

Marina View Nursery Day Care of Children

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Type of inspection:
Unannounced

Completed on:
7 February 2025

Service provided by:
Marina View Nursery Ltd

Service provider number:
SP2015012495

Service no:
CS2015337575

About the service

Marina View Nursery is a privately registered daycare of children service provided by Marina View Nursery Ltd. It is based within attractively renovated premises in the coastal town of Troon in South Ayrshire, close to local amenities including a beach and shops.

The service can provide care to a maximum of 93 children from birth to those not yet attending primary school, of whom no more than 12 may be under two years of age. The service is in partnership with South Ayrshire Council to provide funded early learning and childcare.

About the inspection

This was an unannounced inspection which took place on 4 February 2025 between 09:45 and 17:30 and 5 February 2025 between 09:30 and 17:00. 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:

- gained feedback from 26 parent/carers through Microsoft form questionnaires
- gained feedback from 14 staff through Microsoft form questionnaires
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Overall interactions with children were warm and nurturing to support their wellbeing.
- The review of children's personal plans should support more positive outcomes for children.
- Children were kept safe as staff understood their roles and responsibilities in child protection.
- A secure controlled entry system enabled staff to keep children safe.
- Children were supported with some opportunities in developing their literacy and numeracy skills through play.
- Further developing infection prevention and control procedures would help reduce the spread of infection.
- Consultations with families should be further developed to support meaningful engagement.
- New staff were supported when starting at the service through an induction process which supported positive outcomes for children.

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?	4 - 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 and support

Staff were mostly warm, kind and caring. They mostly responded to children's needs using nurturing approaches, ensuring children felt emotionally safe and secure.

Children were consulted and listened to throughout the day, for example, during play, and before personal care. Staff offered children praise and encouragement in tasks, play, and when following instructions which supported their confidence. Overall, interactions with children were positive. This contributed to children feeling valued and that their views mattered. Parent commented: "Staff take the time to make my child feel included, safe and nurtured."

Staff had built positive relationships with families and parents were invited into the service at drop off and pick up times. This provided opportunities to pass on important information about children's day and supported effective communication and parental involvement. Parents commented: "We are welcomed into the playroom and staff always take time to talk to me regarding my child's day" and "Welcoming and friendly staff."

Almost all children enjoyed a positive lunchtime experience although there were inconsistencies in this across the service. Food was freshly cooked on the premises, menus were varied and took account of children's individual dietary requirements. Parents commented: "Fresh food being cooked on site is great and an aspect that is important to us" and "Glad that my child is getting to try lots of different textures and tastes." Children could choose to self-serve their food and pour their drinks and they were encouraged to tidy up after lunch. Staff mostly sat with children whilst they were eating, ensuring their safety, and they chatted with them during lunchtime. However, on occasions some staff were task focused which meant they were frequently leaving the tables to bring food to the children. We asked that the manager review this to support a relaxed, sociable experience which supports the individual needs of all children.

Some children's needs were supported through the implementation of personal plans that detailed their likes, dislikes, and preferences. Although, not all children had the relevant information in their personal plans to support them, such as identified strategies and these were not consistently shared with parents. Children's plans were stored by the manager and were not consistent in the information they provided. This meant staff did not have direct access to important information regarding children's needs. We asked that the service ensure information is consistent within children's plans, plans are accessible to enable staff to support children in their care and ensure plans are reviewed at least every six months with parents. This would ensure staff had up to date information regarding children in their care. The manager had created a new template for children's personal plans which should support a consistent approach to accessible information for all children. This would support positive outcomes and ensure children received the right support at the right time (see area for improvement 1).

The service had reviewed their child protection policy and procedures and staff had engaged in further training to support them in their role. Staff we spoke with told us they understood their roles and responsibilities in child protection to ensure children were kept safe and some commented: "We have

recently completed child protection training refreshed our whistleblowing training too. I am confident I know how to recognise and report any concerns I have and who I speak to about them. I am also aware of what to do if I feel my concerns are not dealt with properly." Although child protection training had been completed by staff, further training was required by the child protection co-ordinators to support them in their role and ensure a consistent approach to safeguarding children (see area for improvement 1 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Overall, staff had a clear understanding of children's medical needs. Staff working with the youngest children were particularly skilled at recording and administering medication in response to children's needs. However, some of the records we sampled for older children needed to be updated to reflect the information staff knew about them. This included recording signs of when children might require emergency medication. We discussed this with the manager and were satisfied that action would be taken to update the records we highlighted. This would enhance practice to consistently support children's health and wellbeing.

Quality indicator 1.3: Play and Learning

Planning approaches supported children to develop their knowledge and skills in a range of topics including seasonal and cultural festivals. For example, children had been learning about Chinese New Year and they enjoyed sharing what they had been making and other representations of this cultural festival, such as the colours and animal associated.

Parents were supported to be involved in their child's play and learning as staff used online journals to share observations of children with parents. This provided opportunities for parents to further discuss this with their child and extend learning at home. One parent commented: "I like how I can see what my child has been doing on the learning Journal."

Children were sometimes engaged in play. Some consultations with children to develop their play and learning was supported through the use of mind maps to record their ideas. Children mostly engaged in spontaneous play experiences which led to missed opportunities for children to develop and challenge their ideas and play experiences. We discussed with the manager implementing a balance of spontaneous and planned experiences to support children's individual needs and positive engagement.

Some staff were skilled at extending children's thinking, widening their skills and consolidating their learning through play experiences. Some staff used creative approaches successfully to engage children's imaginations and enriched their play and learning. For example, children enjoyed connecting the train track pieces together to create a long winding track which they were then able to revisit after lunch. Although this was inconsistent which meant there were some missed opportunities to extend children's ideas and learning. Providing consistency in staff approaches would enable staff to recognise and enhance children's progress and achievements.

Although staff were responsible for areas within the playrooms some play spaces were not stimulating and inviting for older children. This resulted in some children losing interest and engagement in play. We suggested ways this could be improved to support more positive engagement from children.

Children were supported with some opportunities in developing their literacy and numeracy skills, for example, through discussions with children, storytelling, singing, access to a range of books and incorporating counting in play experiences. This included considering children's ideas and comments and learning from their experiences. As a result, some children were engaged during their play.

Areas for improvement

1. To ensure children's individual health and wellbeing needs are met, the provider should further develop children's personal plans. This should include, but not be limited to, using recorded information that identifies how they will meet children's individual needs including strategies to support them, ensuring personal plans are accessible to all staff, and reviewing children's plans with parents at least once in every six-month period.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal 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).

How good is our setting?

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 2.2: Children experience high quality facilities

The setting was comfortable and welcoming, with plenty of natural light and ventilation. Children had ample space to meet their needs and quieter rest areas supported their wellbeing. However, these quieter areas were out with the playroom environment. Children would benefit from the implementation of more soft furnishings within playrooms to create cosy spaces where they could rest and relax. This would further support their wellbeing and self regulation. Parents commented: "It is a lovely environment."

A secure, controlled entry system had been implemented since the last inspection which enabled staff to see who they were answering the door to. Internal doors were accessed through use of 'fobs' which prevented unauthorised people from entering children's spaces. This provided a safe approach at drop off and pick up times ensuring children were kept safe. One parent commented: "My child is safe and happy." Staff commented: "The whole nursery is very safe and secure, giving access to only staff members with key fobs. Parents only gain access to the building if they are let in by staff that know who they are."

Resources were safe and accessible for children, however not all areas children accessed had been risk assessed to support staff to implement mitigations to reduce risks to children. The service should risk assess all areas children access within the environment and within the local and wider community. This would highlight anticipated risks and enable staff to reduce or remove these risks to keep children safe (see area for improvement 1).

Some infection prevention and control procedures were in place to keep children safe. For example, children were encouraged to wash their hands before eating, and after wiping their noses. However, there were inconsistencies in this and some aspects of infection prevention and control required to be improved to help reduce the spread of infection. For example, staff did not dispose of personal protective equipment appropriately, and we observed some porous surfaces within children's changing areas. The service should address areas which could cause the potential spread of infection. This would support them to reduce this and keep children safe (see area for improvement 2).

Staff completed registers of children attending, detailing when children were dropped off and picked up. Visual displays, such as whiteboards, supported staff in knowing how many children were present at any given time. However, we found inconsistencies in this as a child who had left for the day had not been

marked off on the register. We asked that staff ensure registers accurately reflect the children attending. This would ensure all children were safe and accounted for.

Areas for improvement

1. To keep children safe the service should ensure they reflect current risks and implement risk assessments to reflect these involving children in the process.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe.' (HSCS 5.17).

2. To support children's health and wellbeing, the service should ensure that infection prevention and control practices are followed. This should include but not be limited to, including appropriate handwashing, the appropriate disposal of personal protective equipment and the repair of porous materials within children's changing areas.

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

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 revised their vision, values and aims in consultation with staff, however they had not consulted with parents or children in this which did not support families to be involved. We asked that the service review these with staff, parents and children sharing any actions taken in relation to these consultations. This would support families and staff to feel included and involved in the aspirations of the service (see area for improvement 2 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Meetings took place which enabled staff to come together and discuss aspects of the service. However, staff were not asked for their contribution prior to these meetings and minutes were not consistently recorded and shared with staff. This did not support effective communication or enable staff who could not attend to keep up to date with discussions. We asked that the manager ensures they share an agenda with staff prior to meetings and ensure an accurate account of these meetings are recorded. This will support staff to feel included, provide consistency and help keep all staff informed.

The service were at the early stages of their self-evaluation journey and had started to reflect on aspects of practice. They had used Education Scotland's document titled 'How Good is Our Early Learning and Childcare to support with this. Although some feedback had been sought from parents this could be further developed by sharing the improvements identified and gaining feedback from parents to support more meaningful engagement. Parents commented: "We are beginning to be more involved in the development of the service with improved communication including surveys." Further embedding this in practice would support positive outcomes for children (see area for improvement 2 under 'What the service has done to meet any areas for

improvement we made at or since the last inspection').

The manager had identified policies to review relating to areas for improvement within the service. They had shared these with staff to ensure their understanding. For example, staff were provided with the opportunity to read and sign updated policies stating they had read and understood the content. This ensured staff were kept up to date with changes to policies and procedures and were aware of their roles and responsibilities. Although updated policies were shared with staff they were not shared with parents. Sharing updates to policies and procedures with parents would support meaningful engagement (see area for improvement 2 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

An improvement plan supported the service in making informed improvements. We observed some evidence of progress being made within the plan. For example, the service had identified to improve opportunities for enabling children to have ownership of their learning and have their voices heard. Staff were developing parts of the plan in daily practice as they consulted with children and recorded their ideas through mind maps. Staff told us: "Planning includes a mind map of children's voice which allows us to add backdrops to learning." This supported children to feel valued, included and respected. This could be further developed by sharing the improvement plan priorities with families to support them to be actively involved in service improvements. Parents commented: "We are able to feedback and ask questions. However, I wouldn't say we were given many opportunities to develop the centre." (see area for improvement 2 under 'What the service has done to meet any areas for improvement we made at or since the last inspection').

The service kept a record of all accidents and incidents that children had been involved in. The records demonstrated that staff had responded to children to support their wellbeing. Monthly audits of accidents and incidents helped management to identify any patterns and take action as needed to enhance children's safety.

The manager had started some monitoring processes which had contributed to positive outcomes for children. For example, children were being supported to be more independent at lunchtime and self-serve all food options. The manager and staff should continue strengthening their approach to reflecting on and auditing practice. This would help them to identify and respond to other improvements needed.

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

The management and staff team had worked together to create a safe environment for children and families. This included welcoming parents into the service providing secure entry and exits. This ensured children were kept safe.

Some staff were supportive of each other and new staff were supported when starting at the service through an induction process and an allocated mentor. Staff working towards a qualification were supported by qualified staff in their roles and responsibilities. A mix of staff differing experience, knowledge and skills supported newer staff to develop their knowledge and skills in practice as they supported children in their care. Staff told us, "Inductions are given to make new staff aware of policies and procedures. Mentor helps new staff to learn routines of the playroom and children's needs as individuals and to get to know the staff

team which helps to build bonds with staff."

The staff communicated verbally with each other throughout the day and some used walkie talkies to support this. Staff were employed in sufficient numbers to supervise children and respond to their needs. This meant that overall, children received nurturing and safe care. However, at key times of the day, staff could have been better deployed to provide children with the care and support they needed. This was mostly at busy times, including collection time and when supporting children to move from indoors to outdoors. Better communication amongst the team at these times could contribute to children's needs being more consistently met.

Staff would benefit from further developing their knowledge and understanding in relation to child development for example, Schemas. Schemas are described as patterns of repeated behaviour which allow children to explore and express developing ideas and thoughts through their play and exploration. This would support staff to understand why children behave in certain ways and enable them to support children and families in this. Some parents commented: "It would be nice if there was some sort of education for parents so the nurturing continues at home and let us know how we can help our child's development at home," and I would like to know how we can help them reach their goals at home."

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

Requirements

Requirement 1

By 5 December 2024, the provider must make proper provision for the health, welfare, and safety of children. In this instance, the provider must ensure that:

- a) The service's child protection policy and procedures are followed at all times.
- b) Build a competent picture of events by effectively recording all relevant information and share this information with the appropriate agencies/relevant individuals.
- c) All staff must receive further training relating to all aspects of child protection and demonstrate an understanding of child protection procedures, including whistleblowing.

In completing child protection training, specific attention must be made to the consequences towards children of delaying the reporting of incidents.

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

This is also 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).

This requirement was made on 12 September 2024.

Action taken on previous requirement

The service's child protection policy and procedures had been reviewed and shared with staff who had signed that they had read and understood the content of this. The manager has implemented face-to-face Child Protection training for all staff to complete. They have also implemented clear procedures to ensure children are safeguarded and any concerns are reported to the appropriate agencies to keep children safe. Staff we spoke to during the inspection were aware of their roles and responsibilities relating to Child Protection. The manager had kept a chronology of significant events and chronologies had been added to children's files. Therefore, this requirement has been met.

Met - within timescales

Requirement 2

By 5 December 2024, in order to ensure children's health, safety, and wellbeing, the provider must implement an effective system of staff monitoring and supervision. This should include, but not be limited to:

- a) The monitoring of staff practice
- b) Regular supervision meetings, which allow management and staff to identify and implement staff training needs.

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

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 12 September 2024.

Action taken on previous requirement

The manager had implemented some monitoring of staff practice and routines within the service. This provided them with information to support and inform improvements. They have also started supervision meetings with staff to support them by highlighting their strengths and training needs. Therefore, this requirement has been met.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure that children are protected from harm and abuse, the child protection co-ordinator and designated depute should access training that reflects their level of responsibility.

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).

This area for improvement was made on 21 August 2023.

Action taken since then

Although staff have completed updated child protection training the child protection coordinators have not accessed training that reflects their level of responsibility. Therefore, this area for improvement has not been met.

Previous area for improvement 2

To ensure all families have opportunities to be actively involved in service improvements and planning for children's learning and development, arrangements for sharing information should be reviewed and improved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "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 21 August 2023.

Action taken since then

Although the service has shared their improvement plan with parents and have started to share children's learning through online journals families were not meaningfully involved in the service improvements and parents were not consistently consulted regarding their child's learning and development. Therefore, this area for improvement has not been met.

Previous area for improvement 3

The provider should review recruitment procedures referring to current best practice guidance. This should include taking checks of Scottish Social Services Council (SSSC) registration and any action needed should any worker's registration lapse This is to ensure that as a child: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

This area for improvement was made on 21 August 2023.

Action taken since then

Staff were recruited safely into the service and appropriate checks were in place before new staff started and during their employment, ensuring children were kept safe. Therefore, this area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	4 - Good
2.2 Children experience high quality facilities	4 - 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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