The Park Nursery and Kindergarten
Day Care of Children

7 Woodside Crescent
Charing Cross
Glasgow
G3 7UL

Telephone: 01413 320 366

Type of inspection:
Unannounced

Completed on:
7 June 2024

Service provided by:
J R Kinder Ltd.

Service provider number:
SP2003001259

Service no:
CS2003044027

About the service

The Park Nursery and Kindergarten is registered to provide a day care service to 45 children aged from birth to those not yet attending primary school. During the inspection 18 children were attending.

The service is provided from a three-story building in the centre of Glasgow. It is situated close to a selection of shops, amenities, and links to public transport. Children have use of a large play space on the top level, two smaller play spaces on the middle level and a small playroom on the bottom level. There was a small secure garden at the back of the property. The service also made good use of the local community to support their outdoor play.

About the inspection

This was an unannounced inspection which took place on 6 and 7 June 2024. 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.
- reviewed 13 completed questionnaires
- observed practice and daily life
- reviewed documents.

Key messages

- Staff nurtured children through their interactions.
- Children were highly engaged and having fun.
- Staff and management engaged positively with the inspection, taking on points for improvement.
- The manager and staff team were skilled in using peoples views to inform change, and continuous improvement.
- Staff worked well together to meet children's needs.
- Quality assurance, self-evaluation and improvement planning were meaningful and having a positive impact on the outcomes for children and families.
- The provider should implement processes to support infection, prevention and control practices and monitor the cleaning of the service.
- The provider should make improvements to the changing areas to ensure they are in line with current best practice guidance.

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?	5 - Very 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.

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children, therefore we evaluated this quality indicator as very good.

Staff knew children very well, they had developed positive caring relationships with children, and cared for their personal needs sensitively. For example, children who were tired were comforted with a cuddle as their beds were set up for them to rest. All parents who provided feedback strongly agreed or agreed with the statement 'overall, I am happy with the care and support my child receives in this service'. This meant children were being supported and nurtured throughout their daily experiences well.

Children enjoyed a sociable snack and mealtime with their peers and staff. Children were fully involved in the preparation of lunch time, where they set the tables attractively with table covers and crockery. The positioning of tables had been carefully thought out to make the experience calm, spacious, unhurried and supportive to all. Children were offered opportunities to develop their independence and social skills. Meals were nutritious, and dietary and allergy requirements were catered for carefully, respectfully, and safely. We concluded staff had developed and facilitated high quality mealtimes that were nurturing for children and supported their overall wellbeing and development.

All children received a personal plan drawn together using wellbeing Indicators; Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Iincluded (SHANARRI). Plans were created in partnership with parents and reviewed and updated in line with guidance. Plans contained the key information that staff needed, to respond sensitively, quickly and compassionately to changes in a child's life. We discussed with staff the benefit of clearly capturing the evaluations of targets and next steps set for children to show their progress and achievements.

Sleep time was managed well. Safe sleep checks were in place along with a safe sleep policy, which were shared with parents. Children were able to rest or sleep in line with their sleep routines recorded within their personal plans.

Medication was stored and administered in line with best practice guidance. Medication storage and records were audited monthly by the manager. This meant when children needed medication it was stored and administered safely in line with their needs.

Staff worked proactively with children, families, and other professionals to identify timely and supportive interventions for children and families. Parents who provided feedback told us they were welcomed into the service to discuss their child's care, play and learning. We concluded staff worked effectively with families and supporting agencies to ensure children got the support they needed to reach their full potential.

Quality indicator 1.3: Play and learning.

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

Children were involved in leading their play and learning through a balance of spontaneous and planned experiences. We observed staff facilitating experiences that supported children's numeracy, literacy, and language development. For example, staff sang to children as they played, incorporating numeracy and literacy within the songs. We concluded children were having fun as they experienced good play and learning development opportunities.

Children moved easily around the play areas transporting toys as they wished. Staff took time to listen, talk and communicate with children. Staff used questions to extend children's learning and thinking. Children had the opportunity to revisit their learning. For example, when children were going for lunch staff supported them to leave their unfinished models safely and ready to return to later in the session. This supported children's choices and their right to play.

Staff used a responsive planning approach. They observed children and planned experiences in response to their interests and stages of development. For example, in the baby room children had a strong interest in ducks. They had visited the duck pond recently, were singing songs about ducks, and staff read stories to them about ducks. This meant planning approaches were child-centred.

The planning approaches in place were at early stages. They linked to National curriculums such as the Curriculum for Excellence early level and Realising the Ambition Being Me. Staff completed a basic plan that captured the experiences that they had planned, in response to children interests and stages of development. This meant staff gathered information that supported them to report on children's progress and achievement. We spoke with staff and management about evaluating their plan in more detail to include possible lines of development or next steps. This would support children to further progress their learning.

Staff shared their observations of children at play with families via an online platform. They shared monthly inputs containing photographs of children's play along with evaluative statements to detail the outcome of the experience. Parents told us they were kept informed about their children's learning. One parent said "There seems to be regular and varied activities. We receive photo updates of our daughter taking part in these." This supported partnership working, where families could work with the service to develop children's play and learning.

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.

The setting was comfortable, welcoming, and furnished to a good standard. Play spaces benefited from natural light and ventilation through open doors and windows. Children had areas to rest and relax. For older children material and soft lighting had been used to support a more homely feel. This sent a message to children that they mattered. We spoke to staff and management about incorporating more cosy spaces

in the baby room with enclosures. This would support the environment to be more homely, and inviting for the youngest children, maximising their wellbeing.

Indoor playrooms were sensitively structured to take account of children's needs and stages of development. Resources were set out attractively to invite children to learn, be creative and curious. There was a small outdoor space at the back of the property where children could enjoy fresh air and play outdoors. The staff made very good use of the local community to ensure all children had access to quality outdoor play opportunities across the day.

The nappy changing facilities for younger children were not in line with best practice guidance. They were not fully enclosed to support infection prevention and control, and to promote children's privacy and dignity. There were not enough changing stations for the number of children who could attend the service. The nursery manager was aware of this prior to the inspection. The manager should continue with their plans to meet with the provider and agree an action plan to make the improvements. See area for improvement 1.

Overall, satisfactory arrangements were in place for monitoring, maintenance, and repair for the building. Staff completed daily risk assessments, to ensure that the play spaces were safe. They highlighted a range of potential risks, and detailed clear mitigations and measures that were in place to support the environment to be safe. This meant children benefitted from being in a safe, secure and well-maintained environment.

The service had a clear infection prevention and control policy and implemented several procedures to reduce the spread of infection. For example, playrooms and resources were clean, staff and children practiced effective hand washing, and the management of laundry was carried out safely. In contrast to this good practice, we noted some improvements could be made in other areas to prevent the spread of infection. This included, ensuring hard to reach areas, bathrooms and changing facilities were more thoroughly cleaned. We highlighted these issues with the staff and the manager. We were satisfied that some of these points were rectified during the inspection. The provider should ensure that children always receive care in a clean environment to support their health. See area for improvement 2.

We found the use of Closed-Circuit Television (CCTV) to be fair, proportionate and protect children's dignity. It was only used for purposes that supported the delivery of safe, effective and compassionate care for children. The use of CCTV was clearly detailed within the CCTV policy. Children's sensitive and personal information was stored securely in the office. Staff had access to this to support the care of children by requesting from the manager. We concluded children's information was securely stored and managed well.

Areas for improvement

1. To ensure that children have a hygienic and dignified nappy changing experience, The provider should improve nappy changing facilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4), and
'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This is to ensure changing facilities are consistent with the Care Inspectorate Document: 'Nappy changing for early learning and Childcare settings (excluding childminders)'.

2. To ensure that children are cared for in a safe and hygienic environment. The provider should ensure all areas of the nursery are cleaned regularly.

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 5.24).

How good is our leadership? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children therefore we evaluated this key question as very good.

Quality indicator 3.1: Quality assurance and improvement are led well.

The vision of the service was being reviewed as part of the nursery improvement plan. The manager had been working alongside staff to agree a rationale for each playroom. This had been displayed in the rooms. The manager should continue to develop the vision, incorporating views from parents and children. This should then be shared for all to see and celebrate. This contributed to everyone working towards the same shared and agreed goals for children and families.

We found leaders had a very good understanding of the importance of using the views of children and families to inform the planning and development of the service. The manager used regular questionnaires to help measure success and inform improvements. These were shared with children, and families through various forms such as "you said we did." This meant children and families were meaningfully involved and influenced change within the service.

A meaningful improvement plan was in place, and had been created in partnership with staff, families and children. A whole team approach to improvement was evident. Senior roles were being developed to support and improve practice. They had a key role in gathering evidence to support self-evaluation and guide staff with practice and personal development. Equally, seniors were supported and guided by the manager with their own practice and how they supported others. This meant children benefited from a team who were reflective, and keen to provide high a high quality service.

The manager had good working relationships and support from the area manager and provider. Management meetings allowed for the managers to come together and look at new guidance and plan improvements. The manager was skilled at sharing best practice guidance with staff. Regular opportunities for discussing practice and professional development took place at regular team meetings and at during discussions with staff. This meant the manager was promoting a shared vision across the service where everyone worked together to improve outcomes for children.

The manager and staff team were meaningfully utilising best practice guidance to successfully self-evaluate the service. Staff meetings were used for staff to look at their practice and evaluate this against current thinking. This information was then used to influence further improvements. For example, improvements had been made to the nursery environments to make them richer in curiosity and support learning. We concluded, children were benefiting from robust self-evaluation and improvement planning that was leading to continuous improvements.

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.

The manager recognised and valued the importance of ensuring the service was always appropriately staffed. Staffing was reviewed daily, to ensure adequate staffing levels were in place to meet all children's needs. Agency staff were used; however, they were consistent people who knew the children well. The agency staff told us that they felt well inducted to the service and this enabled them to provide a high quality, and safe experience to the families. This offered continuity of care for children.

Staff were deployed across the service in line with their skills and experience. We noted that modern apprentice staff were being guided and supported by qualified staff in a sensitive and respectful way. Senior staff were in place, they effectively supported and mentored staff as well as carrying out additional duties placed upon them. This created a flexible and supportive ethos where staff supported each other, working together as a team to benefit the children.

Staff caring for children were registered with the Scottish Social Services Council. They are the regulatory body responsible for registering the social services workforce. They provide public protection by promoting high standards of conduct and practice and support the professional development of those registered with them. We sampled staff recruitment files and found staff were recruited safely. This included the use of the national induction resource. This meant staff recruited and inducted were supported to provide quality care play and learning to children.

We observed examples of good communication and team working taking place. For example, robust register systems were in place to keep children safe. To ensure children were accounted for, staff communicated well with each other as children were dropped off and collected. Staff told us they worked well as a team. Parents feedback about the staff team was positive. We concluded staff were working well as a team to meet children's needs and care for children safely.

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

Management and staff should review the arrangements for how staff and children's daily attendance is recorded and monitored. This is to ensure the safety and security of children and adults at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:
'My environment is secure and safe' (HSCS 5.17).

This area for improvement was made on 29 January 2020.

Action taken since then

Daily attendance records were in place for all play rooms. The manager audited registers daily to ensure they had been accurately completed to count for all children . Staff completed these accurately to ensure they accounted for all children. Staff communicated well with each other as children moved round the service, and as they arrived, and when they left for the day with their adult.

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?	5 - Very Good
3.1 Quality assurance and improvement are led well	5 - Very Good

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

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