

Seashells Nursery Day Care of Children

Community Centre
Albert Road
Eyemouth
TD14 5DE

Telephone: 01890 752 082

Type of inspection:
Unannounced

Completed on:
12 March 2025

Service provided by:
Seashells Day Care Nursery Committee

Service provider number:
SP2003002000

Service no:
CS2003009282

About the service

Seashells nursery is a daycare of children service and is registered to provide a care service to a maximum of 38 children not yet of an age to attend primary school at any one time. Of those no more than 10 are aged two years to under three years.

Seashells nursery operates from premises within Eyemouth Community Centre in the Scottish Borders. The accommodation consists of three playrooms, a kitchen area, toilets, changing facilities and a small cloakroom. There is an enclosed nursery garden.

The nursery is situated near to the centre of Eyemouth and close to the beach, parks and local amenities.

About the inspection

This was an unannounced inspection which took place on 4 and 5 March 2025. The inspection was carried out by two inspectors from the Care Inspectorate. We gave feedback to the service on Wednesday 12 March 2025.

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 and with three parents
- received 11 online questionnaires from families
- spoke with staff, the manager and depute manager
- received 11 online questionnaires from staff
- observed practice
- reviewed documents.

Key messages

- Children were busy and having fun.
- An effective personal planning approach should be developed to contribute to children's overall health and wellbeing.
- The service had brought about positive change and improvement within the environment that were having a positive impact on outcomes for children.
- The staff team need to communicate more effectively and be more flexible in working together to support better outcomes for children.
- Staff should undertake training to support their understanding of child development and to ensure all children benefit from consistently nurturing interactions.
- Self evaluation and monitoring processes should continue to be developed to ensure outcomes for children remain positive.

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?	3 - Adequate
How good is our setting?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How good is our care, play and learning?

3 - Adequate

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

Quality Indicator 1.1: Nurturing care and support

Most staff were kind and caring and knew children well. Staff interactions were varied, some staff were not following the child's lead or noticing their cues.

Some changes had been made to support the lunch experience for children. Staff sat alongside children to eat their lunch and provided some level of praise. Overall, the lunch time experience was not supportive, staff engagement with children was limited as they focused on having their own lunch. Some further developments to the lunchtime experience should provide more opportunities for children to be supported and be independent (**refer to requirement 1 within How good is our leadership, Quality Indicator 3.1: Quality assurance and improvement are led well**).

Medication was held in the service and administration of medication was recorded. All medication was boxed, clearly labelled, and held the relevant information for each child. The service had conducted administration of medication and medication recording audits and made positive improvements.

All children had care plans, chronologies and some children had care plans plus. These provided information on the individual child. However, some key information was missing, and it was not always clear what strategies were in place to support individual children. Personal plans should be more collaborative to ensure sharing of strategies to support children as well families. One parent told us, "My child feels very loved" and "I would love more frequent and detailed updates on the app". We have directed the service to Care Inspectorates, guide for providers on personal planning, hub.careinspectorate.com This area for improvement in the previous inspection has not been met (**see area for improvement 1**).

Quality Indicator 1.3: Play and Learning

Most children were busy with the resources on offer and were having fun. The service had developed sensory and loose parts play. Children within the Pups room experienced sensory play with sand, water, playdough, shaving foam and glitter. All children had opportunities to look at books. Children in the Seals room had opportunities to listen and engage in storytelling. Some children played together happily, and friendships were being developed. One parent told us, 'their child had friendships forged from a young age within the nursery and staff had helped them to overcome their shyness.'

The service had improved some areas, even so, resources were not well presented or rotated. Children were not supported by staff to engage with resources or to extend their play. Resources were available in the Seals room to support children's numeracy, language, and literacy skills. However, staff could have more effectively used these to support and develop children's skills (**refer to requirement 1 within How good is our leadership, Quality Indicator 3.1: Quality assurance and improvement are led well**).

Children experienced Pancake Day and World book day celebrations. Floor books recorded children's learning and experiences; however, these did not capture the voice of the child within their learning. Planning systems included monthly intentional planning and responsive planning. Children's observation and next steps in learning showed this was not always responsive or effective.

Staff need to understand the meaning of 'responsive planning' to benefit the children in their care. For example, considering what children already know and can do, what motivates and engaged children. Practitioners could build on children's strengths to support and extend their learning. We directed the service to 'Plan Respond Do Reflect, Leading planning in the Early Years, <https://blogs.glowscotland.org.uk> (refer to requirement 1 within How good is our leadership, Quality Indicator 3.1: Quality assurance and improvement are led well).

Children participated in community events and shared their experiences with families. They had opportunities to explore the environment during visits to the beach, parks, and local areas. One parent confirmed their child had "Day to day outdoor play, team building, mixing with a varied age range of children". They also told us, "The nursery often does walks and little trips out into the community".

Areas for improvement

1. To ensure that children's care and support needs are met, the service should further develop and streamline children's personal plans. The provider should ensure all key information, and strategies are included to support children's individual care needs. These should be developed and regularly reviewed alongside parents.

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

'My personal plan (sometimes referred to as a care 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/people and clearly outweighed areas for improvement.

Quality Indicator 2.2: Children experience high quality facilities

We acknowledged the level of improvements made within the environment both indoors and outdoors. For example, changes to the nappy changing and toilet facilities. Opening of a second room has offered another play space for the children within the Pups playroom. In addition, the garden area had been opened up to provide additional space for all children. As a result, children experienced a more spacious safer environment. This sent the message to children that they mattered. One parent told us, "The staff provide a lovely calm safe caring environment for my child to explore and enjoy". When asked through our online questionnaires, what would make the service better, two parents told us, "They would like more space, one parent stated overall space available and the other within the two year old room".

The service had taken action to alleviate risks through the removal of broken screens and replacing safety gates. In addition, they had replaced tables and chairs to provide a more child friendly environment. Staff talked to children and reminded them about keeping safe outdoors, whilst climbing and using loose parts. Risk assessments were conducted by staff to support a safe environment. We have asked the service to develop these further, to include risk levels and actions taken. Children could be involved in developing these to promote their independence, confidence and safety.

The service was well ventilated and benefited from natural light. The Seals room was well resourced and experiences on offer reflected most children's interests.

Although some improvements had been made within the Pups room, we asked the service to continue to review and consider all play spaces for two to three year-olds, to make sure these were developmentally appropriate (**refer to requirement 1 within How good is our leadership, Quality Indicator 3.1: Quality assurance and improvement are led well**)

Throughout the session children had access and were freely moving between indoors and outdoors. The service had conducted audits of the environment and had plans to further develop the garden. These included building a sheltered area for the children, developing an area for children to have opportunities for planting and growing and expanding on the resources available to the children.

How good is our leadership?

3 - Adequate

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

Quality Indicator 3.1: Quality assurance and improvement are led well

The service had experienced some recent changes to management and staffing. They had been working to build relationships, professionalism, respect, and trust within the team. One parent confirmed, "They staff are always very welcoming and friendly. They keep us updated with our child's progress regularly."

We acknowledged quality assurance systems, such as, action plans and audits had been developed. For example, monitoring accidents and incidents, administration of medication, infection control maintenance and risk assessments. These must now be embedded to support the ongoing health, wellbeing, and safety of the children. The service had collaborated closely with the local authority to make improvements within quality assurance. Further support had been offered from other professionals and the service had favourably accepted their assistance.

There were gaps in key areas of practice across the service. These included, personal planning approaches, staff interactions with children and each other, the quality of the environment and experiences on offer. The service must embed the quality assurance systems that identified and influenced change, to ensure positive outcomes for children and families. The provider must support staff to challenge their own practice and raise standards. As a result, children would access a high-quality service that supported them to reach their full potential. **This requirement had not been met from the previous inspection (see requirement 1).**

Requirements

1. By 1 October 2025, the provider must ensure that quality assurance policies and procedures are implemented to support people's health, wellbeing and safety. To do this, the provider must:

a) Develop and implement regular, robust quality assurance audits, which should include, lunch time provision, children's transitions, personal planning approaches, responsive planning and providing meaningful learning experiences for children.

b) Analyse the results of audits to establish areas for improvement, these should include environment audits reviewing and considering the play spaces for two to three year-olds. Making sure these are effective and

developmentally appropriate. Ensure resources in all play areas are well presented, rotated and effectively support children's learning and development.

c) Conduct a full self-evaluation and implement an improvement plan in consultation with children, families and staff.

d) Keep detailed records of all quality assurance activity.

e) The provider must support staff to challenge their own practice and raise standards.

This is to comply with Regulation 3 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and 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 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 organization having robust and transparent quality assurance processes.' (HSCS 4.19).

How good is our staff team?

3 - Adequate

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

Quality Indicator 4.3: Staff deployment

Staffing levels met requirements across all areas. However, they did not always meet the individual needs and play experiences of all children. For example, unqualified staff were left on their own at times with children from both rooms. It was difficult for those staff to constantly monitor and support these children due to their needs. The frequent movement of qualified skilled staff, transitioning from one room to another resulted in children not always being aware of who was caring for them. The high staff turnover had impacted on the continuity of care and emotional security of children (**see requirement 1**).

Staff were not flexible, nor did they communicate effectively with each other to support children to feel safe and secure within their environment. As a result, positive attachments were not being developed. Children's transitions were not managed sensitively, they were not well planned or effective. Positive transitions would benefit and support the emotional needs of children (**see area for improvement 1**).

Requirements

1. By 1 October 2025, the provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users-

(a) Ensure that at all times suitable qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of the children; and are deployed effectively to best meet the needs and play experiences of all children.

(b) Ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

This is to comply with Regulations 15 (a) (b) (staffing) 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:

'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) and

'My care and support is consistent and stable because people work together well.' (HSCS 3.19).

Areas for improvement

1. To ensure all children experience a warm, caring atmosphere. The provider should ensure staff communicate effectively with each other, be flexible and supportive. This would support positive outcomes for children and ensure their needs are met.

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

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

Requirements

Requirement 1

By 1 June 2024, the provider must ensure children are cared for in a clean, safe and hygienic environment.

The provider must ensure sufficient standards of infection prevention and control practices within the setting. To do this, the provider must, at a minimum, ensure:

- a) Staff have received appropriate training on infection prevention and control and are confident in using this in their practice.
- b) Quality assurance systems for the management of infection, prevention and control practices are effective and rigorous.

This is to comply with Regulations 4(1)(a) (Welfare of users) and 10(2)(d)(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 state that: 'I experience an environment that is well looked after with clean, tidy and well- maintained premises, furnishings and equipment.' (HSCS 5.22).

This requirement was made on 14 March 2024.

Action taken on previous requirement

Most staff had received appropriate training on infection prevention and control and were confident in using this in their practice. This was mandatory training for all staff.

The service was overall clean and hygienic.

Quality assurance systems for the management of infection, prevention and control practices had been developed and were effective, these included daily and weekly checklists.

Met - within timescales

Requirement 2

By 1 June 2024, for the safety of the children, the provider must ensure children are cared for in a safe and well-maintained environment.

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

a) staff have received appropriate training on identifying health and safety hazards within the environment and are confident in using this in their practice.

b) risk assessments and maintenance monitoring tools support the identification of risks and hazards and result in remedial action being taken in a timely manner.

c) quality assurance systems for the management of health and safety practices are effective and rigorous.

d) risk assessments and monitoring tools support the identification of issues and result in remedial action being taken in a timely manner.

This is to comply with Regulation 10(1)(a) and 2(a), (b) (c) (d) (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 state:

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.'

'My environment is safe and secure.' (HSCS 5.17).

This requirement was made on 14 March 2024.

Action taken on previous requirement

The majority of staff had undertaken health and safety training and were using this knowledge in their practice to identify risks within the environment.

Risk management and maintenance recording systems and tools had been developed to support the identification of issues. These could be developed further to record hazards identified and actions taken and would result in remedial action being taken in a timely manner.

In addition, some quality assurance systems were in place for the management of monitoring health and safety within the service.

These need to further developed and implemented (**refer to requirement 1 within How good is our leadership, Quality Indicator 3.1: Quality assurance and improvement are led well**).

Met - within timescales

Requirement 3

By 1 June 2024, the provider must demonstrate how they will ensure toilet and nappy changing facilities comply with best practice guidance and protect children from the risk of infection.

The provider must, at a minimum, submit a plan to the Care Inspectorate of how they intend to improve nappy changing facilities for children to meet with best practice guidance. The provider must detail a reasonable timescale within which the improvements will be made.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) 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:

'If I require intimate personal care, there is a suitable area for this, including a sink if needed.' (HSCS 5.4).

'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.18)

This requirement was made on 14 March 2024.

Action taken on previous requirement

Toilet and nappy changing facilities have improved and now comply with best practice guidance. As a result, children are protected from the risk of infection.

Met - outwith timescales

Requirement 4

By 1 June 2024, the provider must ensure that quality assurance policies and procedures are implemented to support people's health, wellbeing and safety. To do this, the provider must:

- a) Develop and implement regular, robust quality assurance audits.
- b) Analyse the results of audits to establish areas for improvement.
- c) Conduct a full self-evaluation and implement an improvement plan in consultation with people receiving a service, their family members (where appropriate) and staff.

d) Keep detailed records of all quality assurance activity.

This is to comply with Regulation 3 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and 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 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 organization having robust and transparent quality assurance processes.' (HSCS 4.19).

This requirement was made on 14 March 2024.

Action taken on previous requirement

Some quality assurance systems, such as, action plans and audits had been developed. For example, accidents and incidents, administration of medication, infection control maintenance and risk assessments. These need to be embedded to support the ongoing health, wellbeing and safety of the children. **This requirement has not been met and will be re worded in this report (refer to requirement 1 within How good is our leadership, Quality Indicator 3.1: Quality assurance and improvement are led well).**

Not met

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's care and support needs are met, the service should further develop and streamline children's personal plans. They should ensure all key information, and strategies are included to support children's individual care needs. These should be developed and regularly reviewed alongside parents.

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

This area for improvement was made on 14 March 2024.

Action taken since then

All children had a care plans, chronologies, and some children had care plans plus. These provided information on the individual child. However, some key information was missing, including dates and signatures and it was not always clear what strategies were in place to support individual children. These were not reviewed in line with current legislation.

This area for improvement has not been met and remains in place (refer to How good is our care, play and learning, Quality Indicator 1.1: Nurturing care and support).

Previous area for improvement 2

To create rich, challenging and meaningful learning experiences for children, the service should review the learning environment and planning for children within the pups playroom.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are well trained, competent and skilled, are able to reflect on their practice and follow professional and organisational codes,' (HSCS 3.14) and '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 for my age and stage, which stimulate my natural curiosity, learning and creativity.' (HSCS 2.27).

This area for improvement was made on 14 March 2024.

Action taken since then

Children now have access to two rooms, one which is used for messy play and the other to provide a quieter space. A loft had been assembled within the quiet room to allow children to sleep upstairs supervised by an adult and to play underneath in a cosy area.

Planning had been reviewed and moved from intentional planning to responsive planning for children. However not all staff appear to have an understanding of child development, learning and responsive planning to support the needs of the children in their care.

This area for improvement has not been met and remains in place (refer to requirement 1 within How good is our leadership, Quality Indicator 3.1: Quality assurance and improvement are led well)

Previous area for improvement 3

To provide suitable and developmentally effective play spaces for the children within a welcoming environment that delivers the message that children matter. The provider should make sure children in the pups room, have consistent access to a range of well-presented and well-maintained resources which are suitable for their developmental stage. The provider should review the equipment, furnishings and core provision available.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices,' (HSCS 5.21) and '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 for my age and stage, which stimulate my natural curiosity, learning and creativity.' (HSCS 2.27).

This area for improvement was made on 14 March 2024.

Action taken since then

The service had improved some areas of the environment, even so, resources were not well presented or rotated. Children were not supported by staff to engage with resources or to extend their play.

This area for improvement has not been met and remains in place (Refer to requirement 1 within How good is our leadership, Quality Indicator 3.1: Quality assurance and improvement are led well)

Previous area for improvement 4

To support children to feel safe and secure within their environment and to develop positive relationships with staff, transitions should be managed sensitively, be well planned and effective. This would benefit and support the emotional needs of the children.

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) and 'I am supported and cared for by people I know so that I experience consistency and continuity.' (HSCS 4.16).

This area for improvement was made on 14 March 2024.

Action taken since then

Transitions were not always well planned or managed sensitively to support children to feel safe and secure in their environment. In addition, staff interactions with children were not always positive to support secure attachments.

This area for improvement has not been met and remains in place (Refer to requirement 1 within How good is our leadership, Quality Indicator 3.1: Quality assurance and improvement are led well)

Previous area for improvement 5

To ensure continuity of care and emotional security for the children, the provider should ensure staff are deployed effectively throughout the day.

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 consistent and stable because people work together well.' (HSCS 3.19).

This area for improvement was made on 14 March 2024.

Action taken since then

Staffing levels met requirements across all areas throughout the inspection. Nonetheless we discussed with management the need for staff to always deploy themselves effectively to best meet the needs and play experiences of all children.

This area for improvement is no longer in place and has been incorporated into a new requirement under key question How good is our staff team? Quality Indicator 4.3: Staff deployment.

Previous area for improvement 6

To ensure all children experience a warm, caring atmosphere, with staff who work together to meet their needs, the provider should ensure staff are trained, competent and skilled and effectively work together.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 organizational codes.' (HSCS 3.14).

This area for improvement was made on 14 March 2024.

Action taken since then

The staff team do not communicate and work effectively to provide positive interactions and a warm, caring atmosphere for children. Addressing these challenges would lead to better outcomes for the children, more cohesive team and build stronger partnerships with families.

This area for improvement is no longer in place and has been incorporated into a new requirement and area for improvement under key question How good is our staff team? Quality Indicator 4.3: Staff deployment.

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?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
4.3 Staff deployment	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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