

Thrive Childcare and Education Corner House Nursery Stirling Day Care of Children

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Bertram Nurseries Limited

Service provider number:
SP2003002955

Service no:
CS2003045968

About the service

Thrive Childcare and Education Corner House Nursery Stirling, is registered to provide care to 82 children aged from birth to those not yet attending primary school.

Care is provided from a two storey detached property, located within a residential area of Stirling. The service is situated close to shops, parks and other amenities. At the time of the inspection children were cared for across the lower level of the premises only. All children have access to gardens surrounding the building.

About the inspection

This was an unannounced inspection which took place on Wednesday 05 March between 09:00 and 16:45 and Thursday 06 March between 08:40 and 15:00. 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, 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 and five of their parents/carers. We also received seven responses to our electronic questionnaire
- spoke with ten staff and management
- observed practice and how children's routines and play were supported
- reviewed documents.

Key messages

- A welcoming environment promoted an ethos of respect where positive relationships with parents supported partnership working.
- Children benefitted from kind, caring and nurturing interactions with staff.
- Quality assurance and self evaluation had resulted in changes which promoted positive outcomes for families.
- Planning systems were being developed so they supported children's learning and development.
- Personal plans were in the process of being updated. These would give an overview of how children were being supported with their care, routines and learning.

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 on positive outcomes for children.

Quality Indicator 1.1: Nurturing care and support

There was a positive ethos within the service which meant a culture of respect and inclusiveness had been created. Children experienced positive interactions from all staff and we saw they had developed nice friendships with each other. Children therefore felt valued as the positive interactions meant their well-being was supported. Parents shared "We find the staff to be genuinely caring and highly supportive of our child's needs and development. They are approachable, organised, and attentive in all aspects of our child's care." And "The staff ask questions about (child's name) and their life beyond nursery. They take a genuine interest in us as a family."

Personal plans, learning journals and an online app contained information about children. These formats help keep parents up to date about their child/ren. There was mixed views from parents about personal plans. They shared "I was recently asked to update my child's personal plan, the paperwork I was given asked me to review the personal plan and asked if it supported their needs. I returned the paperwork stating I have never seen the personal plan so could not comment if it was fit for purpose." And "The staff continually engage with us on our child's development and provide regular feedback. For example, when there was a delay with speech development, the staff worked on learning basic sign language and supporting word development. As a result, we have seen a significant improvement. They are always happy to help and discuss anything we would like them to focus on." We concluded that there was scope to improve opportunities for all parents to contribute information which supported their child's care. Ensuring parents were a central part of the process would strengthen partnership working as their views were valued.

New 'all about me' documentation were being introduced to plan children's care and support. Information shared by parents helped staff outline the areas children needed support with. For example, allergies were detailed, and any medical requirements were clear. As a result, children's health needs were effectively managed. Staff talked knowledgeably about children's individual needs and routines which they supported them throughout the day. Children benefitted from this consistent approach as they were cared for in ways that were familiar to them. While we were satisfied children's needs were being met, staff could further develop the use of the document. For example, any strategies or techniques used to support children should be clearly recorded. This would outline how the overall needs of children were being planned for. This should support consistent practise for new or relief staff. Reviews could be more meaningful if all information was assessed to determine the impact and outcome for children.

Staff were mindful of children's emotional well-being as they were responsive to their moods, changing needs and non-verbal communication. If needed, children had their comforters which offered them reassurance. Approaches to personal care were carried out in a respectful and caring way. Children were listened to as most staff asked for permission before carrying out personal care.

Meal and snack times were relaxed and sociable for children. We saw children had opportunities to develop their self help skills. For example, older children served themselves at lunch time, poured their drinks and tidied up when they were finished. Younger children were developing their independence as they were

encouraged to feed themselves. We said to staff there could create more opportunities for younger children to develop their self-help skills at meal times. For example, spreading toast at snack time and pouring drinks.

If children required medication, we confirmed the system in place followed best practice. As a result, it was stored safely with appropriate information recorded. An audit system was in place which meant that records were regularly checked and updated to ensure children's health needs were met.

Quality Indicator 1.3: Play and learning

Children benefitted from well organised environments where a range of activities supported their learning and development. They were able to make choices as play materials were stored at their level. Open ended resources and activities helped children use their imagination, curiosity and investigation. As a result, children were busy as they led their play. During their play, children said "I've made a handbag." And when they were looking for bugs "We can look under the tree."

During play, all staff interacted with children at their level. They responded to children's interests as they read stories, sung songs or supported play outdoors. Literacy and numeracy opportunities were encouraged through play. For example, children were organising trucks in number order. Younger children's early vocabulary was encouraged as staff repeated words and kept language simple. Parents shared "The children are always painting, crafting or creating role play situations relating to real life situations. Events are celebrated and different achievements outside of nursery are recognised." And that children had "Music sessions, arts and crafts, trips to the museum and park, book bug seasons, sensory and messy play and an opportunity to play outdoors."

All rooms benefitted from direct access to an outdoor area. Most children had opportunities to play outside where they developed their physical skills as they played on wheeled toys and large equipment. They benefitted from being in the natural environment and outings in the local community. We observed that younger children were not supported to use the garden as often as they could. To promote their health and well-being, staff should increase the opportunities for younger children to go outdoors every day. The manager agreed with our suggestion.

Planning approaches to support children's learning, interests and development were being developed. Termly plans had been introduced and contained information about planned experiences and how children's interests were responded to. Staff used this to plan for individual children which supported them to make progress. This process could be more meaningful if staff included specific activities used to support individual children's learning and development. For example, what opportunities would be offered to support them to develop social skills. Staff should be supported to develop a consistent approach to planning across the setting. In the 0 - 3 rooms, responsive planning could be improved. More information is needed to evidence how staff support children's learning and development. There should be clear links of children's experiences between planning, observations and learning journals. This should support staff to assess the impact on children's learning and identify 'next steps' for their continued progress.

Observations could have been used more effectively to impact children's learning. Staff should develop the use of observation to record relevant and significant information about children. Understanding how they link to planning should further promote a child-centred approach. Experiences provided should then extend children's interests, help identify 'next steps' and encourage them to reach their potential. Parents would like "More frequent updates on the Learning Journals app would be nice." And "More information on the app with pictures of what they (children) have been up to."

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.

A warm, welcoming and well organised environment had been created for children. It meant children had space to play and extend their activities. Appropriate resources for each age range were of good quality and well maintained. They were stored so that children could easily choose what they wanted to play with. Almost all children had positive experiences as staff listened to them and supported their choices which influenced the pace of their day. In the shining stars room, we concluded that the space available was not used to its full potential. For example, limited use of the garden area impacted on children benefitting from being outdoors. At times, as children and staff were in one part of the room, the noise level was high. This appeared to impact on children's emotional well-being. We asked staff to review use of space available. For example, using all spaces, including outdoors more will create a calmer atmosphere and improve children's experiences. They had started to respond to this during the inspection.

Each room had an enclosed garden area which was safe for children's play. The local community was used for outings. Parents shared "Lots to do at nursery and the local trips/walks they do are excellent." And "They regularly play in the garden with friends, enjoy playing with a ball, and have fun on the slide at nursery. They also love going on trips to Kings Park."

A safe environment was promoted by risk assessments and staff undertaking daily safety checks. The rooms were maintained throughout the day with spillage swept up. Measures were in place to minimise the spread of infection. For example, hand washing at appropriate times and cleaning of touch points. We saw that some areas of the service could be tidier. To help improve this, as part of their daily checks, we asked that staff ensured spaces and worktops do not become cluttered. This should support a safe environment as they can be easily cleaned. Being cared for in rooms that are well maintained will give children a strong message that they matter.

Established procedures for maintenance were in place which meant any repairs were promptly addressed. We saw that equipment was in a good state of repair and suitable for children. Plans were in place to continue with decoration of the nursery.

The service was safe and secure as staff knew who was entering the building. We also confirmed that appropriate measures were in place to store information securely.

How good is our leadership?

4 - Good

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

Quality Indicator 3.1: Quality assurance and improvement are led well.

To support improvement, formal and informal ways of quality assurance and self-assessment were in place. Observation of staff practice, inspection findings and audits had been used to monitor the work of the service. These had helped identify what was going well and appropriate areas for development. For example, a 'rolling' lunchtime routine had been introduced in the Rainbow room. This meant the experience was much calmer for children and enabled them to choose when they ate.

An improvement plan was in place which staff had contributed to. They talked knowledgeably about the benefits of the changes made and how it had improved children's experiences. For example, the planning system was more organised and gave an overview of planned and responsive activities. It enabled staff to have a child led approach as they planned for their interests and development. Moving forward, staff should be supported to develop their skills and knowledge to carry out more formal self-evaluation. To support this, they should undertake learning so they can lead teams, take on leadership roles and reflect on their practise. As a result, staff should be able to meaningfully contribute to the quality assurance processes. This should support continuous improvement of the service at a room and service level.

While parents felt they could share their views, some said they did not have opportunities to do so. Comments included "There are parent feedback groups and stay and play sessions." And "I have repeatedly filled in questionnaires stating communication is lacking, and its not been increased." Parents views from a recent survey had been gathered and collated. This had resulted in save the date, stay and play sessions, parents nights and open days. These events had increased opportunities for parental involvement. To ensure all families feel their views matter, a range of increased opportunities should be used to capture their views. This could contribute to the development of the service and meet family's needs. One way of doing this was the planned introduction of e-journals. This should offer a platform to ask for parent's views.

Children's voice was evident in planning as they shared ideas about their interests and activities. They felt valued as staff were responsive to their ideas which supported their learning. Staff should build on the these opportunities, so the outcome of children's input is recorded.

Staff contributed to the development within each room. For example, changing the layout to improve children's experiences. Moving forward, they should assess the impact of change to confirm the desired aim is being achieved. For example, the benefits of the changed lunch time routine in the Rainbow room. Recording examples that have promoted positive outcomes for children should help staff develop their skills in assessment. It could support reflective practice and help continuous improvement as staff develop confidence in evaluation.

To support sustained improvement, the quality assurance measures should be embedded at all levels. Measuring outcomes from monitoring, should make the process more meaningful. For example, it will determine the level of competence across the staff team. An accurate assessment of performance will enable target areas for improvement to be identified. Whole team development should lead to improved outcomes for children and families.

How good is our staff team?

4 – Good

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

Quality Indicator 4.3: Staff deployment

Changes to staff roles, deployment and new team members had been well managed. It meant there was a mix of skills and experience across the service. The staff team was more settled and developing teamwork within each room. This contributed to a shared ethos as they developed positive working relationships.

The pattern of staff attendance promoted continuity of care across the day. Staff communicated with each other and had a flexible approach if they needed to leave an area. This meant children continued to be

appropriately supervised. At busier times, routines had been established which promoted children's safety. For example, at lunch time, an extra member of staff helped prepare and set up meals. As a result, children's routines and needs were supported. Parents shared "We feel that there is a sufficient staff-to-child ratio in the room to meet our child's needs."

Team meetings, 1:1 sessions and access to training were used to develop the staff team. These opportunities helped identify staff skills, areas of interest and supported professional development. As a result, some staff were keen to develop in their role. We advised that sharing techniques and strategies about practise could help them achieve new skills. This should improve the competence and knowledge across the team and strengthen the provision. Children and families should benefit from a well-supported and trained staff team.

The service followed safe recruitment procedures which ensured children were cared for by staff who had the right skills, experience and qualifications. The induction process could be improved so staff competence is more fully assessed. Ensuring staff are given feedback about their performance will enable areas for their continued professional development to be identified. In addition, induction should be tailored for particular roles. For example, developing competences for staff employed in a senior role. Empowering staff to develop skills necessary for a leadership role, should support the management team as they develop and guide staff in their role.

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

The provider should ensure that children receive care in a clean, well looked after and well maintained premises. This should include, but is not limited to, improving the quality of furnishings, fixtures, toys and materials.

This is to ensure that care and support is consistent with the Health and Social Care Standard's (HSCS) That states: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. " (HSCS 5.24)

This area for improvement was made on 23 November 2023.

Action taken since then

Rooms were clean, tidy and well-maintained. Staff were seen to clean touch points during the inspection. Any spillage was cleaned up to maintain safety.

Cosy areas for children were made with soft furnishing that was in good condition.

Resources available where in a good state of repair which supported children's engagement in activities. They were well organised which enabled children to choose what they wanted to do.

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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