

Treetops Too Day Care of Children

Ailsa Road
Saltcoats
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Type of inspection:
Unannounced

Completed on:
26 November 2024

Service provided by:
Collin Care Limited

Service provider number:
SP2008009795

Service no:
CS2008176771

About the service

Treetops Too is registered to provide a daycare of children service to a maximum of 59 children aged from birth to those not yet attending primary school. Care is provided from a single storey property, which is located in a quiet residential area of Saltcoats, North Ayrshire. The service is close to shops, public transport routes and local amenities.

Care is provided from a dedicated birth to two room with one further open-plan room divided into dedicated spaces for children aged two to three and three to five years old. Children also have access to outdoor play in enclosed garden areas.

About the inspection

This was an unannounced inspection which took place on 25 and 26 November 2024, between 09:30 to 16:00. 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
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- reviewed feedback from two parents.

Key messages

- Nurturing and caring relationships had been established between staff and children. Children were confident and secure in those bonds.
- Children were relaxed and having fun.
- Staff knew children well and supported their individual needs.
- Improvements had been made to the environment which had a positive impact on the outcomes for children. However, further improvements were needed both indoors and outdoors to further enhance stimulating and meaningful experiences for children.
- Further development of staff's knowledge about play pedagogy would support high quality experiences, and children's play and learning.
- Infection control practices needed to improve to help prevent the potential spread of infection.
- Staff were flexible, committed and worked well together as a team.

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?	3 - Adequate
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 and support

Children attending the service were happy, engaged and settled. Staff had adopted warm, caring and nurturing approaches. They knew children well and were responsive to their needs, helping ensure children felt valued and loved. Where children required personal care, such as nappy changes, this was handled sensitively and by familiar members of staff working within the room where the child was cared for. This provided consistency of care for children.

Personal plans had been created in partnership with parents and carers. Plans contained important information needed to care for children and we observed staff using agreed strategies, which ensured children received support that was right for them. However, consistency for all plans should be considered as we found some plans did not have clear strategies to support children. Most parents were aware of their child's personal plan and had updated this with staff. Parents told us "the staff are always keeping me updated with the development of my [child] at nursery and also ask input from me and anything I would like them to work on with my child" and "they regularly ask what they can do to help my child." We asked the service to ensure when plans are reviewed these are signed and agreed by parents.

Lunch time had been developed and was a calm, unhurried and sociable lunchtime experience for children. Older children enjoyed chatting with their peers, whilst staff sat alongside them. This helped children develop their language skills and provided a pleasant mealtime experience. Children were encouraged to be independent and develop their skills by self-selecting food and pouring their own drinks. We discussed where improvements could be made to support mealtimes for younger children. For example, opportunities to self serve meals and further opportunities for staff to sit alongside children.

Children's wellbeing was supported with opportunities to rest and relax throughout the day. Staff understood and followed safe sleep guidance, helping to provide a safe, comfortable environment for children. We discussed how sleep spaces could be further developed for younger children, to ensure staff could respond to their needs.

Suitable procedures were in place to ensure safe administration of medication. Staff had a good understanding of children's health needs. Medication was stored appropriately and easily accessible. We discussed where some changes could be made to medication forms. For example, recording reviews with parents. The service agreed to action this.

Children were safe and protected from harm with policies and procedures in place in relation to child protection. Staff understood the role they played in this and had undertaken training to support them in their role. To further support the service's child protection policy, we advised that they included the telephone numbers for the relevant agencies involved in safeguarding children to further support staff. The service should also ensure it is clear who to report any concerns to in the absence of the child protection co-ordinator.

Quality indicator 1.3: Play and Learning

Children were playing throughout the service with friends and staff. Most children were engaged in their play and having fun. Children told us they liked "playing in the garden", "I like the house corner, dressing up and making soup" and "I like the playdough and playing with the cars."

Children were mostly leading their own play and learning through a range of planned and spontaneous experiences. They had choice and independence of where they wanted to play and how they would lead their play both indoors and outdoors. We discussed how the service could support children further when choosing between indoor and outdoor play. For example, using visuals to access the outdoor spaces.

There were a number of toys and materials to support children's play and learning. For example, books, rattles and sensory bottles in the baby room and blocks, role play and arts and crafts in the 2-5 room. There had been a number of improvements made to the learning experiences for children and this was beginning to have a positive impact. However, we discussed with management on staff further developing their understanding of different types of play to help support children to lead and extend their own learning. For example, we observed the use of written provocations, which limited children's choice, creativity and play opportunities. Reflecting as a team on play and play pedagogy would help to scaffold and extend children's learning, whilst also enhancing child led play.

Staff were beginning to adopt a questioning approach to encourage and support children's play and learning experiences. Staff should continue to develop their skills and confidence in extending children's learning through meaningful conversations. To further support staff's understanding of how children learn and develop, the management team should continue to upskill staff through training and development opportunities.

Planning approaches recognised children's current interests and recorded opportunities provided to support children's play. We discussed how this could be further developed to ensure children's voices are reflected within planning approaches. Consideration should be given to the provision of spaces, experiences and interactions to maximise outcomes for children.

Children benefited from opportunities to visit the local beach as part of the service's 'beach school.' This enhanced play and learning opportunities, as children developed connections to the wider world around them. We discussed how this could be further developed to provide more regular opportunities for children to explore their natural environment. One child told us, "I like the beach, its good fun there."

How good is our setting?

3 - Adequate

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

Quality Indicator 2.2: Children experience high quality facilities

Play spaces were welcoming and children had individual space to store their jackets and bags, helping provide a sense of belonging. Improvements made since the last inspection, helped create more homely and welcoming spaces. For example, some areas had been decorated and displays had been moved lower to ensure they were more meaningful for children.

Recent developments to the environment had taken place following self-evaluation and consultation with staff. This was in the early stages and staff should continue to develop spaces to support and nurture children's development and learning. For example, the construction area could be further developed to help ensure children have further resources and opportunities for imaginative play.

Some play spaces took account of children's current interests such as having an area for children to explore water and a well resourced home corner. At the time of our inspection, management and staff were continuing to develop indoor and outdoor spaces to maximise the use of natural and real-life resources to further enhance opportunities for children to explore and be creative. Further consideration could be given to developing play spaces for younger children, to support exploration and discovery. For example, reviewing floor spaces and relocating larger items of furniture. In addition, the youngest children would benefit from a wider range of resources outdoors, which was part of the service's current improvement plan.

Since the previous inspection the service had developed areas to provide cosy space for children to rest and relax. This included the use of enclosed spaces which supported children to self-regulate, which helped support children's wellbeing. We discussed how this could be further enhanced.

Extensive improvements had been made to the older children's outdoor area to support and enhance children's safety and learning. This was an on-going process, however, this had been received well by children and they were seen to be having fun and enjoying the new outdoor equipment and opportunities. We encouraged the management and staff to continue on this journey to fully evaluate the impact this has on children's health and wellbeing.

There was a system in place to monitor maintenance and repair of equipment. We discussed with the service how this could be enhanced to ensure a clear trail of action was recorded. The service had recently completed some repairs to children's bathroom and changing areas. We asked the manager to formally notify us of any future refurbishments in line with our notification guidance. We discussed the temperature in the baby changing area, which was cold. The service should review this and implement approaches to ensure the changing area is of an acceptable temperature for the comfort of children. (See Area for Improvement 1).

General housekeeping should be considered. During our inspection we found furniture and fixtures were dirty and worn. For example, flooring in 2-5 playroom, skirting boards, dado rails and dirt within extractors. The service should ensure robust procedures are in place to maintain a safe and hygienic environment. (See Area for Improvement 2).

Some measures were in place to help reduce the risk of spread of infection. For example, staff and children washed their hands after toileting and before eating. We discussed where improvements could be made for younger children, by adding a sink at their height. However, during our visit we raised concerns about the lack of fresh air in playrooms. The provider should maximise ventilation to support children's wellbeing. (See Requirement 1).

Requirements

1. By 1 March 2025, the provider must ensure that all children receive care in a well ventilated space. To do this, the provider must, as a minimum ensure:

a) Playrooms are suitably ventilated.

This is to comply with Regulation 10 (2) (c) (Fitness of Premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that 'my environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.' (HSCS 5.19).

Areas for improvement

1. To help ensure children's comfort, the provider should ensure improvements are made to children's changing areas. This should include, but is not limited to, improving the temperatures within nappy changing areas.

This is to ensure that care and support is consistent with the Health and Social care Standards (HSCS) which states that: 'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.' (HSCS 1.4) and 'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.' (HSCS 5.21).

2. To help ensure children experience a clean, safe, well-maintained and stimulating environment, the provider should ensure improvements are made to the environment. This should include, but is not limited to, improving the décor and general maintenance.

This is to ensure care, play and learning is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24).

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 improvement and assurance are led well.

Managers engaged well during the inspection and were committed to their roles. They shared ongoing improvements within the service and recognised the importance of these on the outcomes for children. Management and staff were at the beginning of their improvement journey and had made a good start on reflecting on their service and implementing change within the setting. We encouraged the service to continue on this journey and to evaluate the impact of change.

Self-evaluation and monitoring processes had improved since the last inspection. Quality assurance processes has been developed to include frequent audits of key practice areas. For example, accident and incident audits, medication reviews and monthly monitoring of playrooms. These processes were now more robust, meaning the management team and staff were better placed to identify where improvements could be made. However, we identified some key areas during inspection that had not been identified during audits. The service should continue to embed their approaches, ensuring any areas identified for improvement are actioned to support the development of the service.

Areas already identified within the service's improvement plan were reflective of some of the improvements noted during inspection. The manager told us of plans in place to ensure these actions were manageable and would impact positively on outcomes for children. We discussed and encouraged the management team to network with other services to support this.

Staff appraisals had taken place with all staff and some constructive feedback was being shared. We suggested the manager further develops this system, this would help provide further opportunities to improve practice. We discussed the importance of staff being meaningfully involved in this process and how this links to demonstrating progression of staff practice.

A record of staff training was in place. Training had been identified in line with the service's improvement plan. For example, outdoor training and using 'My World Outdoor' best practice guidance to build staff's knowledge. Staff completed an evaluation of training and this was shared with staff at team meetings. To secure meaningful improvements in practice, we shared examples of how this could be further developed to record the impacts of training on outcomes for children.

Staff valued opportunities to include families in the service and welcomed their feedback through questionnaires and informal chats and emails. Information was shared with families through a range of communication methods, such as online newsletters and notice boards helping families feel included. One parent told us "the staff are always asking for input from me about ideas for the nursery to help my child and they take on board a lot of the information and do something about the concerns or ideas I have."

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 were warm, nurturing and caring. They worked well together to create a welcoming environment for children and families. Parents said they found staff friendly, approachable and kind. They told us "they call me by my first name when I pick my [child] and spend a couple of minutes explaining to me how [my child's] day has went at nursery. They are always friendly take the time to answer any questions that I have" and "staff always make time to talk to us at the beginning and end of the day."

The service was appropriately staffed to provide care to children. Staff were deployed flexibly to ensure that children were supervised. They communicated regularly about children's individual needs and when a task took them away from their post, such as supporting toileting needs. We observed a period of time during mealtimes where some staff became task driven and positioning could have been better. We discussed with the manager the importance of staff sitting with children to help create relaxing and sociable experiences and they agreed.

The staff team were enthusiastic and committed to the role they played caring for children. Interactions with children were characterised by warmth, kindness and compassion. Staff were respectful of children and respected them as individuals.

There was a mix of staff skills and knowledge across the service. This provided opportunities for good role models and mentoring of less experienced staff, which contributed towards positive experiences for children. The management team were also visible and played a key role in promoting good practice.

Staff had built positive relationships, which contributed to a positive environment for children. However, we discussed how further consideration should be given to providing more opportunities for staff to come together as a team to support professional dialogue and development.

Staff had been safely recruited to ensure they were suitable to work with children. This was supported by induction processes, which ensured staff were equipped with the key information needed to keep children safe. A peer mentoring system helped new staff settle into their role and staff told us they felt more confident caring for children as a result. The service used the 'National Induction Resource' for new staff, which helped them reflect on practice and develop a deeper understanding of their role and children's individual care needs. Staff commented that their induction was positive and helped them to understand their roles and responsibilities and also the expectations of the management team.

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 help ensure children are able to access a variety of stimulating play opportunities, the toys and material available to children should be improved to support child led play. This should include but is not limited to, ensuring a wide range of sensory opportunities to stimulate children's curiosity, creativity and imagination and increasing the range of toys and materials available outdoors.

This is to ensure care, play and learning is consistent with the Health and Social Care Standards (HSCS) which states that: '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 to my age and stage, which stimulate my natural curiosity, learning and creativity.' (HSCS 2.27).

This area for improvement was made on 28 September 2023.

Action taken since then

Since the previous inspection the service had reviewed their play spaces and had improved the quantity and quality of some resources for children both indoors and outdoors. The service had introduced a range of play opportunities to promote children's senses and support child led play. The service should continue to monitor and review play spaces within all age ranges to further enhance play based opportunities and to ensure all resources are of a high quality.

This area for improvement has been Met.

Previous area for improvement 2

To improve the quality of children's experiences and the environment, the management team and provider should embed robust quality assurance processes. The service should further develop the use of best practice documents to evaluate the service provided and identify areas 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).

This area for improvement was made on 28 September 2023.

Action taken since then

Since the last inspection the service had developed their quality assurance processes, this included a quality assurance calendar, as well as monthly supervision of playrooms.

The service had used best practice guidance such as my world outdoor to reflect on their approaches and identify areas to develop. We discussed how these could be further developed to support the delivery of the service and to help promote positive outcomes for children.

This area for improvement has been Met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care, play and learning?	4 - Good
1.1 Nurturing care and support	4 - Good
1.3 Play and learning	4 - Good
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
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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