Thrive Childcare and Education Happitots Greenock
Day Care of Children

Riverside Business Park
21 Pottery Street
Greenock
PA15 2UZ

Telephone: 01475 741 228

Type of inspection:
Unannounced

Completed on:
13 October 2023

Service provided by:
Enchanted Forest Nursery (Greenock) Ltd

Service provider number:
SP2010011161

Service no:
CS2010272909

About the service

Thrive Childcare and Education Happitots Greenock provides a care service to a maximum of 75 children as follows:

Twelve children from six weeks to two years only;

Twelve children from one year to two years six months only;

Thirteen children between two - three years only;

Eight children between two - four years only;

Thirty children from three years to those not yet attending primary school.

The registered provider is Enchanted Forest Nursery (Greenock) Limited, and the service is in partnership with Inverclyde Council to provide funded places for eligible children aged 2 to 5 years. The service operates from a purpose-built detached building comprising of five playrooms, children's changing and toilet facilities, a kitchen, an office, and staff facilities. Four playrooms were used for children during this inspection, and the fifth was used for staff training and development. An enclosed outdoor play area offers children aged 2 to 5 years opportunities for fresh air and active play and learning.

About the inspection

This was an unannounced inspection which took place on 10 October 2023 between 08:30 and 17:30. A further visit took place on 11 October 2023 between 08:30 and 14:00. 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year. To inform our evaluation we:

- spoke with children using the service
- reviewed survey responses from 20 parents and carers using the service
- reviewed survey responses from 11 staff
- spoke with staff, management and regional manager
- observed practice and the facilities
- reviewed a sample of relevant 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 the partnership approach between families and playroom staff.
- Further consideration is needed for children aged 0 - 2 years to have regular access to a garden space 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

Interactions between staff and children were warm and caring, and children were happy, confident, and comfortable in their surroundings. Younger children benefitted from supportive and gentle interactions. They were cuddled and comforted when upset, and the staff were responsive to their needs. Older children were having fun with staff who praised and encouraged them. We heard lots of laughter as they played together. It was evident that children had formed close and positive attachments with staff. Parents and carers who responded to our survey strongly agreed or agreed that 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, with one commenting, "They provide a very caring and nurturing service, looking after my child while I work and ensuring he is looked after with the most amazing practitioners."

Staff enjoyed eating with children and used this opportunity to initiate meaningful conversations, which promoted children's language and social skills. On the first inspection day, we discussed the importance of staff being mindful of their body positioning to respond effectively and promptly should a choking episode occur. Staff responded well to the advice and implemented safe practices on the second inspection day. Children's allergies and food intolerances were well managed throughout the setting, which contributed to keeping children safe. A wealth of opportunities promoted choice responsibility and developed children aged 2-5 years independence. Staff modelled positive food habits, which meant mealtimes were unhurried, sociable and a positive learning experience. For children attending the 3-5 playroom, their lunch was a rolling system, and lunch was offered at a time that suited children's needs. We suggested having a thermometer probe available in all playrooms to ensure the foods served remained at an appropriate temperature.

Personal plans were in place for each child attending the service. Information was gathered to meet children's individual needs, such as their likes, dislikes, interests and significant events or changes in their lives. However, for some children, theirs could be more focused on current needs and outline how these needs will be met with strategies to be applied by staff. Parents and carers strongly agreed or agreed they were fully involved in their child's care, including developing and reviewing their personal plan, commenting, "The staff know my child really well and have had such a positive impact on how my child has settled at nursery as I returned to work, they provide lots of information on her development and ensure her care plan is updated" and "The staff are all incredibly friendly and know what my children like and dislike, even out with the key worker role."

A clear and concise safeguarding policy helped protect children's wellbeing. All staff had taken part in child protection training. During discussions, staff demonstrated confidence to take forward any safeguarding concerns and to comply with child protection procedures. Staff were also familiar with the Care Inspectorate's practice notes, including the SIMOA campaign, and had implemented systems to track where children were throughout the day and keep them safe.

Where children required emergency medical treatment, medical care plans and risk assessments had been applied to ensure children's health and medical needs were met. However, we asked management as part of their monitoring processes to ensure that the information gathered accurately corresponded to the prescription guidance so that staff could continue to support children's health, wellbeing, and safety.

Staff valued personal care routines as an opportunity to build relationships with children, and key workers carried this out where possible. To fully support children's emotional wellbeing, privacy and dignity, management and staff should review and improve the processes for personal care routines within the 0-2 playrooms to ensure children do not receive delays in personal care or changes to soiled clothing. They should also consider the timing of personal care in the 2-3 playroom and how this coincides with staff lunch breaks.

Warm, cosy spaces allowed children to rest, relax and self-regulate across the setting. Children's sleep routines were provided in response to their wishes or family preferences. Nurturing and responsive approaches from staff demonstrated respect for children's right to rest, and some staff had undertaken safe sleep training to support their practice.

Quality indicator 1.3: Play and learning

Children's care, play, and learning were recorded and shared with parents through the Parent Zone app and updated responsively. This was an established process, and staff had prioritised sharing detailed observations of children's play, which were good quality. Parents and carers strongly agreed or agreed they were given good quality information about their child's day. Management monitored the children's recorded observations and assessments and discussed their plans to develop these further using the app. This would enable staff to track progress and support families to be fully informed of children's development over time.

Children benefited from an environment which offered play-based learning opportunities. The planning and recording approach ensured this was child-centred and responsive to children's interests and experiences. In partnership with staff, management should continue to support the team to embed and evaluate the planning cycle, focusing on recording where breadth and depth of learning are facilitated to ensure meaningful experiences for children attending the setting.

Children 2-5 years old had opportunities to play outdoors daily. They experienced stimulating and challenging outdoor play spaces. Resources and layouts provoked children's interest and extended their thoughts and learning. For example, filling, squirting and transporting the water to other play areas kept them engaged. The outdoor space layout and resources were filled with open-ended opportunities, such as loose parts materials, sand, water, and imaginative props for children to explore and inquire, and large apparatus supported children's gross motor skills and encouraged energetic play. This positively impacted children's physical, cognitive, social, mental health, and emotional development. However, more consideration should be given to children 0-2 years of age accessing a garden space.

Almost all parents and carers strongly agreed or agreed their child could play outdoors daily. One parent disagreed, commenting, "I'm not sure how much time my child has had outdoors as I haven't had any information about outdoor experiences from staff. This would be something I would like to see more of." Management agreed to review younger children's access to the garden area and share any updates made with parents.

Playrooms had improved since the last inspection. The layout of play areas and the quality of resources and equipment extended children's interests and opportunities to experience spaces where they can relax, feel safe, happy, content and cosy, positively impacting children's care and wellbeing.

The 3-5 playroom environments and planned experiences were well resourced to support and develop children's skills in literacy and language. We observed adult-supported singing and story times, adult discussions that supported children's vocabulary and language and effective use of books strengthened play areas. In addition, environmental print helped children engage in mark-making, early writing and reading experiences.

Overall, parents and carers strongly agreed or agreed they were happy with the care and support their child receives at the setting, commenting, "The staff are all great as well as the activities they do with my child which ensures she is growing and learning from her motor to social skills and beyond" and "Staff are warm and welcoming to my child, Keyworker has great knowledge and understanding of the best way to care for my son." Additional comments from parents to support improvement between the setting and home included, "Maybe more info on what my child is doing to meet his age and stage milestones regarding play and learning," and "Ideas for at home. What child plays with."

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 overall nursery environment did support good quality play and learning for children. Exciting and inviting play spaces helped children to engage and extend play and learning. Wall displays showcased the children's voices, and respectful interactions supported children to feel valued and that their views mattered.

Cleaning schedules, risk assessments and playroom audits supported a clean and safe environment for children. Staff had completed training in infection prevention and control. Overall, we found safe practices, such as hand hygiene and cleaning, to keep children safe. Regular monitoring of this by management should ensure consistency in staff practice across all playrooms in line with national best practice guidance. We made some suggestions regarding infection prevention and control as part of this inspection, which was promptly actioned.

Accidents and incidents were well recorded, verbally shared with families and audited to ensure a safe environment for children. However, further consideration should be given to parents signing electronic records to ensure robust recordings.

Children experienced an environment that was comfortably furnished and welcoming. The playrooms contained natural light and were well ventilated. There was ample space indoors and outdoors for children to play and explore together or alone if they chose to do so. The enclosed garden provided space for 2-5-year-olds to play together and learn from each other.

Children were supported in play spaces that continued to be developed by staff. Staff shared how they were continuing to make room adaptations, and we saw through the service quality assurance processes and floor books that playroom improvements were prioritised. One staff member commented, "We are constantly working towards the best possible outcomes for children in our outdoor experiences and whilst we enjoy

regular community play and adventure our garden within the setting is an ongoing improvement." We discussed how further numeracy and mathematical opportunities indoors and outdoors could further support essential life skills for children, such as problem solving.

Children were supported to be active within their community by accessing local resources such as parks and walks. Following an unfortunate vandalism incident, children were supported to understand the role of people who help us within their community.

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

Staff told us the management team were approachable, with one commenting, "All management and staff from other departments are always helping each other out and work well as a full team." We saw that the team worked well together and was committed to providing positive outcomes for the children and their families.

Parents and carers strongly agreed or agreed they were confident that the setting was well managed and that the manager had the appropriate skills, knowledge, and experience to care for their child and support their learning, with one commenting, "The management team are lovely and are always available if I have needed to ask any questions and have been able to reassure me when my child was struggling to settle."

Management were visible leaders and met with staff regularly. Staff told us they were approachable and felt supported by their leadership. This made staff feel confident to make suggestions for improvements and contributed to staff feeling valued and respected.

All staff and management shared vision, values, and aspirations for the service, which showed us the service had a good capacity for supporting change and improving outcomes for children. Evidence showed that feedback from all stakeholders had influenced planned improvements for the service, and we discussed the importance of continuing this practice to ensure all parents felt informed of the quality of care and support provided.

Parents were supported to be involved in the life of the setting through planned events, including a recent parents' evening, a recent stay and play session and fundraising events. Children's and families' views were valued; they were consulted through questionnaires, face-to-face chats and consultations at family engagement. Their opinions and suggestions supported the service's ongoing improvement journey. This meant they were valued partners in the setting.

A realistic Improvement plan considered key planning priorities. Developing self-evaluation practices would further strengthen this. We discussed how management and staff could use the Care Inspectorate's 'A quality framework for day care of children, childminding and school-age children' (Care Inspectorate, 2022).

Quality assurance processes, including monitoring, ensured organisational procedures were implemented and adhered to. These should continue to be embedded, and the focus should now be building on strengths and tracking the impact of changes and interventions for the service or individual children and families.

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

We found improvements in the recruitment approach that builds stability in the staff team through the retention of experienced staff since the last inspection, positively impacting staff morale. The balance of experienced and qualified staff ensured children were consistently supported, cared for and safely supervised, enabling children to experience stability in their care and support from people who know their needs.

The staff worked well together and respected the children and each other. We saw nurturing interactions where staff came down to the children's level, and their manner was warm and kind. This supported children to develop positive attachments. The management and staff team promoted continuous care and effective communication, which minimised the impact of staff breaks on children.

Staff were effectively deployed across the setting to take account of their professional knowledge and skills. They were respectful of each other, and morale was high. Staff understood the current guidance and how they used it to enhance children's experiences and told us how they shared their learning with colleagues. We found them to be passionate and committed to improving outcomes for children.

Some staff members' self-esteem and confidence were enhanced through champion roles in developing specific areas within the setting. For example, the development of the garden champion role. Developing additional champion roles will instil a sense of distributed leadership across the team.

Time to come together through staff meetings, including leadership and room meetings, provided opportunities for staff to reflect on their practice, share concerns and celebrate team successes. This ensured consistency of staff practice across the team.

Some staff were skilled at using open-ended questioning to support children to apply higher-order thinking skills during play. As a result, children's curiosity was developed, enabling them to be creative and solve problems while they played.

Staff meetings and personal development reviews supported staff wellbeing, and for them to become familiar with all children and families in their care and to identify any children who may require additional support. Where children had an identified additional support need, this was supported by individual learning plans and assessments of risks.

The setting was well resourced, with guidance and literature supporting staff in professional development and self-directed study. Staff had undertaken training opportunities and had visited other high performing services to develop their practice. Management should continue to implement the planned training programme and ensure staff reflect and evaluate their learning to support their practice and improve experiences and outcomes for children.

Almost all parents and carers were confident that the staff had the appropriate skills, knowledge, and experience to care for their children and support their learning. Comments included, "Lovely staff team, always so welcoming and friendly to chat to, they seem like they are very nurturing and care about the children and their development," "Staff are great, our daughter loves them and can now say some of their

names" and "I have nothing more to say that it takes a lot for me to trust anyone with my children, I wouldn't want my kids at any other nursery because the staff genuinely care about my kids."

We discussed the importance of parents and carers having access to the playrooms daily to continue building relationships between the setting and home and support children's development, which the manager 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

Management and staff should review and update children's personal plans to ensure they clearly outline how the service will support children to meet their health, welfare and safety needs. Personal plans should continue to be monitored as part of the service quality assurance processes to ensure they are current, complete and in place for all children.

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

This area for improvement was made on 29 November 2022.

Action taken since then

Personal plans were in place for each child attending the service. Information was gathered to meet children's individual needs, such as their likes, dislikes, interests and significant events or changes in their lives. Management monitored the personal plans as part of the service quality assurance processes. However, for some children, theirs could be more focused on current needs and outline how these needs will be met with strategies to be applied by staff. We discussed the importance of ongoing quality assurance processes; however, we were satisfied this area for improvement has been met.

Previous area for improvement 2

The provider should widen training opportunities in observation approaches that will support staff to provide children with play opportunities that better match their individual interests and learning needs. The management team should monitor observations included in learning journals and profiles to ensure they fully reflect all children's progress, achievements and next steps.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

This area for improvement was made on 29 November 2022.

Action taken since then

Children's care, play, and learning were recorded and shared with parents through the Parent Zone app and updated responsively. This was an established process, and staff had prioritised sharing detailed observations of children's play, which were good quality. Management monitored the children's recorded observations and assessments and discussed their plans to develop these further using the app. This would enable staff to track progress and support families to be fully informed of children's development over time.

This area for improvement has been met.

Previous area for improvement 3

To ensure positive impacts on children's physical, cognitive, social, mental health and emotional development children should experience stimulating and challenging outdoor play spaces. Staff should ensure that resources and layouts provoke children's interest and extend their thoughts and learning. Staff should regularly evaluate outdoor spaces to ensure they are filled with open-ended opportunities for example, loose parts materials, sand, water, clay, creative tools and imaginative props for children to explore, inquire and engage in energetic play.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25) and 'As a child, I play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

This area for improvement was made on 29 November 2022.

Action taken since then

Children 2 - 5 years old had opportunities to play outdoors daily. Children experienced stimulating and challenging outdoor play spaces. Resources and layouts provoked children's interest and extended their thoughts and learning. Staff regularly evaluated the outdoor space to ensure they were filled with open-ended opportunities for children to explore, inquire and engage in energetic play. We discussed that more consideration should be given to children 0 - 2 years of age accessing a garden space; however, we were satisfied this area for improvement has been met.

Previous area for improvement 4

To support children's positive wellbeing and learning playrooms the provider should review the layout, quality of resources and equipment in playrooms. This should extend opportunities for children to experience spaces where they can relax, feel safe, happy, content and cosy and which give a sense of care and wellbeing. This should be monitored as part of the service quality assurance processes to ensure they are being implemented in manner as set out in National Practice Guidance for Early Years in Scotland.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16) and 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise' (HSCS 5.18).

This area for improvement was made on 29 November 2022.

Action taken since then

Quality assurance processes have contributed to playroom improvements since the last inspection. The layout of play areas and the quality of resources and equipment extended children's interests and opportunities to experience spaces where they can relax, feel safe, happy, content and cosy, positively impacting children's care and wellbeing.

This area for improvement has been met.

Previous area for improvement 5

To support children's wellbeing staff should revisit training and self-learning in infection prevention and control to ensure they are getting it right for all children. Infection prevention and cleaning practices should be monitored as part of the service quality assurance processes to ensure they being implemented in manner that is consistent and in line with national best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This area for improvement was made on 29 November 2022.

Action taken since then

Staff had completed training in infection prevention and control. Overall, we found safe practices, such as hand hygiene and cleaning, to keep children safe. Regular monitoring of this by management should ensure consistency in staff practice across all playrooms in line with national best practice guidance. However, we were satisfied this area for improvement has been met.

Previous area for improvement 6

To support children's wellbeing, learning and development the provider should ensure that they have developed and implemented an effective system of quality assurance that sets out measures taken to address issues highlighted in this report. Each improvement measure should be monitored to ensure it is progressing well and having a positive impact on the experiences of children.

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

This area for improvement was made on 29 November 2022.

Action taken since then

Quality assurance processes, including monitoring, ensured organisational procedures were implemented and adhered to. These should continue to be embedded, and the focus should now be on building on strengths and tracking the impact of changes and interventions for the service or individual children and families.

This area for improvement has been met.

Previous area for improvement 7

In order to ensure children experience stability in their care and support from people who know their needs, the provider should ensure they develop an approach to recruitment that builds stability in the staff team through the retention of experienced staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15) and '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).

This area for improvement was made on 29 November 2022.

Action taken since then

We found improvements in the recruitment approach that builds stability in the staff team through the retention of experienced staff since the last inspection, positively impacting staff morale. The balance of experienced and qualified staff ensured children were consistently supported, cared for and safely supervised, enabling children to experience stability in their care and support from people who know their needs.

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	4 - 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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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