Carriagehill Nursery
Day Care of Children

5 Carriagehill Drive
Paisley
PA2 6JG

Telephone: 01418 899 722

Type of inspection:
Unannounced

Completed on:
10 July 2023

Service provided by:
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Service provider number:
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About the service

Carriagehill Nursery is registered to provide a care service to a maximum of 39 children from birth to those not yet attending primary school. The nursery has partnership status with Renfrewshire Council to provide places for children aged 3-5 years and eligible children aged 2-3 years.

The service operates from a converted house in a residential area in Paisley, Renfrewshire. The service has sole use of the building, with two large playrooms downstairs and a small playroom upstairs. A lovely outdoor play area can be accessed from the three to five playroom and is used by all children in the nursery. The property is close to shops, transport links and other local amenities.

About the inspection

This was an unannounced inspection which took place on 5 and 6 July 2023 between 09:00 and 17:00. 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 staff and management
- received feedback from twenty families
- received feedback from six staff
- observed practice and daily life
- reviewed documents

Key messages

- Children experienced warm, caring and nurturing approaches from the staff team.
- The staff team worked well together to ensure positive outcomes for children.
- All children were happy and settled in the service.
- Parents and carers should be encouraged to have access to the playrooms at Handovers to strengthen partnerships between families and playroom staff.
- Further consideration is needed for children to have regular outdoor experiences to promote their health and wellbeing.
- Management and staff should continue to develop self-evaluation in all areas of the setting.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care, play and learning?	4 - Good
How good is our setting?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good

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

How good is our care, play and learning? 4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 1.1: Nurturing care and support

Children experienced care from a staff team who were kind, gentle and caring in their approach supporting children in feeling valued, loved, and respected. Staff sat at the children's level and offered them cuddles and comfort, responding well to their care needs. As a result, children were happy, settled, and confident to approach staff. All parents and carers strongly agreed/agreed the staff were nurturing and responsive to their child's needs and were happy with the care and support their child received in the setting, commenting, "Staff are always friendly and nurturing" and "The staff are friendly and seem to genuinely enjoy caring for children".

Staff delivered children's personal care routines with kindness, compassion, and respect, supporting children's dignity, which contributed to their positive relationships with staff. Older children independently used the toilets, and staff chatted with the younger children when changing their nappies, using this as an opportunity for quality one to one time.

Mealtimes were a pleasant social experience for babies and children. Most staff sat beside the children chatting with them to keep them safe from potential emergencies such as choking. They should be mindful of not being too task-orientated to ensure children's cues for support are consistently recognised. Children aged 3 -5 years had opportunities to be independent, using the utensils available to self-serve. The service used an outside catering company, and meals were healthy and nutritious and catered for children's special dietary and cultural needs. Children enjoyed the meals and ate well; an alternative option, such as a sandwich, was available should needed. Almost all parents and carers strongly agreed/agreed their child could choose from a range of healthy snacks and meals daily. However, one parent disagreed, commenting they would prefer their child to have more than one hot meal option at lunchtime. The management team agreed to discuss all children's preferences with their families.

We highlighted some areas where mealtimes could be improved, which the manager agreed to take forward. For example, children's independence should be encouraged across all age groups where appropriate. Staff should sit on chairs to prevent transmission of infection, and all staff required to be in the playrooms should remain at all times to ensure children's safety.

Safe and comfortable arrangements were available for babies and children aged 2-3 years required to sleep in the setting. Staff supported children's safety, emotional security and wellbeing through sensitive arrangements for sleep routines. Staff regularly checked sleeping children to keep them safe. The sleep routines respected the parent's/carer's wishes, including having a comforter from home for some children. A nurturing space was also available for children aged 3-5 years to rest, relax, and self-regulate.

Personal planning was in place to ensure children received high quality, safe and compassionate care. These outlined the strategies and next steps for how staff would meet the children's individually assessed needs, wishes, and choices. Children who required additional support had enhanced plans which included specific strategies to support children's individual needs. Staff were committed to providing a quality care experience to all children, sought professional advice, and welcomed multi-agency working, which ensured

children received the appropriate care and support.

Systems were in place to store and manage the safe administration of medication. We discussed with the management team that a risk assessment/emergency plan should be in place for children and staff with long-term medical conditions, and supporting medication for allergies should be held.

Children were kept safe by a staff team who understood their role in identifying, recording and referring any safeguarding concerns and procedures, and regular in-house training was in place to support this.

Quality indicator 1.3: Play and learning

Staff and children had fun together, and interactions were warm, respectful and responsive. Children meaningfully and actively led their play and had some opportunities to extend their interests and learning. For example, in the 3-5 playroom, the children made playdough food to buy and sell with pretend money, and the staff used effective questioning to challenge their thinking. Children aged 3-5 years developed their understanding of money further when they visited the local supermarket. They also participated in numeracy challenges at home, providing
opportunities for staff to work in partnership with parents and carers and supporting children's learning between home and nursery. Feedback from one parent showed they particularly liked the extra activities, such as the maths programme.

Babies and children aged 2-3 years had opportunities to explore puppets and storybooks, supporting their language and early literacy development. Sensory experiences such as playdough, windmills and sensory bottles helped them to explore a range of textures and sensations to stimulate their senses. Staff in the baby room had an awareness of children's schemas. They provided babies with many play experiences that supported them in taking part in repeated actions as they explored their learning environment. One parent agreed, commenting they were happy with the moonbeams room, a cosy area with age-appropriate resources to support learning.

Overall, the age-appropriate play resources in all playrooms kept children engaged. One staff member told us the staff had a great knowledge of all children in their care and based the play and learning experiences on children's interests. Almost all parents and carers strongly agreed/agreed their child had access to a good range of quality toys and play materials. However, one parent disagreed, commenting, "Rooms/toys/environment feel dated". The manager had recently completed an audit to include more natural and open-ended materials; this should further support children to problem-solve, enhance their imagination and creativity and enrich their play. Staff could use relevant guidance documents, such as Realising the Ambition, Growing My Potential, My World Outdoors and Loose Parts Play, to support children's learning and progress and to further develop the play and learning environments.

Observations of children's development were in place. Floorbooks captured and recorded children's participation in activities and experiences. A clear overview for tracking the evaluations will further support children to revisit and extend their play and learning experiences. All parents strongly agreed/agreed they were fully involved and informed about their child's learning and development. Staff shared the information with them at parent meetings and informally during daily chats. A few parents told us they would like to receive their child's information digitally, with one commenting, "An app would be great to know what the little ones are up to throughout the day". During feedback, the management team spoke about their plans to use a 'Family App' that will be user friendly and allow parents and carers to keep track of their child's day.

How good is our setting? 4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 2.2: Children experience high quality facilities

Children benefitted from a welcoming, homely, comfortable and appropriately furnished setting with plenty of natural light and ventilation. All parents and carers strongly agreed/agreed, with one commenting, "Love the homely feel - that was what drew us to the nursery".

Staff thoughtfully set up most playrooms to spark children's curiosity and interests. The indoor environment was sensitively structured and considered children's stages of development and learning. This enabled children to move around the ample space and explore areas of interest, taking ownership of their play.

All parents and carers strongly agreed/agreed their child had the opportunity to play outdoors daily, with two parents commenting, "Wonderful outdoor space which is split into different sections to maximise learning/play" and "The garden space is fantastic". Although, the staff had considered some stimulating areas in the nursery garden to promote children's creativity, inquiry and curiosity. There was a need for additional resources to extend their learning.

During the inspection, the children could only freely access the nursery garden at specific times each day. A few parents told us, "It is a shame that the hours in the garden have been limited", and "Outdoor time is restricted for children but not the nursery's fault". The management team should consider alternative approaches for children to have regular access to the outdoors to promote healthy lifestyles further and meet all children's needs across the day.

Overall, we observed good hand hygiene and cleaning schedules to support a clean and safe environment. However, we highlighted some concerns about porous materials that staff should have safely stored in the nappy changing areas. The manager immediately rectified this.

The service had safety measures to support a safe and secure environment for children. Maintenance records ensured that any equipment and damaged items were repaired or replaced, and a secure entry system, playroom registers, policies, risk assessments and fire safety drills kept children protected. All parents strongly agreed/agreed their child was safe in the setting, with one commenting, "It's lovely and well maintained. They often make improvements to the interior and external facilities". We discussed how staff could involve the older children in risk evaluation, including risky play benefits; to support their understanding of risk and risk control while they enjoyed challenging, fun play experiences.

The manager kept information about children and their families safely and securely in the office. They only shared sensitive information with those who needed the information. This upheld children's rights to confidentiality and contributed to a sense of trust between the setting and families. Staff shared accident and incident records with parents and carers to reassure them of first aid administered to their child. Auditing these helped identify common or reoccurring concerns and the appropriate action required to maintain children's health and safety.

How good is our leadership? 4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 3.1: Quality assurance and improvement are led well

The newly appointed manager, supported by the management team, was committed to taking forward a collaborative approach that respects and values the views of staff, children and families. Almost all parents and carers strongly agreed/agreed they and their child were meaningfully involved in developing the service and that staff used their ideas and suggestions to influence change, with one commenting, "We are always well informed from managers/staff of any changes within the nursery".

Regular communication with families through various methods, including daily conversations, parent meetings and questionnaires, supported a culture of partnership working. The feedback received was mainly very positive, and the service shared these results with the families to promote the feedback loop.

All parents and carers strongly agreed/agreed they were confident that the manager had the appropriate skills, knowledge and experience to care for their child and support their learning. A few parent comments included the supportive management team showing genuine interest in the children they cared for and accommodating their family's needs.

Children benefited from a culture of continuous improvement and ongoing development within the setting, positively impacting their outcomes. The newly appointed manager, supported by the management team, had embedded evaluation systems and processes, including an improvement plan and several monitoring templates/proformas.

The annual improvement plan had realistic targets and priorities, and the management team monitored the progress, including developing a numeracy curriculum, improving parental involvement and upskilling staff. A monitoring calendar helped the management team review and monitor practice, audit resources, and update policies and procedures.

The service had a self-evaluation process that should continue to be reflected on and developed. We suggested reviewing the Care Inspectorate's 'A quality framework for daycare of children, childminding and school-aged childcare' with the staff team. This would help ensure that reflections identify gaps in practice and lead to meaningful change that supports and sustains improvement at a deeper level across the nursery.

We sampled safer recruitment files for staff, which mainly reflected good practice guidance, including checks for prospective staff through the 'Protecting Vulnerable Groups Scheme' and SSSC (Scottish Social Services Council). A robust audit will further support the manager to file the relevant information more consistently.

How good is our staff team? 4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 4.3: Staff deployment

Staff worked well together as a team and within the individual playrooms. They were enthusiastic and committed to providing quality outcomes for children. They told us a strength within the service was their level of care and knowledge for the children and their passion for ensuring that all children were cared for and nurtured. All parents and carers strongly agreed/agreed, commenting the staff were caring, nurturing, friendly and approachable.

The staff team had different skills, knowledge and experience. They supported each other and, most of the time, communicated well when leaving the room during their planned breaks or when rotating shifts to ensure other staff were aware and children's activities, experiences, and continuity of care continued.

All staff had a training record outlining their professional development opportunities, and there was evidence of recent one to one meetings with the manager, which included staff development and meaningful professional dialogue. There was evidence of some post training evaluations to support staff to identify how knowledge gained could impact their practice. The evaluation approach should be encouraged further across the team to upskill all staff.

Almost all staff had undertaken core training, including child protection and first aid, which kept children safe and protected. Training files showed additional learning staff had undertaken to support their skills and interests. The management team had a clear overview of this.

Arrangements were in place to promote continuity of care across the day to ensure positive transitions and communication with families. Familiar staff welcomed children and their families at the entrance door, and families had access to the playrooms at the end of the day. Almost all parents and carers strongly agreed/ agreed that the staff gave good quality information about their child's day, with one commenting, "Staff are responsive to any changes and provide good updates about their day". However, one parent disagreed, commenting that pick-up before 5 p.m. was frustrating with a queuing system outside the nursery with staff only dealing with one child and family at a time.

During the inspection, we discussed the importance of parents and carers having access to the playrooms throughout the day at handovers to build relationships and attachments between all staff, children and families, which the management team agreed to revisit with staff and families.

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

Children's personal plans should be developed. The information recorded in the plans should be more reflective of children's developmental stages and interests and should show how staff are supporting children to develop their learning.

National Care Standards Early Education and Childcare up to the age of 16: Standard 4 - Engaging with children and Standard 6 - Support and development

This area for improvement was made on 16 November 2017.

Action taken since then

Personal planning was in place to ensure children receive high quality, safe and compassionate care. These outlined the strategies and next steps for how staff would meet the children's individually assessed needs, wishes, and choices. To continue improving children's health and wellbeing and support the consistent application of assessment for children, the staff could link the personal plans to the Getting it Right for Every Child (GIRFEC) Wellbeing indicators.

This area for improvement has been met.

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?	4 - Good
1.1 Nurturing care and support	5 - Very Good
1.3 Play and learning	4 - Good

How good is our setting?	4 - Good
2.2 Children experience high quality facilities	4 - Good

How good is our leadership?	4 - Good
3.1 Quality assurance and improvement are led well	4 - Good

How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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