 1 in key question 3: How good is our leadership?**).

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 improvements are led well

Management were committed to making improvements to enhance outcomes for children. A staff member shared, "Natalie has done so much to improve the service since they started."

Improvement plan priorities were being actioned and some positive impact to improve outcomes for children was evident. For example, improved learning environments, resulting in inviting indoor and outdoor play spaces. Improvements to the personal planning approach and transitions were progressing. Management were keen to consider inspection findings when progressing this further.

Management had recognised the need to support families to feel more included. Improving family engagement was in the early stage of development. Families had been invited to join play sessions, such as pumpkin picking and stay and play. Similarly, their views had been sought about the development of the environment. Parents had mixed views about how included they felt and told us, "The team create a family vibe", "We have only been at the nursery for a short time, but we have participated in themed days," and "No involvement. I'm not sure feedback is acted on in a meaningful or sustainable way. The intention is there but it doesn't seem to materialise."

Quality assurance systems, such as, monitoring, audits and staff supervision were in place. Staff were encouraged to be involved in self-evaluation and to reflect together to bring about positive change to children and families. This included the introduction of peer monitoring between staff, and room development plans. However, quality assurance systems were not yet effective in consistently securing positive outcomes for children as highlighted in our findings. Monitoring and auditing had not identified or addressed important gaps in order to deliver high quality outcomes for children and families. Examples include gaps in robust infection prevention and control practice, staff deployment, and child centred, value based practice in line with children's rights. Moving forward, monitoring records must clearly detail expected standards of areas for development and actions planned. Evaluation must be carried out to ensure that positive changes are embedded and sustained to consistently secure high quality outcomes for children (**see requirement 1**).

Management investigated incidents that had occurred within the service. To keep children safe, risk assessments and procedures had been improved and action plans put in place to mitigate risks through recurring incidents. However, there had not been ongoing monitoring to ensure that improved procedures and actions were being implemented or embedded in practice. This should be a key factor when improving quality assurance systems (**see area for improvement 1**).

Areas for improvement

1. By 19 December 2024, the provider must implement effective quality assurance and self-evaluation processes which clearly detail expected standards and actions planned. Begin the process to ensure that ongoing monitoring results in improved procedures and actions being embedded and sustained in practice.

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

- robust infection prevention and control practice is embedded
- effective management of children's dietary needs and allergies is in place
- staff practice is child centred and value based in line with children's rights at all times
- children's play, care and learning is not impacted by adult led routines or ineffective staff deployment.

This is to comply with Regulation 4(1)(a)(b)(d) (Welfare of users) of the Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

There was mix of staff skills and experience across the team. Some staff demonstrated, leadership qualities, enthusiasm and commitment to improving outcomes for children and families. Staff that we spoke to shared that they felt well supported by management. One staff member told us, "Management are fantastic at supporting and holding wellbeing meetings if necessary, and continually providing happy things, such as wellbeing week to support staff wellbeing".

While ratios were maintained, at times staffing levels and management of staff responsibilities were not effective in ensuring high quality outcomes for children. At times children's access to activities or areas was restricted. This was due to staff having to leave the room, or prioritising tasks, such as setting up lunch. On occasion staff were called away when they were supporting children. Similarly, there were times when staff had to oversee areas, meaning that they could not provide high levels of interaction and support to promote wellbeing and safety. Management should mentor and effectively deploy staff to ensure that children are provided with high quality care and support (**see area for improvement 1**).

Regular and supportive staff training was delivered, providing opportunities for staff to enhance practice. Recent training had been about responsive planning, and staff were beginning to develop their understanding of the purpose of this. Ongoing support, monitoring, and reflection of the recent training would help staff to embed new learning and developing skills into practice.

The service followed safe recruitment procedures which ensured children were cared for by staff who had the right skills, experience, and qualifications. We suggested they record dates when information was requested and received. This would provide an overview and confirm all necessary checks had been undertaken to keep children safe.

An induction programme was in place to support new staff. As part of this process staff were given a mentor to guide them. Management could develop a more meaningful induction and mentoring programme to ensure that it had a positive impact on outcomes for children and families. The induction process could be developed to be thorough and personalised to meet the different roles in the setting. Staff could be supported to reflect on, and record specific learning and how they plan to use this to enhance their practice. Staff could be supported to understand their responsibilities to follow their professional codes of practice and always uphold children's rights. This would help to ensure that children benefit from being supported by responsive staff who have the knowledge, experience and skills to care for and nurture them.

Areas for improvement

1. To enhance outcomes for children through effective supervision and quality engagement, the provider should be more proactive in recognising where gaps exist when considering staff deployment within teams.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

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?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	3 - Adequate
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - 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?	3 - Adequate
4.3 Staff deployment	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.