Mossvale Early Learning and Childcare Class Day Care of Children

Mossvale Primary School
3/5 Gockston Road
Paisley
PA3 2QB

Telephone: 03003 001 449

Type of inspection:
Unannounced

Completed on:
7 June 2021

Service provided by:
Renfrewshire Council

Service provider number:
SP2003003388

Service no:
CS2004064405

About the service

We carried out an unannounced on-site inspection of Mossvale Early Learning and Childcare Class on Tuesday 2 June 2021. To complete the inspection, we used video technology to interview staff and telephone to engage with the parents as part of the process. The headteacher sent us relevant documents requested electronically. Feedback was given to the headteacher and principal teacher on Friday 5 June 2021 using Microsoft TEAMS.

The service was registered with the Care Inspectorate on 1 April 2011. To provide a care service to a maximum of 50 children aged from three years to those not yet attending school. The service will operate an occasional playscheme during school holiday periods.

The service shares aims with the primary school which states:

"We aim to provide a happy, secure, health promoting learning environment where your child will be encouraged to work hard, develop social skills, build on their talents and take pride in their achievements". A full copy of this statement can be obtained from the service.

The nursery values are:

P Play

R Relationships

I Included

D Discovering

E Everyone's equal.

This was a focussed inspection to evaluate 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. This inspection was carried out by two inspectors from the Care Inspectorate.

What people told us

We observed children playing outdoors, an exciting space for them with a range of activities and experiences that supported their natural curiosity and problem-solving skills. As a result, the children were happy, comfortable and safe. It was clear that this was because of the warm and nurturing relationships they had with staff.

Eight parents responded to our request for feedback. The parents were very happy with the service provided. They told us that staff had bent over backwards to support them. For example, information to support Covid-19 guidance is shared with them regularly. In addition, sharing photographs of children's learning experiences through the SEESAW app; showed their children following their interests and having fun.

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?	4 - Good

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? 4 - Good

Quality Indicator 5.1: Children's health and well being are supported and safeguarded during Covid-19

We identified key strengths that supported children's health and wellbeing during the Covid-19 pandemic. The staff's caring and nurturing approaches support the children's emotional wellbeing, personal care, and development needs.

We saw caring and supportive interactions between staff and children as they played outdoors. In addition, staff applied children's sun cream and gave drinking water to support them in the warm weather. We saw children engaged in their play. Play experiences were adult-initiated and child-led, supporting children's play, learning, wishes, and choices.

We reviewed a sample of children's personal care plans and Individual Educational Programme (IEP) during the inspection and found these completed to a very good standard. Information was clear as to the children's individual needs and how the service planned to meet them. The plans included 'Getting It Right For Every Child' (GIRFEC) SHANARRI wellbeing indicators that supported the methods to be specific, relevant, and responsive to children's individual needs.

Information to support children's cultural needs and allergies was accessible and included within the child's personal care plan. In addition, medication systems were in place and stored safely in individual bags within a designated cupboard in line with current best practices.

Children's learning is shared with parents regularly. The service and parents set targets for children to contribute, supporting a consistent approach to children's learning and development.

Staff and children engaged in lovely conversations at lunchtime. It was clear from discussions that staff knew children and their families well. Partnership working with parents and carers was a key strength. Relevant information was given to families in respect of children's transitions and Covid-19 guidance during the pandemic. Parents told us that staff responded actively to them during this time, providing practical and economic support.

Quality Indicator 5.2: Infection prevention and control practices support a safe environment for children and staff

The service had considered most of the key practices regarding prevention and control in the spread of infection. For example, staff wore a face mask and kept a safe two-metre distance where appropriate indoors and outdoors. Children played outside for most of the session, maximising the outdoors and reducing the risk of transmission. There was suitable ventilation and room temperature indoors, supporting comfort levels.

However, through observations, we identified some infection control practices that did not meet current Covid-19 guidance; this included enhanced hand hygiene and appropriate use of personal protective equipment (PPE).

Although encouraging children to be more independent when washing hands, the staff must supervise children to ensure they are washing their hands effectively following the Covid-19 guidance that is in place

in the centre. Some staff chose to use hand sanitiser when warm water and soap were available. The service had introduced newly installed bins to comply with Covid-19 guidance. However, staff and children regularly touched the rubbish bin lids without using the foot pedal an area for potential cross contamination without washing their hands afterwards. In addition, we observed staff at lunchtime giving children cut pieces of fruit with their hands without using appropriate utensils.

Staff did not wash or sanitise their hands immediately after the removal of PPE; this included, after being in the children's toilets and after children received personal care. For example, having sun cream applied.

During the inspection, we spoke to management about the importance of infection control measures and how they can minimise risk and maintain safety for children. The service sent the Care Inspectorate photographs of improvements made; this included the clear labelling on rubbish bin lids and utensils for serving food.

We signposted the service to the 'National Infection and Prevention Control Manual Children's Pack.'; this contains fun resources to teach children how to wash their hands effectively to prevent the spread of infection. https://www.nipcm.hps.scot.nhs.uk/resources/hand-hygiene-wash-your-hands-of-them/childrens-pack/

Refresher training in infection, prevention and control will further support staff practice and effectiveness of procedures. (See area for improvement 1)

Quality Indicator 5.3: Staffing arrangements are responsive to the changing needs of children during Covid-19

A clear staffing contingency plan was in place. This supported operations within the pandemic and staffing levels to meet children's needs.

Staff deployment was good and consistent with current best practice guidance. Staff were responsive to children's needs and generally avoided becoming task orientated. There was enough staff to ensure that cleaning routines were in place without compromising the care of children. The cleaning staff cleaned touchpoints throughout the day. Staff told us that the cleaners clean the service at the end of each day. Cleaning rotas do mention cleaning in the morning, however, we did not observe this.

Staff were responsive to children's needs; we saw positive and kind interactions between staff and children.

In addition, staff told us lockdown had allowed them to extend their learning by participating in training opportunities. For example, Book Bug and Alice Sharp.

There is NHS Covid-19 information displayed throughout the nursery to support staff regarding infection prevention and control practices and appropriate use of PPE. Staff told us that they were kept up to date with the latest Covid-19 guidance through team meetings.

We sampled some professional review and development files that were in place for staff; this included core learning to support children in their care. In addition, having identified shared leadership roles within the service will further support staff responsibilities and own learning, improving quality experiences and outcomes for children and their families.

Staff welcomed inspectors during the inspection process and took time to answer any queries. During discussions, staff told us they felt supported by the management and wider team.

Wellbeing meetings and phone calls took place before staff returned to the service, an opportunity for the management team to support individual staff.

Staff told us that they were comfortable in approaching the management team with any concerns and felt that issues were dealt with quickly. It was a newly formed team. However, the mix of competencies ensured staff could learn from each other to support the children. The staff spoke about being a strong team willing to support one another in adaptable and changing situations.

Areas for improvement

1. Refresher training and robust monitoring should be planned for to support staff practice and evaluate the effectiveness and impact that training has had in minimising any risks. Maintaining health, wellbeing and safety for children.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: '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 guidance, evidence and best practice' (HSCS 4.11).

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	4 - Good
5.1 Children's health and well being are supported and safeguarded during COVID-19	5 - Very Good
5.2 Infection prevention and control practices support a safe environment for children and staff	4 - Good
5.3 Staffing arrangements are responsive to the changing needs of children during COVID-19	4 - Good

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