

# Morrison's Academy Nursery Day Care of Children

Ferntower Road  
Crieff  
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Telephone: 01764 657 198

**Type of inspection:**  
Unannounced

**Completed on:**  
26 May 2021

**Service provided by:**  
Morrison's Academy

**Service provider number:**  
SP2003003588

**Service no:**  
CS2003016199

## About the service

Morrison's Academy Nursery operates from a large, purpose-built facility in the grounds of Morrison's Academy in the town of Crieff. Children have direct access to the nursery garden from the playrooms. The service works in partnership with Perth and Kinross Council to provide pre-school education.

Morrison's Academy Nursery registered with the Care Inspectorate on 01 April 2002. The nursery is registered to provide a care service to a maximum of 48 children aged 2 years including school children aged up to 16 years at any one time. Other conditions state that the adult:child ratios will be a minimum of: 2 years to under 3 years - 1:5, 3 years and over - 1:8 if the children attend more than 4 hours per day, or 1:10 if the children attend for less than 4 hours per day. If all children are over 8 years old and over - 1:10.

We wrote this report following an unannounced, focused inspection which evaluated how well children were being supported during the Covid-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of children experiencing care during the pandemic. We carried out the inspection using a blended approach of virtual and onsite scrutiny. We started the inspection on 19 May 2021 and gave feedback to the management team on 26 May 2021.

## What people told us

We spoke with three parents and carers during our inspection. They commented positively on the level and methods of communication between nursery and home. They told us that there had been an improvement since the beginning of the year and found the weekly newsletter informative. Their comments included:

'Outdoors, the learning is superb, they are out in all weathers. The fire pit where they can toast marshmallows is great.'

'The staff, they are just lovely to speak with. They are nurturing and really genuine'.

'I am happy with everything'.

'Lunches are good, very repetitive meals. (Child) loves the majority of them. Use of seasonal food is not reflected in the menus, missed learning opportunity for the children and opportunity to try new foods.'

'It's about how happy my children are and their progress with development. I always say it is a place full of opportunity where children can be who they are - not who their parents are. There is a range of activities and breadth of opportunity.'

We saw that children had fun during their time playing outside. Children spoke to us during the inspection and told us:

'I like the time when I can go outside and when I can have some alone time to myself.'

'They (staff) help us. They helped me when I fell down at the house and up the stairs at the house.'

'These are fossils from dinosaurs.'

'I can draw rainbows!'

'We're making fire for people.'

'Can you help me dig?'

'I'm so tired, I've been busy playing all day.'

## 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 and support during the COVID-19 pandemic?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

2 - Weak

### 5.1 Children's health and wellbeing are supported and safeguarded during Covid-19.

From the evidence gathered, we found that the strengths just outweighed the weaknesses. We evaluated this quality indicator as adequate.

Children and staff had positive relationships. We saw children experienced warmth, comfort and cuddles from staff who were respectful, nurturing and kind. Staff got down to children's level to engage with them in a playful manner and supported them to resolve challenges and conflicts in a sensitive way.

Staff recognised the impact of lockdown on children's experiences. They had supported children to understand the virus through discussions and activities. They also displayed photographs of children's families and involved them in reading virtual stories which helped children to settle back in.

Children were familiar with the daily nursery routines. However, we observed transitions between indoors and outdoors to be lengthy and disorganised. This resulted in interruptions to children's play and children becoming disengaged during transitions. Following the onsite visit, the service told us they had begun to review the transitions. They should continue to monitor and reflect on these to ensure they meet children's needs effectively.

Children spent most of their time playing outside which minimised the risk of spreading infection and had a positive impact on their wellbeing. The outdoor experiences promoted children's curiosity and enabled them to lead their own play.

Effective procedures were not in place to gather information to support children. Where information was recorded, staff did not always use this effectively to inform children's care. As a result, staff did not have sufficient knowledge to respond to and fully meet some children's needs. Staff had daily communication with families, and we found this worked well for some children in the service which enabled their needs to be met. To improve the recording of children's information and needs, the service had begun to issue new personal plans to families. **(See area for improvement 1).**

Staff had an awareness and understanding of their responsibilities to protect children from harm. We identified that the child protection policy should be reviewed and updated to ensure the information is accurate.

There was no effective quality assurance in place regarding medication. **(See requirement 1).** As a result, we found medication held within the service did not have appropriate permissions and records in place to ensure medication was safely managed. We also found that generalised medication permissions had been sought, however, these did not follow current guidance. This had the potential to cause children harm as staff did not have sufficient information to administer medication safely. **(See area for improvement 2).**

## 5.2 Infection prevention and control practices support a safe environment for children and staff.

We found that strengths just outweighed the weaknesses and practice under this quality indicator was evaluated as adequate.

The nursery was well ventilated and had doors and windows open to allow air to circulate. During the onsite visit, we found that whilst the environment was visibly clean, there were some cluttered surfaces. Following the onsite visit, the service informed us that areas of clutter had been removed. Staff should continue to ensure all surfaces are clear to enable them to be easily cleaned. Additional cleaning measures were in place with support from janitorial staff to minimise the impact of cleaning on children's experiences. We found that bins required to be emptied out with the times when the janitorial attended.

Staff had completed in house infection prevention and control training. However, we observed staff not to follow guidance effectively. Systems were not in place to monitor staff practice of infection, prevention and control measures. **(See requirement 1)**. As a result, we identified that staff did not wash their hands at appropriate times when putting on and taking off their face coverings, face coverings were worn incorrectly and were not stored in line with guidance. We found that children did not effectively wash their hands which increased the risk of spreading infection. **(See area for improvement 3)**. The management team told us that following the onsite visit they had reviewed how staff supervised and supported children during hand washing.

A risk assessment was in place and a Covid-19 policy was developed during the inspection in line with current guidance. However, we found that aspects of the risk assessment and policy were not adhered to during the inspection. For example, visitors were being shown around the setting when children were in attendance. This increased the number of contacts children had and therefore the potential risk of spreading infection. The service should ensure that all staff who work in the service are aware, understand and follow the procedures in place to keep everyone safe.

## 5.3 Staffing arrangements are responsive to the changing needs of children during Covid-19.

From the evidence gathered, important weaknesses were identified with priority action required. We evaluated this quality indicator as weak.

The management team took account of staff's individual circumstances. The staff told us they felt well supported by them.

We recognised that the service had changes in the staff team and had not had a consistent manager in place. As a result, there were minimal quality assurance processes in place to effectively monitor practice and support improvement. We identified areas of practice where auditing would support the service to improve children's outcomes. These included focused observations of practice of infection, prevention and control measures and auditing of medication and accident and incident records. The lack of quality assurance had resulted in the issues found on inspection not being identified and actioned by the service. **(See requirement 1).**

Staff observed physical distancing outside however, whilst we acknowledged that staff wore face coverings indoors, we found that they did not physically distance. As face coverings are only one measure to suppress Covid-19, these should not be used to substitute the other measures needed to contain the virus. When wearing a face covering, good hand and respiratory hygiene and physical distancing between adults are still required. Staff should also ensure that they follow signage displayed within the nursery to minimise the number of adults in each room. **(See area for improvement 3).**

During the inspection, we found that staff were focussed on serving lunch for the children. This resulted in a lunch experience which was not nurturing and supportive. The service told us they had reviewed the lunch time experience to improve the experience for children and to enable staff to maintain their distance from each other. We would encourage the service to continue to monitor and review this.

Effective systems were not in place to monitor staff's professional registrations and ensure children were kept safe. As a result, we identified two staff members professional registrations had lapsed and they had continued to work within the service. **(See requirement 2).**

As a matter of priority, action is required through planned and structured improvement to improve the outcomes and experiences of children.

## Requirements

1. In order to keep children safe and benefit from a culture of continuous improvement, the provider must ensure effective and robust quality assurance processes are developed and implemented. This must include:

- a) Monitoring staff practice to ensure infection prevention and control practices are carried out in line with current Scottish Government guidance
- b) Audits of records including medication, accidents and incidents

To be achieved by: 30 September 2021.

This is in order to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

It is also in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SS1 2011/10) Regulation 4 (1)(a) Welfare of Users.

2. In order to ensure children are kept safe, the provider must ensure that only staff who are appropriately registered with a professional body carry out work in the service in a post for which registration is required.

To be achieved by: 25 June 2021.

This is in order 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).

It is also in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SS1 2011/10) Regulation 9(c).

## Areas for improvement

1. To ensure each child receives appropriate care and support and their needs are met. The manager and staff should ensure:

- a) Personal plans set out children's current needs, wishes and choices and how they will be met
- b) All staff are aware of and understand the information within the personal plans and use this to effectively meet each child's needs
- c) Personal plans are reviewed and updated once every six months or sooner if children's needs change

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

2. In order to ensure that medication is safely managed the provider and manager should review best practice guidance 'Management of medication in day care and childminding services' and ensure:

- a) Records contain all essential information and are easily accessible to staff, ensuring children receive their medication safely
- b) Written permission is in place for children's medication within the service

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

3. In order to reduce the risk of the spread of infection during the pandemic, staff must ensure they are consistently complying with Scottish Government guidance. This should include:

- a) Staff working with children to improve hand washing practice
- b) Staff washing their hands at appropriate times
- c) Staff using and storing face coverings appropriately
- d) Adults maintaining physical distancing

This is to ensure that care and support is consistent with Health and Social Care Standards, which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).



## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
5.1 Children's health and well being are supported and safeguarded during COVID-19	3 - Adequate
5.2 Infection prevention and control practices support a safe environment for children and staff	3 - Adequate
5.3 Staffing arrangements are responsive to the changing needs of children during COVID-19	2 - Weak

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