

Stepping Stones Nursery Day Care of Children

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Type of inspection:
Unannounced

Completed on:
15 November 2024

Service provided by:
Stepping Stones Nursery Dunbar Ltd

Service provider number:
SP2019013274

Service no:
CS2019373340

About the service

Stepping Stones Nursery is registered to provide a day care of children service to a maximum of 20 children at any one time aged from 3 months to not yet of an age to attend primary school. Of those 20 no more than 9 are aged under 2 years; No more than 4 are aged 2 to under 3 years and; No more than 7 are aged 3 to not yet of an age to attend primary school.

The service is provided from a detached building consisting of two playrooms, toilets, nappy changing room, kitchen, and office. There is a secure garden area which is accessible from both playrooms. The nursery is situated in a quiet residential area of Dunbar, close to local transport links, shops, and community services.

About the inspection

This was an unannounced inspection that took place on 12 November 2024 between 08:45 and 17:00. We returned to the service on 13 November 2024 between 09:15 and 12:15. The inspection was carried out by two inspectors.

To prepare for this inspection we reviewed information about the service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- spoke with and observed children using the service
- received written feedback from 21 families
- spoke with staff and received written feedback from five staff members
- observed practice and children's routines and experiences
- reviewed documents.

Key messages

- Staff warmth, kindness and compassion enabled children to feel valued, loved and secure.
- Positive relationships were being built between the service, children and families.
- Medication systems need to be reviewed to support the health and wellbeing of children
- The service had made significant improvements which had supported positive outcomes for children.
- Quality assurance and monitoring processes should continue to be developed.

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?	4 - Good
How good is our staff team?	4 - 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 where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 1.1 Nurturing Care & Support

Children experienced warm, and nurturing care to support their wellbeing. This helped children to feel happy, relaxed, and safe in the nursery. They had developed positive relationships with staff and approached them for comfort and cuddles.

The support needs of children were known to staff, who could talk confidently about children in their care. Some children were settling into the service and were being supported and encouraged by staff in a sensitive manner. Staff had undertaken specific training to support the individual needs of children. For example, epilepsy and autism training. As a result, children's health and wellbeing needs were cared for. Families told us, "All staff are knowledgeable, kind, helpful and nurturing" and "The staff are fantastic, caring and very focussed on the children as individuals. They follow their likes and interests and are genuinely excited to see them develop".

Staff had recently completed training on 'setting the table'. They had invited a Nutritionist, a parent, into the service to speak with staff. They sought advice on menu planning to ensure they were providing the right nutrition for children. Interactions between children and staff during mealtimes were positive, they promoted children's independence as they self-served their own snacks. Moving forward, staff should encourage children to be involved in the preparation and setting up for snack, to further support their life skills.

Throughout our visits staff interactions with children were calm and respectful. Children's personal care routines were provided in a warm and sensitive manner. For example, staff talked through routines with children while encouraging their independence. In addition, staff sang and interacted with children during transition which supported their emotional wellbeing.

The service had made improvements to children's sleep routines. Children slept on mats and had individual bags with fresh bedding. Staff followed best practice for most of the children in their care. Permission had been sought from families who had requested their child to sleep in a buggy. In line with best practice the service had individual plans to transition children from the buggy onto a mat. Staff sat with children and carried out regular monitoring checks. Management confirmed, staff would communicate by telephone, when children were awake and ready to return to their playroom for the safety of all children.

Detailed information was gathered and regularly updated in children's personal care plans; these were created in partnership with families. Strategies were identified and were regularly reviewed by staff to ensure children experienced consistent and relevant care and support, in response to their ongoing development and interest. Management were working in partnership with other services as they supported children who had blended placements and used more than one service over a week. Families commended "I was involved in drafting my child's care plan when they started. I get regular updates from the nursery about their care and general nursery news" and "my child's personal plan is updated regularly and any changes to routine are implemented quickly"

Systems were in place for administration of medication. Medication was stored in individual bags, labelled with child's name, and stored securely in the office. Information detailing symptoms was displayed separately. However, we found some records were not kept accordingly. For example, there were no written records for some creams to be applied to children and medication had not been reviewed every three months in line with good practice. Some records had no clear information when to give the medication, symptoms to look out for stored with the medication, or why it was to be administered. As a result, there was a potential risk to children. The service had taken steps to rectify this after the inspection. We signposted the service to 'Management of medication in day care of children and childminding services' (Care Inspectorate, 2014) (see area for improvement 1 and refer to area for improvement 1 under 3.1).

The care and support needs of children were known to staff, who could talk confidently about children in their care. Staff were aware when children were not themselves, for example feeling unwell. When necessary they recorded children's temperature. Moving forward the systems for monitoring children's temperature or fever should be reviewed, to monitor changes and to make informed decisions which contribute to better management of the individual child's health (see area for improvement 1 and refer to area for improvement 1 under 3.1).

Quality Indicator 1.3 Play and Learning

There was a good range of varied play experiences to support children's play and learning. Most children were confident in making independent choices and were engaged in their learning. For example, sand, water and imaginative play and problem solving with loose parts and open-ended materials. As a result, children's choice, curiosity, creativity, and imagination was developed and extended through the varied experiences they participated in. Families told us, their child experienced, "Such a wide variety, reading, music, mark making, painting, sensory play, adventures outside to local shops or the woods or play park. They have also done trips on local buses to East Links play park or to softplay".

Children explored both the indoor and outdoor environments. A balance of planned and spontaneous experiences promoted children's interest and allowing them to meaningfully lead their own play and learning. Floorbooks captured children's experiences and children's voice. Staff evaluated the environment and play spaces to make sure they were suitable and allowed children to develop their interest. For instance, they opened the floorspace, to allow more room for children to transport sand from the sand area to the home corner. This showed staff had good understanding of schematic play and the repeated actions and behaviours that children displayed as they explored the world around them.

Children's interests in books were supported by staff as they sat with individual and groups of children and engaged them in stories. They made effective use of sounds and gestures to encourage children to join in with the story. Staff informally sang to children as an extension to their play. This encouraged children's emotional, social and language development. One family commended on the services' positivity board, "It was wonderful having our child singing, to us all at the weekend after learning songs at nursery".

Children's learning stories contained detailed and informative observations, demonstrating that staff monitored progress and achievements. Children had experienced a range of sensory opportunities highlighted from their observations. Staff monitored children's progress and achievements. They used Eylog, an online system to share information with families which encouraged a partnership approach to children's learning. 'Wow moments' celebrated children's achievements and these were shared with families. As a result, children's choice, curiosity, creativity, and imagination was developed and extended through the

varied experiences they participated in. One family told us, "When my child started at Stepping Stones the staff were quick to recognise their particular interest and made sure that they had the opportunity to explore this further whilst at nursery".

Children had fun and were enjoying exploring the outdoor environments. A good range of natural resources, play experiences and loose parts play outdoors provided an enabling environment to enhance children's curiosity and creativity. Forest kindergarten had been introduced giving children opportunities to experience nature in the local woods. The service had made improvements to literacy and numeracy experiences outdoors which supported children's language skills.

Areas for improvement

1.
To support children's wellbeing and ensure their safety the service should review their management of medication practices. This should include but is not limited to,

- improving the recording keeping to ensure staff have the authorisation, and providing staff with information to help them support children's health needs. This should include instructions for administration/application and sign to indicate that a medication is required
- systems for monitoring children's temperature or fever should be reviewed, to monitor changes and to allow staff to make informed decisions which would contribute to better management of the individual's child's health
- following good practice in reviewing children's medication every three months with parents.

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 is provided in a planned safe way' (HSCS 4.14);

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this key question as very good.

Quality Indicator 2.2: Children experience high quality facilities

Children benefitted from a welcoming and relaxed environment which was attractive, well-furnished and comfortable. There was plenty of natural light and ventilation to support children's wellbeing. Children's safety was maintained by a secure entry system to the building and the garden areas were fully enclosed.

Inviting play spaces reflected children's interests. Children could access the toys and resources independently, which supported them in making choices. Cosy spaces provided areas for children to feel warm, safe, and secure. This contributed to children experiencing a quality environment that delivered the message that they mattered.

Both playrooms offered children direct access to the outdoor space. The indoors and outdoors spaces were safe, secure, and developmentally appropriate. Outdoor play was popular with children and they confidently moved freely between both areas. There was an outdoor room which the service had plans to develop to provide a sensory space for children. This included the consideration of electrics and heating. Families and children were supporting these improvements through a fund raising event to purchase sensory materials and resources.

The garden areas were used for different types of outdoor experiences. For example, sand and water play, painting, climbing, exploring loose parts, planting, and sheltered areas to support experiences in all weathers. Children had fun as they transported water and made their own muddy puddles. One family told us, "I like they have open access to outdoor space, my child loves the water tray and they also enjoy the 'themed' areas especially the current farm one".

We acknowledged the significant improvements made within the environment to support very good outcomes for children. These included children's nappy changing facilities to ensure these met the required standards. The service had enriched the environment through developing the curiosity approach, which was based on child led learning. They had provided more open ended, recycled materials, loose parts and natural resources to enhance children's play. One family told us "My child loves sensory play. The team put on regular and varied sensory play opportunities and have a corner for it also. They set up transition sensory play for my child each morning". As a result, children had more freedom over their learning.

Furniture and equipment were of a good standard. Children were kept safe and secure as the environment was clean and well maintained. Staff described the action they would take if they found any hazards or maintenance issues within the setting. Moving forward, any action taken to minimise any potential risks within the setting should be documented.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 3.1: Quality assurance and improvements are led well

The service had improved family engagement by developing a parent's group. It was planned for the group to be involved in developing the service to support future improvements. The vision, values, and aims of the service were in place; however, these had not been reviewed with children and families. We highlighted this would be a suitable time to review these with children, families, and staff. This would support a shared vision, provide ownership, and reflect the aspirations of children, families, and staff. Families told us, they were involved in the service in a meaningful way, for example, "We get weekly updates, asked for input into various aspects of nursery life, like suggestions for the snack menu, there is also a parents group being set up" and "The opportunity to feedback to the nursery is always there and I know that management take parent's feedback seriously".

Parents made comments on our online form as to what the service could do better, their comments included, "The only thing I would suggest is, if there was the option for lunch to be provided by the nursery", "Can not fault the service on much as I've only had good experience with them. I feel my child would benefit more if they had a better sleeping facility but due to it being such a small space it is hard for this to be possible. Regular updates on the Eylog parent app as sometimes due to staff being busy I do not receive

updates for a week", and "If they offered meals. Aside from that everything is brilliant!" Management agreed to consider this feedback.

Children's views were sought throughout their daily experiences, these were captured in observations and Floorbooks. The service informed families of changes and encouraged them to give feedback through emails, and nursery events. The service had planned a sponsored walk with children and families to support further improvements in the garden. For example, to purchase items for the new sensory area to make the room stimulating and comfortable for children. The service had purchased a triple buggy through a successful fundraising event with families. This had supported children and staff to regularly get out and about to explore their community.

There were some quality assurance systems in place to monitor various aspects of the service. For example, a quality assurance calendar recorded aspects of practice to be monitored by management throughout the year. However, there were gaps in areas covered by quality assurance systems. For example the improvements needed to mediation practices and reviews and accident records to ensure they were signed by parents. There were no written records for some creams to be applied to children, medication had not been reviewed every three months in line with good practice and times were not recorded on children's temperature checks. Moving forward, the service should continuity develop a systematic approach in implementing effective monitoring systems to make sure these are robust. The quality assurance calendar should be further developed to clearly outline the services intentions, timelines for moderation, and meeting specific requirements (see area for improvement 1).

Regular staff meetings and reviews supported staff to reflect on good practice guidance and the quality of children's experiences. The staff took time to reflect on the environment and their practice each day and kept written records, to support improvement. The manager carried out appraisals and reflective practice quizzes with staff. They also carried out regular monitoring of staff training. These processes enabled staff and management to review their practice and continue to identify areas for development. These systems resulted in enhanced outcomes for children and families.

Areas for improvement

1.
To ensure consistently positive outcomes for children, the provider should further develop suitable quality assurance and monitoring systems to ensure that the quality of the service is monitored and assessed effectively. This should include but not be limited to monitoring medication and accident recording practices.

This is to ensure 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?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality Indicator 4.3: Staff deployment

Staff recognised the importance of nurturing, warm, and interactions. This meant children experienced genuine love and care. Staff were proud of the work they did, with one telling us, "We feel very supported by the manager and the wider team, it feels more like a family in here. We have wellbeing meetings to check out how we are and if we need help". This contributed to the health and wellbeing of staff and positive atmosphere that children and families experienced. Families told us, "The staff are all great and I feel really genuinely care for my child" and "First name basis, ask about our weekend and holidays. They provide regular, personalised updates about our child both verbally and via the app. They advise on what they have done to support certain areas of development. They ask for feedback. They are absolute stars".

Staff within the 2-5 years playroom were well deployed throughout the session to support the children. They communicated well across the spaces to ensure that they were working together to best meet the needs of children. For example, staff informed each other and children as they were about to leave play areas. This supported positive relationships and children were being reassured as to where key members of staff were and when they would return. However, in the 3-months to 2-year-old room, we observed that staff occasionally required additional support. For instance, when one staff member attended to personal care, another prepared lunches, one staff member was left to care for the children. While children remained safe during this time, we asked that management review these periods and provide additional support to ensure continued positive outcomes for all children.

The manager was working toward completing their management quantification, applying their knowledge of legislation and theory to further develop the service. The sharing of their learning in areas such as children's rights supported the whole team to improve their knowledge and skills. The staff team brought a mix of experience, knowledge, and skills to benefit children's care and learning. Moving forward, the service should support more experienced staff to be champions and to use their skills and recent training to take forward specific areas for improvement. This would help to motivate the team and support them in improving further areas of the provision.

The induction process gave opportunities for staff to reflect and discuss their knowledge and understanding of their roles and responsibilities. The management team used the 'national induction resource' (Scottish Government, 2023) to promote a partnership approach between management and staff. Management should continue, to review the induction process and give consideration to the timescales and what key areas the induction involves for new employees at any one time. For example, time to be welcomed and settle in build relationships with families and other colleagues, and to look at key parts, for example, safeguarding children within the induction programme. Planning inductions over a longer period would support staff fully to understand their role as new employees.

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

Requirements

Requirement 1

By 29 March 2024, the provider must ensure that children are effectively supported and supervised in order to keep them safe. To do this the provider must, at a minimum:

- a) ensure that suitably qualified, competent, experienced, and knowledgeable staff are working in the care service in such numbers as are appropriate to meet the health, welfare and safety needs of all children,
- b) ensure that staff provide children with consistent care and support throughout their day; and
- c) staff childcare practice and deployment is monitored to ensure the health, safety, and welfare of all children.

This is to comply with Regulation 41(a) 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:

"My needs are met by the right number of people. (HSCS 3.15)"

This requirement was made on 31 October 2023.

Action taken on previous requirement

Children were effectively supported and supervised throughout the inspection.

Staff were deployed effectively and provided children with consistent care and support throughout the day.

Management were monitoring staff practice and deployment. They made themselves available to support staff in caring for children. This meant children were effectively supported and supervised to keep them safe

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 continuous improvement of the service, the provider should develop effective quality assurance systems. This should include, but is not limited to:

- a) staff training in the process of self-evaluation and improvement planning
- b) ensuring health and safety within the service is monitored
- c) developing further methods to actively seek children's and parents' views to inform the ongoing development of the service.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

This area for improvement was made on 31 October 2023.

Action taken since then

Some quality assurance and monitoring systems were in place. These included risk assessment and daily checks to monitor the cleanliness and safety of the environment.

The service were engaging more with families and had developed methods to actively seek children's and parents' views to inform the ongoing development of the service.

This area for improvement had been met

Previous area for improvement 2

The provider should develop and implement an action plan to improve and meet the required standards for children's nappy changing facilities. To keep children safe, and support good infection control and the health and wellbeing of children.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19).

This area for improvement was made on 31 October 2023.

Action taken since then

The service have made the necessary changes and improvements to ensure children's nappy changing facilities meet the required best practice standards.

This area for improvement had 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?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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