

ABC Day Nursery Day Care of Children

12 Rose Terrace
Perth
PH1 5HA

Telephone: 01738 623 291

Type of inspection:
Unannounced

Completed on:
12 May 2023

Service provided by:
ABC Children's Services Limited

Service provider number:
SP2010011116

Service no:
CS2003010080

About the service

ABC Day Nursery is a day care of children service registered to provide a care service to a maximum of 70 children at any one time.

The service is provided from a terraced two storey Victorian building in the city centre of Perth. The upper floor consists of three playrooms; two play rooms for babies (0-2 years) and one play room for younger children (2-3 years), toilet and nappy changing facilities, and a kitchen. The lower floor has two playrooms for older children (3-5 years), toilets, and an office space. Direct access to the nursery garden to the rear of the property is available from a playroom on the lower floor. The building overlooks a large green space and is close to shops and parks.

About the inspection

This was an unannounced inspection which took place on 9 May 2023 between 09:00 and 16:15 and 10 May 2023 between 09:15 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, 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 two families
- received questionnaire feedback from 12 families
- spoke with staff and management
- observed practice and children's experiences
- reviewed documents.

Key messages

- Most children experienced interactions which were kind, caring and nurturing. However, some children's cues were not always recognised or responded to which meant their emotional needs were not always met.
- Children were put at risk as child protection and wellbeing concerns were not acted on appropriately.
- Children's safety, wellbeing and welfare was at risk due to ineffective management of medication, poor knowledge of choking prevention and a lack of awareness of children's individual needs.
- Older children and babies experienced positive play and learning opportunities which supported them to develop. However, younger children did not experience an environment which was challenging, stimulating, or exciting. They lacked choice in their play and were not empowered to be leaders of their own learning.
- Children were put at risk as quality assurance processes were ineffective.
- Most staff worked well together as a team. However, some staff were task focused and this impacted negatively on children's experiences.

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?	2 - Weak
How good is our setting?	3 - Adequate
How good is our leadership?	1 - Unsatisfactory
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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Quality Indicator 1.1 - Nurturing care and support

Children experienced inconsistent interactions across the nursery. Most children experienced interactions which were kind, caring and nurturing. However, some staff did not always listen to children and acknowledge and respond to their needs or cues. For example, at times, some younger children were crying and did not receive the comfort and reassurance they needed. As a result, children's emotional needs were not always met. Babies experienced warm, comforting, and sensitive interactions which supported them to feel safe and secure. Older children were supported by staff who were particularly attentive to their needs and interests. They consistently got down to children's level when speaking with them and offered them support in a respectful way.

Ineffective use of personal planning resulted in children not always receiving the right care. Where information was recorded in personal plans, often, this was no longer current and did not include strategies of support. As a result, some children did not get the support they needed as staff were unclear on strategies to support children to regulate their emotions. Some children did not have a personal plan in place which put them at risk as staff did not have basic information to meet their health, safety, and welfare needs (**see requirement 1**).

Babies experienced personal care in a sensitive and gentle manner. Positive interactions promoted children's dignity and supported them to be nurtured through daily experiences. However, attachments between younger children and staff were not always considered resulting in children experiencing personal care with staff who were less familiar to them. Staff lacked an understanding of the importance of attachments and relationships as they focused on carrying out the task rather than considering the experience for the child.

Children experienced inconsistencies in the quality of mealtimes. Most children were able to eat at a pace which was right for them. This supported children to have a relaxed and unhurried mealtime. However, younger children had to wait for lengthy periods when they were finished their lunch despite expressing that they wanted to return to play. This did not demonstrate that children were listened to and respected. Some children were encouraged to be independent, for example, pouring their own drinks and serving food which supported them to be responsible. However, this was not consistent for all children. Some staff sat with children which promoted discussion and social opportunities, however, others did not. This meant that some children experienced mealtimes which did not support their development of social skills or language.

Children were at risk of harm as not all staff were knowledgeable in preparing food to minimise potential choking risks. For example, a child was given whole grapes and staff were not aware that these should be sliced. Staff were not confident in how to respond if a child was choking which put children at risk (**see requirement 2**).

Allergies were not consistently well managed. Most staff were aware of children's allergies and dietary preferences. However, on one occasion, staff were unaware of a child's allergy and the management of this, including their potential need for emergency medication. This had the potential to cause significant harm **(see requirement 3)**.

Babies and younger children experienced a peaceful and calm sleep where staff offered them comfort and warmth. However, staff did not effectively consider the sleeping arrangements to meet all younger children's needs. As a result, one child who wanted to sleep was unable to as they were told that there were no beds available. We observed that the child was later sleeping on the sofa in the playroom which compromised their safety, emotional security and wellbeing. This did not respect the child's wishes and did not promote a comfortable and safe sleep **(see area for improvement 1)**.

Children were put at risk of harm due to ineffective systems in place to record and action child protection and wellbeing concerns. Poor record keeping including significant gaps in the information recorded, meant children were not kept safe. We identified on one occasion that staff did not take appropriate action to raise concerns with the relevant agencies. As a result, children's safety and wellbeing was not protected **(see requirement 4)**.

Children were put at risk as medication was ineffectively managed **(see requirement 5)**. There was a lack of understanding and knowledge regarding the management and administration of medication. For example, a large stock of medicine was kept in the setting to be administered 'as required'. During the inspection, action had begun to be taken to address this. Medical permissions were not in place to ensure children's medical needs were safely managed. Medication was inconsistently stored and labelled, and administration records lacked detail. These serious concerns put children's health needs at risk and increased the potential for children to receive the incorrect medication or dosage.

Quality Indicator 1.3 - Play and learning

Older children experienced a balance of planned and spontaneous play opportunities in response to their interests. Children's language development was well supported using 'Word Aware'. This programme supported staff to reflect on their practice and enable them to demonstrate consistently positive interactions, for example, giving children eye contact. Opportunities to develop numeracy and mathematical concepts were woven naturally into conversations, daily routines and children's play experiences. Staff supported children to extend their learning, through open ended questions and discussion. A range of opportunities promoted children's thinking and development in numeracy and literacy. Opportunities to explore and promote curiosity were not available throughout the day as core provision. Children would benefit from being able to access these resources throughout the day to increase play opportunities and experiences.

Younger children were not empowered to make decisions about their play and learning. A significant lack of resources did not provide younger children with a fun, exciting play space. As a result, they did not experience challenge, stimulation or an environment which promoted curiosity and wonder **(see area for improvement 2)**. Children's choice was restricted due to the lack of resources available. For example, younger children only had three pens to draw with and this resulted in children having to wait lengthy periods of time to participate. As a result, children were disengaged and spent time wandering around the room.

There were very limited opportunities for younger children to develop their skills in language, literacy, and numeracy. Many of the resources throughout the younger children's playroom did not inspire children's imagination, creativity, or schematic play. Where children did show an interest in their play, these cues were not always recognised or responded to. As a result, there were missed opportunities to support and extend children's play and learning.

Babies' development was supported through schematic play and opportunities to promote and encourage communication. For example, the use of song bags promoted choice and turn taking. Staff in the baby room were responsive and planning reflected children's interests. This meant that staff were able to adapt the environment and resources to support their play experiences.

Limited messy and sensory play experiences were available for babies and younger children. This should be developed to increase opportunities for babies and young children to explore, investigate and be curious.

A lack of effective planning limited opportunities for younger children to access outdoor play and experiences in their local community. There were missed opportunities to enable younger children to access the outdoors to promote physical, active play opportunities and learn about the world around them. Older children had free flow access between the indoors and nursery garden which enabled them to choose where they played. Older children were engaged outdoors as they experienced activities which were fun and playful.

Observations were inconsistent across the nursery. Most were personal to each child, however only some captured significant learning. Staff were all familiar with children's next steps and these were agreed with families to support learning between nursery and home. However, children did not consistently experience quality play and learning experiences to support them to achieve their potential.

Requirements

1. By 7 July 2023, the provider must ensure children's care, welfare and development needs are met by developing children's personal plans and ensuring staff use this information effectively. To do this, the provider must, at a minimum, ensure:

- a) personal plans set out children's current needs and how they will be met
- b) all staff are aware of and understand the information within the personal plans, including support strategies, and use this to effectively meet each child's needs
- c) personal plans are regularly reviewed and updated in partnership with families and other agencies where appropriate.

This is to comply with Regulation 5(2)(a) and (b) (Personal plans) of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

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) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. By 2 June 2023, the provider must ensure that children are protected from harm. To do this, the provider must, at a minimum ensure:

- a) staff are competent, skilled and knowledgeable in relation to 'Good practice guidance: prevention and management of choking episodes in babies and children'
- b) staff apply their learning into practice.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure 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 'I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11).

3. By 30 May 2023, the provider must ensure that children are kept safe. To do this, the provider must, at a minimum ensure:

- a) All staff are aware of children's allergies
- b) Where necessary, children with allergies have medical protocols in place
- c) All staff are confident, competent and knowledgeable in responding to an allergic reaction, including following medical protocols

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

4. By 14 July 2023, the provider must ensure that children are safeguarded and protected from harm. To do this, the provider must, at a minimum ensure:

- a) staff are competent, skilled and knowledgeable in relation to local and national child protection guidance relevant to their role
- b) staff apply their learning into practice.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure 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).

5. By 30 May 2023, the provider must ensure children's medical needs are safely managed. To do this, the provider must, at a minimum ensure:

- a) medical permission forms are fully completed by parents and carers prior to the administration of medication
- b) medication administered is accurately recorded
- c) staff are knowledgeable and competent in relation to the recording of medication and follow the 'Management of Medication in Day Care of Children and Childminding Services' guidance.
- d) staff apply their learning to practice.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

Areas for improvement

1. To support and meet children's wellbeing needs, staff should at a minimum ensure:

- a) children's wishes and preferences about sleep and rest are respected
- b) children experience an environment which is safe and comfortable to sleep and rest
- c) they are competent, skilled and knowledgeable in relation to safer sleep guidance and apply their learning into practice

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).

2. To enable all children to be cared for in an environment that meets their needs and supports them to reach their full potential, the manager and staff should as a minimum ensure play spaces offer a range of resources and materials to effectively challenge and stimulate children and reflect their current interests and curiosities.

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

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

Children experienced a setting which was clean and welcoming. The setting and equipment were safe and well maintained. Furniture was appropriate for children's stages of development, for example, small tables supported babies to hold on when moving around the room. However, the setting lacked homely touches to create a nurturing and comfortable environment.

Playrooms for babies and older children took account of children's stages of development. These playrooms had resources which supported and enabled them to make choices about their play and learning. However, the playroom for younger children was not set up to create a developmentally appropriate space. Some play spaces were uninviting due to poorly presented resources and other areas were not well resourced. This did not give children the message that they mattered and that they had a right to play. As a result, children were not interested and stimulated to play in these areas. There was a lack of cosy and quiet spaces for children to rest and relax. Children would benefit from the environment being softened and more homely.

Children were well supported to wash their hands which minimised the potential spread of infection. However, nappy changing and toilet facilities did not follow current best practice guidance. The babies' nappy changing facility was located within the sleep room and was not fully enclosed. A further nappy changing area and toilets, located opposite the kitchen, had a curtain covering the entrance rather than a door. These were serious infection prevention and control risks with the potential to cause significant harm in the event of an illness outbreak (**see requirement 1**).

Arrangements for the storage of children's personal information was not consistently followed. Most information was stored securely, however, some sensitive and confidential information was accessible to people visiting the playroom.

Requirements

1. By 1 September 2023, the provider must ensure children experience nappy and toilet facilities which support their health, safety and welfare needs. To do this, the provider must, at a minimum ensure:

- a) Nappy changing facilities for babies are fully enclosed
- b) Nappy changing and toilet facilities are enclosed with a door to the entrance of the toilets to minimise the potential spread of infection

This is to comply with Regulation 4(d) and Regulation 10 of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'If I require intimate personal care, there is a suitable area for this, including a sink if needed' (HSCS 5.4).

How good is our leadership?

1 - Unsatisfactory

We were very concerned about aspects of the care being provided and we evaluated the service as delivering an unsatisfactory level of care for this key question.

Quality Indicator 3.1 - Quality assurance and improvement are led well

The vision, values and aims had recently been reviewed and refreshed with staff. However, not everyone involved in the service had been included in reviewing these to ensure they reflected their expectations and aspirations for the service.

Children and families had opportunities to share their views and most families told us they felt involved in the service. Different methods were used to gather their feedback which supported children and families to feel included. The culture of self-evaluation for improvement was at an early stage of development and had not yet resulted in improvements.

Quality assurance processes were ineffective (**see requirement 1**). Some auditing systems had been developed; however, they did not have a positive impact on improving outcomes for children. For example, auditing systems had been implemented to review personal plans and medications however, we identified significant concerns in these areas. There were also significant gaps in the areas covered by the quality assurance systems such as a lack of monitoring around staff practice to effectively support and challenge staff to raise standards. As a result, significant concerns, as noted within the inspection report, had not been identified or addressed which compromised children's safety and wellbeing.

There was no effective system in place to record, monitor or review child protection and wellbeing concerns. As a result, staff, including the management team, did not follow appropriate procedures to act on concerns to protect children from harm (**see requirement 2**).

The service had undergone a recent period of staff changes. This meant that the manager did not have sufficient time to undertake their responsibilities (**see requirement 3**). They recognised the current improvement plan was too ambitious and were working through an action plan, developed with support from the local authority. Some issues identified within the inspection report had been raised by the local authority three months previously, however, no action had been taken to address these. Progress lacked urgency and as a result, positive change had been too slow to make improvements to children's experiences and to protect them from harm. The manager has agreed to take up the offer for the Care Inspectorate to provide improvement support and intends to keep the Care Inspectorate up to date with the progress.

Requirements

1. By 1 September 2023, the provider must ensure improved outcomes for children by implementing effective and robust quality assurance processes. To do this the provider must, at a minimum, ensure:

- a) regular, effective, and focused monitoring is carried out across the setting
- b) robust audits are developed and implemented, and any actions are addressed promptly
- c) clear and effective plans are developed to maintain and improve the service
- d) the management team effectively monitors the work of each member of staff and the service as a whole

This is to comply with Regulation 3 Principles and Regulation 15 (a) and (b) Staffing 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 organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. By 30 May 2023, the provider must ensure that children are safe and protected and their wellbeing needs are met. To do this, the provider must, at a minimum ensure:

- a) a full audit of child protection and wellbeing concerns in the service is undertaken
- b) findings of the audit are assessed
- c) appropriate action is taken as a result of the audit
- d) the Care Inspectorate is provided with a summary of the audit including the findings and assessment including any action taken.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure 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).

3. By 1 September 2023, to support the effective running of the service, the provider must ensure that the manager has sufficient time to effectively manage and lead the service.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

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

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

Most staff worked well together as a team. However, this was inconsistent across the nursery. Some staff in the younger children's playroom were task focused and did not always communicate well with other staff. This meant that at times, there were not enough staff in the playroom, to provide support and effectively supervise children. As a result, children's emotional needs were not always met promptly, and on one occasion, a child had an accident which was unobserved (**see requirement 1**).

Staff breaks were well managed across the day to ensure children's routines were not interrupted. For example, staff had their breaks after the children's lunch to provide continuity to the children during this time. Where staff absences occurred, the manager supported staff within the playrooms which provided children with familiarity and consistency of care.

Families told us they felt well informed about staff changes. Families went into the setting during drop off and pick up which helped them to get to know the staff caring for their child. Effective communication during handovers between staff and families supported them to experience positive transitions.

Requirements

1. By 23 June 2023, the provider must ensure that children are effectively supported by staff who have the right skills and qualities. They must, as a minimum:

- a) review the skill mix of staff across the setting
- b) define clear roles and responsibilities for staff and management team
- c) review and make appropriate changes to staff deployment to improve experiences for children.

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

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).

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?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	1 - Unsatisfactory
3.1 Quality assurance and improvement are led well	1 - Unsatisfactory
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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