

KingsWellies Nursery Day Care of Children

Plot 8
Prime Four Business Park
Kingswells
Aberdeen
AB15 8PU

Telephone: 01224 741 175

Type of inspection:
Unannounced

Completed on:
16 December 2021

Service provided by:
KingsWellies Nursery Limited

Service provider number:
SP2014012334

Service no:
CS2014328470

About the service

KingsWellies Nursery has been registered with the Care Inspectorate since 10 April 2015. This day care of children service is registered to provide a care service to a maximum of 148 children at any one time aged from birth to those not yet attending primary school, with room maximum numbers and ages as follows:

- Welly Babies - 24 children who have not yet reached their second birthday.
- Welly Tots - 45 children aged from 18 months to 3 years.
- Welly Beans - 54 children aged from 2½ years to not yet attending primary school.
- KingsWellies Too - 25 children aged 3 years to not yet attending primary school.

The nursery is situated in the Kingswells area of Aberdeenshire. The service is provided over three playrooms within the main building and a fourth playroom in an adjacent building. There is an enclosed play area, accessible from each playroom in the main building and a parking area for parents.

The aims of the service include to:

- provide a safe, happy, caring, stimulating and secure environment for our children where everyone feels valued, included and respected;
- create a nursery which feels like home and to provide an extended family environment;
- work in partnership with other agencies and our communities to promote the welfare of our children;
- work together with parents as partners to improve learning and care;
- value and empower our children and staff by recognising and celebrating successes and achievements;
- equip our children with skills for learning, life and work, ready to actively grasp and follow their dreams in the future.

We wrote this report following an unannounced inspection, which took place on 30 November 2021 and 09 December 2021. In addition, we used 'Microsoft Teams' and emails to engage with the deputy manager and staff as part of the scrutiny process. We also assessed relevant documentation we requested from the management team. We gave feedback virtually to the provider and management on 16 December 2021.

What people told us

We asked the depute manager to forward an email to all parents asking for their feedback. We received 16 responses. Most parents indicated that they were happy with the care provided to their children. Some parents suggested areas for improvement. We have included a sample of the comments regarding how well staff know children and inform parents of their progress below. More information in relation to parents views can be found under Management and Leadership within the report.

"I feel the nursery provides a good standard of care with a wide variety of resources and activities planned for the children. Staff members are pleasant and caring towards the children and they seem happy in their work".

"My child's wonderful key worker knows her very well and they have a great relationship. The key worker is very good at engaging with my child and connecting with her. I am less aware of relationships with other staff in the room."

"The staff know my child exceptionally well. They moved to the new WellieJellies room and the transition was seamless. Their ILD is updated with very in-depth comments now she is in the pre-school room."

"I do not feel well informed on my child's individual progress, development and activities, any information is general and not specific to my child".

"The information provided in the interactive learning diary is scant and often not specific to my child. It is not updated regularly. I see very few photographs of my child at nursery" .

"Feedback is invited via email and we have been advised to address any concerns to the office manager in the first instance. Feedback could be more proactively requested".

Self assessment

A self assessment was not asked for prior to this inspection.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

Overall most children were relaxed, happy and settled in the setting. Staff and management knew the children well and shared with us how they supported children's individual care and support needs.

Personal plans were in place for each child. These plans contained some meaningful information about children's health and wellbeing needs. However, they did not reflect the additional knowledge staff had about the children and the strategies they were using to support children to learn and develop. Most parents/carers confirmed staff knew their children well and that their needs were well supported. We asked the management team to ensure personal plans reflected staff knowledge and were used to plan, monitor and review children's care and learning.

Where children had additional support needs, children's plans demonstrated how staff and management worked in partnership with a variety of other professionals; to ensure children received the support they required to achieve their potential.

Individual learning diaries were in place for each child. We found, however, that some observations were generic and not specific to individual children. Staff were continuing to develop how they captured and used observations of children's play in order to support children further in their individual progress. Management advised that they were continuing to support staff to improve the quality of observations and identify meaningful next steps, specific to individual children. This should support planning of relevant play experiences, contributing to children's enjoyment, learning and achieving their potential.

Children had opportunities to engage in a range of planned and child initiated activities. Planned activities

took account of annual events and festivals and included the children's interests. We saw that floor books were being used as a tool to involve children in planning their own learning. This contributed to a more child led approach to children's play and learning. Developing this further will enable children to fully follow their own interests and will support them to take ownership of their learning.

Food choices were nutritious and reflected best practice. Information on children's allergy needs were effectively recorded and readily available for staff. Staff had clear and accurate information on children's symptoms and dietary needs. The lunchtime experience for most children was unhurried, pleasant and relaxed. The older children were seated comfortably and happily chatted with their friends. Staff sat with the children, supporting when required.

We saw, however, that the lunchtime experiences for the youngest children were not so relaxed and sociable. Staff were often task orientated and did not always give children the support and engagement to enjoy their mealtime experiences. We discussed our findings with the deputy manager who agreed to support staff to review and improve this experience for the babies.

Children were kept safe from harm as staff knew their responsibility to act on any concerns for children's wellbeing, were clear about their setting's child protection policy and procedures and had regular child protection training.

Staff had a good understanding of children's health needs and medication procedures. The medication was stored satisfactorily, and most records were completed appropriately. We discussed with the management team about ensuring that their regular audits need to be carried out in a more robust manner. This would contribute to ensuring that any issues such as: incorrect dates, consents and expiry dates would be identified and rectified. We also discussed the benefits of storing individual medical care plans along with the medications to make it easier for staff to refer to. This will help to keep children safe and well.

We identified areas for improvement in respect of infection prevention and control procedures to support a safe environment for children. This related to the the general organisation and cleanliness of the room for the youngest children. We have, therefore, reported on these areas within the quality of the environment theme.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of environment

Findings from the inspection

The children were cared for within four rooms, three of which were in the main nursery building and were observed during the inspection. Older children were cared for in a playroom in a building adjacent to the nursery.

Generally the nursery environment was found to be bright and welcoming. We found that there was scope to improve the indoor play space and resources in the room for the youngest children. On the first day of the inspection in some areas, it lacked creativity, interest and inspiration for children.

On the first day of our inspection we highlighted a number of improvements needed in relation to the environment and infection prevention and control practices. We brought these to the deputy manager's attention. These included the need to improve storage systems, cleanliness and clutter in a number of areas, including toys scattered over the floor throughout the day.

We highlighted the need to make safe a blind cord which was accessible and in close proximity to sleeping children. Management took immediate action to address this. On the second day of our inspection we saw that the necessary changes to improve the safety and infection prevention and control practices had taken place. We asked management to develop their monitoring systems to ensure children's health and safety was not compromised. This was fully discussed with the deputy manager during our visit (see recommendation 1).

During our first visit we saw some babies and young children sleeping in buggies. Children's sleep routines were detailed as part of their personal plan. We saw no records of routines that referred to sleeping in buggies indoors. The older babies slept on floor mats without top covers which did not promote a warm, nurturing and comfortable position to sleep. When brought to management's attention, immediate action was taken to ensure buggies were not used for sleep and top covers were provided for those sleeping on mats. On the second day of inspection we observed improvements had been made to the sleeping arrangements to support children's safety and comfort.

We discussed good practice guidance in relation to sleep with the deputy manager. We asked the service to review sleep practices to ensure they were consistently in line with good practice. Monitoring of sleeping arrangements should be regularly undertaken to ensure that children are always comfortable, safe and well supported (see recommendation 2).

There was a number of plastic resources within the baby room, to ensure effective cleaning during Covid-19. We highlighted that in line with the updated Scottish Government guidance additional resources could now be introduced. Children would benefit from having access to more natural materials and open-ended resources which would help to encourage them to use their imagination, be creative and to problem solve.

In rooms for those children over two years, resources were easily accessible to the children supporting them to lead their own play. Good use was made of space to support children to work in groups, promoting inclusion and respect. We noted there were cosy areas available should children wish to rest or participate in quiet activities. Most of the activities were planned around children's interests but at times were adult led. We suggested that more opportunity for children to lead their own play would enable them to extend their interests and experiences.

The outside area promoted children's physical and emotional wellbeing. Some older children were enjoying playing in the snow and benefiting from fresh air. Staff told us that the youngest children enjoyed walks in the area. Due to the snow and icy conditions we were not able to evaluate the quality of the outdoor provision.

Risk assessments were in place which aimed to ensure risks and hazards were identified and appropriate steps taken to minimise risks to children. We highlighted the need for continual review of risks, which would identify issues picked up during the inspection; such as inappropriate placing of a blind cord in the baby sleep room, toys scattered across the baby room floor and inappropriate sleeping practices.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The provider and management to further develop risk assessment procedures, monitor practice to ensure that improvements are identified, actioned and become embedded in practice. This will support staff to provide children with a safe, stimulating environment that consistently provides quality experiences for children.

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

"My environment is secure and safe" (HSCS: 5.17)

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS: 5.22).

2. To support children's safety and comfort children's sleep arrangements to be reviewed and developed to ensure they consistently meet good practice guidance. The policy on safe sleeping to be updated and implemented in line with good practice guidance.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

The recruitment of staff was informed using safer recruitment practices. Required checks were completed prior to a staff member commencing work within the service, to ensure skills, experience and qualifications were in relation to their role. Monitoring meetings were carried out during induction to allow management

to assess staff progress and identify further support needed. Staff told us they felt supported by management during their induction period.

Staff felt that they worked well as a team and felt well supported. They had undertaken a range of core training including child protection, infection prevention and control and food hygiene.

The majority of staff were respectful, warm and nurturing with children. There was, however, scope for improved interactions with children as some staff were less supportive, and did not always respond to children looking for support. On one occasion we saw this led to a child experiencing periods of distress with limited comfort. Further development and training around 'Attachment led' practice including: 'Realising the ambition' guidance which would support positive, respectful and engaging interactions for all children.

Children had positive relationships with most staff. We found that children's outcomes would be improved through the development of staff practice. For example; some staff did not always recognise when children were engrossed in their play, and went on to interrupt them to join a planned activity. Furthermore, some staff did not identify when children would benefit from support or pick up on children's cues and act upon them to enhance their experiences. For example: children were not always comforted or reassured; others who were developing their walking skills were struggling to manoeuvre push along toys, and were not provided with the support or encouragement to achieve their potential.

At points during the day, resources were tidied away to allow staff to prepare for lunch and sleep time. This resulted in all children being expected to take part in a whole group music activity in one area of the room. Not all children were interested in the activity and wandered about the room looking for attention and something else to play with. Some staff were focusing on tasks and appeared unaware of having reduced opportunities for choice and the loss of learning by interrupting play. As a result of this the staff missed some opportunities to engage and effectively support some children, and moments to extend their confidence and learning were lost. Staff should continue to familiarise themselves with the range of best practice guidance and ensure that these are used to positively impact their practice. This would support them to extend play experiences and provide further challenge to children (see recommendation 1).

Staff were supported by the management team who offered informal and formal support. An appraisal and training programme was in place. This aimed to enable practice and development (personal and professional) to be discussed and addressed. We suggested that this system could be used to support staff to reflect on relevant learning and how to implement this into their practice (see recommendation 1).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. To ensure children consistently receive high quality early learning and childcare, are kept safe, and their wellbeing needs are met, the provider should ensure staff are effectively supported to develop the skills and knowledge needed for their role.

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

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The management team demonstrated a clear vision of how they would like to improve the service. This included building on the strengths of staff, and supporting continuous professional development. During the inspection process any advice or support offered was accepted. This demonstrated a commitment for improvement to ensure positive outcomes for children.

Regular meetings allowed staff to keep up to date with essential information and share practice issues. However, there were limited opportunities for staff to come together to critically reflect on the work of the setting, with a clear focus on improving outcomes for children. Where children were not experiencing high quality experiences, areas for improvement were not always being identified. For example: the lunchtime and sleeping experiences for the youngest children, inconsistencies in staff practice and the balance between organised and freely chosen play experiences.

A quality assurance monitoring programme was in place which aimed to ensure key managerial roles were completed, such as reviewing personal plans, learning journeys, planning and playroom monitoring. We found, however, that quality assurance processes were not always effective enough and should be further developed to improve outcomes for children and families. For example; the management team identified the need for improvement in staff practice in the room for the youngest children. The deputy manager had spent time in the room monitoring and supporting improvement. We identified the same areas in need of improvement picked up by the service previously, however, the improvements had not been implemented and maintained. As a result, quality of experiences which were identified for children required continued improvement. We asked the management team to continue improve their system of monitoring playroom practice (see recommendation 1).

Children's experiences could be enhanced from the implementation of more regular focused observations in areas such as staff practice, children's experiences and environment. This would enable managers to identify strengths and highlight areas for improvement within the setting. Therefore, informing their improvement plan and staff training needs. Quality assurance should be continuous, purposeful and contribute to improvements through planned tasks and timescales (see recommendation 1).

The service supported parents to provide feedback and gave us examples of positive comments from parents. Where concerns/complaints had been made the management team had investigated the individual concerns. However, areas of development arising from complaints were not progressed within a reasonable time scale. The management team should review complaints' investigations, practice and policy and make necessary and sustainable improvements.

While most parents who provided responses complimented the communications from the management team, others commented that the communication was inconsistent and could be improved. They said that

at times information was unclear and requests for clarity were not always welcomed. Monitoring of the effectiveness of communication was needed to ensure that this was consistent for all parents.

Parents also commented on their child's care plan and the Interactive Learning Diary (ILD). Most parents told us they had opportunities to review their child's care plan but some felt that while they are invited to update the care plan every six months they didn't feel involved in agreeing strategies to support their child's development.

Some parents did not feel well informed about their child's progress and said that the information within the ILDs was not always specific to their child. These comments very much reflected our findings at the time of our inspection. These are recorded in the quality of care section of this report. This was fed back to the provider and management team during our feedback session to allow them to address parents' wishes and preferences.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. To improve and sustain good outcomes for children, the provider and manager should undertake robust and meaningful quality assurance, monitor practice and take effective action which leads to improvements.

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

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

Grade: 3 - adequate

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
14 Nov 2018	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
30 May 2016	Unannounced	Care and support 4 - Good Environment 5 - Very good Staffing 5 - Very good Management and leadership 4 - Good

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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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