Daisy Day Care
Day Care of Children

122 Dundyvan Road
Coatbridge
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Telephone: 01236 424 175

Type of inspection:
Unannounced

Completed on:
11 August 2022

Service provided by:
Daisy Day Care Ltd

Service provider number:
SP2011011619

Service no:
CS2011298655

About the service

Daisy Day Care is registered to provide care to a maximum of 72 children aged from six weeks to those not yet attending primary school.

Care is provided from a two storey property located within Coatbridge, North Lanarkshire. The service is situated close to shops, parks and other amenities. Children are accommodated over two floors. The oldest children are cared for on the upper level of the premises, and the younger children on the ground floor. Gardens are available for all children to access.

About the inspection

This was an unannounced inspection, which took place between 9 August 2022 and 11 August 2022. Two inspectors carried out the inspection. To prepare for the inspection we reviewed information about the service. This included, previous inspection findings, registration information, information submitted by the service and intelligence gathered throughout the inspection year. In making our evaluations of the service we:

- Spoke with children using the service and three of their family members
- Spoke with staff and management
- Observed practice
- Reviewed documents.

Key messages

Staff had positive relationships with children, and responded to them warmly, with compassion.

Children were happy, settled, and confident in the nursery environment.

Parents and carers were recognised as their child's primary carer and educator, and were consulted about all aspects of their child's care.

The management team had a clear vision for high quality childcare, and worked with staff to improve children's care and support.

Staff should undertake further training and learning to develop their skills and knowledge.

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 any areas for improvement.

1.1 Nurturing Care and Support

Staff had built positive relationships with children and interacted with them warmly to support their wellbeing. Cuddles and chatter were plentiful, helping children feel secure. One parent confirmed this stating "all the teachers are so welcoming and caring".

Staff worked with families, involving them in decisions about their child's care and support. This was reflected in children's personal plans which recorded changes to children's needs. We discussed with the management team the opportunity to enhance personal planning further by setting out strategies that support children to achieve.

Since the easing of COVID-19 restrictions, the service had been developing ways to further involve families in the life of nursery. Parents told us that they were very happy to have the opportunity to see inside the nursery and felt reassured that it was a welcoming environment for their children. Further opportunities were planned to engage families and strengthen relationships that support meeting children's needs. For example, a family breakfast in the baby room.

Older children enjoyed eating together in a relaxed and unhurried atmosphere, ensuring a positive social experience. Staff were focused on children and supervised them to ensure their safety. Mealtimes for the younger children could be further developed to create a more sociable eating experience. Meals provided were nutritious and met children's dietary and cultural needs. One child commented "this is really yummy in my tummy". Fresh water was available throughout the day to keep children hydrated.

Staff had a good understanding about the management and administration of medication. Medicine was stored safely, and children's medical needs were well understood to support their health.

1.3- Play and Learning

Children's choices and independence were promoted during play. They could access and transport a variety of materials that were suitable to their stage of development. For example, children had fun imaginatively mixing pasta, fruit, and scents to make potions in the water tray.

Children accessed the outdoor areas each day, supporting their health and wellbeing. Older children developed their creativity and imagination as they played with water and pretended to cook in the mud kitchen. Staff had plans to develop the garden accessed by the youngest children. We agreed that this was necessary to create a more curious play space.

A responsive planning approach identified children's interests. For, example, a role play building site was set up in response to children being curious about hazard signs. This ensured play was relevant to children and supported them to develop their ideas.

Staff played alongside children, supporting them during play. However, to ensure that children participate in

a broad range of stimulating experiences that challenge them, staff need to develop a better understanding of child development and their role within play. The management team had identified this as an area for improvement and we were satisfied had appropriate plans in place to support staff development in this area.

How good is our setting? 4 - Good

2.2 Children Experience High Quality Facilities

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

The setting was comfortable, well ventilated, and furnished to a good standard. Homely touches, such as soft furnishings and flowers created a welcoming environment for children and their families.

Cosy spaces were accessible to children throughout the day. These areas supported children's wellbeing by providing them with opportunities to relax, refresh and self-regulate. Outdoors, children made good use of sheltered areas to unwind and chat with their friends.

Playrooms took account of children's stages of development. Spaces reflected children's interests and were well resourced to support play and learning. Staff in the two to three year old room were reflecting on how children were using the environment, and had plans to make some changes. We agreed that this was necessary to maximise children's opportunities to play.

Accidents and incidents were recorded and shared with parents and carers. Audits of these led to action which prevented repetition of accidents. This contributed to keeping children safe.

Infection control practices mostly minimised the potential spread of infection, creating a safe environment for children. We referred the provider to best practice guidance in relation to nappy changing facilities for the youngest children. This age group are the most vulnerable due to their developing immune systems, and as such would benefit from upgraded changing facilities.

Systems were in place to identify and remove risks to children. Broken items were disposed of, and toys and materials were replenished where needed. We asked staff to reflect on some aspects of practice intended to keep children safe. For example, daily premises checklists. We encouraged staff to reflect on how these could be used more meaningfully to identify risks and inform control measures that contribute to keeping children safe.

How good is our leadership? 5 - Very Good

3.1 Quality Assurance and Improvement are well led

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.

The service had experienced significant staffing changes over the past few years. Management recognised the potential impact of this on outcomes for children. They responded by adapting their quality assurance in a way that supported staff development and secured improvement.

Leaders were visible and promoted a clear vision that helped staff understand the aspirations of children and their families. The nursery aims and objectives had been developed in consultation with staff and families, helping to provide a service that met children's needs.

Quality assurance picked up on strengths and areas for improvement. The management team involved and motivated staff to continually raise standards. For example, through mentoring, role modelling, and coaching. Staff told us that this approach was helpful and supported them to improve the care provided to children. We recognised the capacity for continual improvement at the service.

The views of children and families were sought to support development of the service. Families were consulted on many aspects of service delivery, and their views contributed to development of improvement priorities. This was reflected within the service improvement plan. Parents told us that they appreciated the regular contact from staff, commenting "communication is very good" and "we get asked for our opinions, and the manger takes on board what we say".

Improvement was well planned and underpinned by best practice guidance. Staff worked together, with the support of management to reflect on what needed to improve and how to break down any potential barriers that could impact on improvement being successful. This process had impacted positively on outcomes for children. For example, when improving the garden.

How good is our staff team? 4 - Good

4.3 Staff Deployment

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

Staff were enthusiastic about their role, and happy to be at work. They were fully supported by management and worked well together to create a positive and welcoming environment for children.

Staffing levels took account of the needs of children. The inclusion of housekeeping staff created more opportunities for early years workers to focus their attention on meeting children's needs. However, there were times where staff could have communicated more to ensure that children's needs were met consistently. For example, when supporting children during daily transitions.

There was a mixture of skills and knowledge within the staff team. Most staff had participated in some learning that had supported them to meet children's needs. For example, training on curricular planning. However, the management team acknowledged that further training was needed for staff to consolidate learning and develop new knowledge and skills. A well-considered training plan was in place to address this which had children's play and learning at the heart of improvement.

In response to changes in staffing, the management team had developed policies that supported staff retention. Initiatives such as team building days and discounted childcare were positive benefits for staff.

A strong induction programme supported staff to develop a good understanding of their roles and responsibilities. Staff had the opportunity to reflect on their progress and discuss their development goals with a member of the management team. This supports improved outcomes for children and their families.

Parents knew who was caring for their child. A 'meet the staff' section of the nursery newsletter provided

information on the experience and knowledge of new staff. This supported initial connections between staff, children, and their 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

The provider should review paperwork relating to personal plans and planning for learning inline with best practice guidelines and legislation.
This ensures care and support is consistent with the Health and Social Care Standards, which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

This area for improvement was made on 7 February 2019.

Action taken since then
The service had developed children's personal plans since the last inspection. At this inspection, we found that plans contained relevant information that supported meeting children's needs. We discussed with the service how personal plans should continue to be developed by setting out more clearly how children's needs will be met. We were however satisfied that plans referenced children's needs.

This area for improvement is met.

Previous area for improvement 2

The provider should review all children's access to outdoor play to promote more opportunities for independence and choice on a daily basis.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: 'As a child, I play outdoors every day and regularly explore a natural environment' (HSCS 4.11).

This area for improvement was made on 7 February 2019.

Action taken since then
At this inspection we found that all children accessed outdoors for fresh air, exercise, and play. The service had considered outdoor access at part of children's daily routines.

This area for improvement is 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?	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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